

# **A review of services for street-based sex working women in Lambeth**

**May 2008**

**Commissioned by the London Borough of Lambeth  
Supporting People and Drug and Alcohol Teams**



## **Acknowledgements**

The researchers would like to thank: the women who participated in interviews and focus groups, the managers and staff at Mainliners, Spires Streetlink, St Mungo's and Trust for taking part in interviews and for their extensive help in arranging interviews with women, facilitating our observations, and providing information, and the many professionals at other agencies who took part in interviews.

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## **Broadway's research and information team**

Broadway's research and evaluation projects focus on improving and developing services for vulnerable adults. They are aimed at practitioners and policy makers with a view to developing effective, quality services and promoting best practice. The team uses a range of methodologies including workshops, focus groups, interviews and surveys.

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# 1. Key findings and action plan

This research was commissioned by the London Borough (LB) of Lambeth's Drug and Alcohol Action Team (DAAT) and Supporting People (SP) team with the aims of:

- Reviewing the current provision of services provided to women involved in street-based prostitution in Lambeth;
- Evaluating its effective functioning as a pathway that assists women off the streets and provides appropriate interventions for substance misuse.

## 1.1 Key findings

- There were around 200-250 street-based women sex workers seen by police and outreach teams in Lambeth in 2007.
- Street-based women sex workers are a unique group with complex needs, who benefit from specialist sex worker specific services and also rely on a range of wider services (in particular drug and alcohol, mental and physical health, and housing).
- Women almost always want to stop street-based sex work, but achieving this can take time (sometimes many years) and depends on both structural factors (such as stable accommodation) and psychological factors (such as readiness to change, increasing self-esteem and belief in a meaningful alternative life).
- Rather than a rigid pathway towards exit, women move through multiple, fluid routes out of sex work, depending on their needs and preferences. Exit is not an end point, but an often precarious state which must be maintained through aftercare, counselling and support with education, training and employment.
- In Lambeth there are several services working specifically with street-based sex working women. Services for this group have been improving and innovating over the last few years. The provision of sex worker specific temporary accommodation and the route into services offered by the Court Diversion scheme are examples. There is potential for services to develop to help more women make positive changes in their lives.
- Streetlink and Trust in particular have impressive experience of and commitment to working with women. They offer consistency and stability greatly appreciated by women.
- Together, the three core specialist day services in Lambeth offer support consistent with government recommendations. Essential components are outreach, key work, care planning and specialist aftercare for former sex workers (for example, structured counselling). Some of the work in these areas is limited due to funding constraints (for example aftercare). There are clear routes into and through these services for women who wish to stop sex work and those who need support around harm minimisation.
- The Court Diversion scheme run by Trust has a high uptake. It has been highly effective in breaking the cycle of women sex working in order to pay court fines, and providing a route into services for women who have not previously engaged.
- The specialist accommodation service is invaluable in providing the stable accommodation which is a necessary foundation for stopping sex work. However, there are several ways in which it could improve its effectiveness and ensure it fully capitalises on opportunities to work to help women towards exit.

- Joint Commissioners, core specialist services, and other services working with this group of women could work together more effectively. An agreed written common vision and strategy would facilitate joint working and demonstrate the similar aims and values which service providers share.
- Although agencies have slightly different emphases they all seek to improve the life chances of women. The Every Child Matters outcomes may be a useful framework for understanding the outcomes that all projects seek to achieve.
- Addressing needs around housing, drug services and health is essential. Meaningful activities and access to opportunities for leisure, education, employment and training are also crucial in helping women first believe in, and then establish, a life away from drugs and sex work.

## 1.2 Action plan

This action plan is based on findings from our time limited study. It will be necessary to discuss or consult on actions with relevant partners before decisions are made. In some instances, the delivery of actions will only be appropriate where they are regarded as useful to practitioners, projects managers and Joint Commissioners. The information presented is top line – far more detailed evidence and context is found throughout the report which should be read in conjunction with the table below.

	<b>Objective/ commitment</b>	<b>Actions</b>	<b>Responsibility</b>	<b>Key report references</b>
1.	Statutory sector develops a vision and strategy for providing services to sex workers in Lambeth in partnership with key providers on the basis of review findings and other information	Report and action plan to be reviewed by Joint Commissioners and feedback to be provided to service providers and, if resources allow, service users. Actions and responsibilities should be documented and agreed with stakeholders feeding back on progress through the Prostitution Action Group.	Joint Commissioners / Prostitution Action Group (PAG) / specialist providers	
		Strategy developed to include: <ul style="list-style-type: none"> <li>○ A vision and / or commitment based on the common shared purpose projects and Joint Commissioners have to improve the life chances of sex working women who use drugs and alcohol.</li> <li>○ Model or diagram of routes out of sex work and drug use, and routes through accommodation. This should show a route out of sex work and drug use as the best outcome for women but also recognise the value of interim outcomes and the possibility of movement both forwards and backwards in the pathway.</li> <li>○ Recognition of the complex map of services required across many sectors to meet the needs of this group.</li> <li>○ An outcomes framework that is flexible and could gain the support of those working with this group – the Every Child Matters framework has been adopted by adult services in some areas and this could be a helpful reference point.</li> <li>○ Performance indicators and a review after two years to assess progress.</li> </ul>	Joint Commissioners/ specialist providers	3.2, 3.3, 5.1, 6

	<b>Objective/ commitment</b>	<b>Actions</b>	<b>Responsibility</b>	<b>Key report references</b>
2.	Outreach and drop in services reach out to as many street-based sex working women as possible, providing an inclusive and accessible route into services.	If the Joint Commissioners can secure the agreement of Streetlink, a more formalised outreach programme for this client group could be funded by the Joint Commissioners and delivered by Streetlink and Trust with partnership with other agencies as appropriate. As part of this process, standard practices for outreach and a map of Lambeth showing the geographical outreach route could be developed. Good practice observed (see feedback on Streetlink’s outreach, Section 5.2) and feedback from women could be incorporated. The Street Population Outreach Team (SPOT) could attend a series of sessions and provide feedback on any ideas that could be adopted from their own outreach and vice versa.	LB Lambeth, Streetlink, other outreach providers/ SPOT team	5.2, 7.2*
		The issue of women who don’t engage with services could be a work area for the Prostitution Action Group. An area of particular interest is those new to the streets and options for engaging them. Ideas for engaging with this group early on in their experience of street-based sex work are not well developed. It could be that looking at prevention and a wider picture of women using crack would be required to find strategies to stop women becoming established as street-based sex workers. Women could be consulted further on this specific issue.	PAG, outreach providers	5.1, 5.2
		It would be beneficial for outreach teams and police to assess whether data from police would help support the identification of women not contacted on the usual outreach route.	Specialist providers / Police	5.2
		Clear, user-friendly information on service options available for women to be produced (eg. expandable credit-card sized joint information leaflet showing opening times, locations and services on offer).	LB Lambeth/ specialist providers	5.2
		Joint Commissioners could consider a structured pilot of very intensive, assertive and proactive work with a small number of very prolific and	Joint	7.3

\* Please note that Section 7 of the report is not publically available; it consists of reviews of each of the four core services, which are being made available to the Joint Commissioners and each service.

	<b>Objective/ commitment</b>	<b>Actions</b>	<b>Responsibility</b>	<b>Key report references</b>
		vulnerable women. Staff would need to have clearly defined roles and be well-supported and managed. See Section 7.3 for a discussion of risks and opportunities.	Commissioners	
3.	Women engaging regularly with services have holistic care plans which are regularly reviewed, a lead agency is identified for each client and that agency is proactive in tracking the progress of the client. Support is available for women after they have exited sex working.	Reviewing and evaluation care/ support planning should be integral to regular monitoring processes and evaluating projects as it is fundamental to providing a tailored package of care for the individual.	Joint Commissioners	5.1
A commitment to identify a 'lead agency' would assist in ensuring that services are accountable to the needs of all women engaging with services beyond outreach/ drop in. For St Mungo's residents, where possible, the accommodation provider should take the lead role to enable the other projects to focus on those not in specialist accommodation. This can only happen where the standard of case work is of a good quality at the accommodation services. This would not preclude women from accessing in-depth work in other agencies, for example aftercare counselling.		Specialist providers/ Joint Commissioners	6, 5.4	
The practitioner managers' meetings are a useful forum, and attendance of all four specialist agencies at these is important. Some others could attend but the remit of the meeting must be distinct from the Prostitution Action Group in that it covers current clients/ caseloads and operational issues.		Specialist providers/ Joint Commissioners	6, 5.1	
Women should receive support in sustaining recovery and dealing with past trauma after they have exited the lifestyle. This can be delivered through trained counsellors working in specialist sex worker specific agencies, but the possibility of additionally having a similar service at a		Joint Commissioners, specialist providers	5.4, 5.1	

	<b>Objective/ commitment</b>	<b>Actions</b>	<b>Responsibility</b>	<b>Key report references</b>
		non-sex worker specific project should also be considered to offer choice to women who may prefer not to attend the projects after they have stopped using drugs and sex working.		
4.	Accommodation options maximise opportunities for sex workers to reappraise lifestyles, move towards and sustain exit.	Service specifications for the St Mungo's hostels to be redrafted, clarifying the different roles of the two hostels, increasing expectations of engagement from residents, and positioning the role of the hostels more clearly in terms of routes out of drug use and sex work. Service level agreements should set out requirements for meaningful activities that should be delivered as an integrated part of the service.	Joint Commissioners, St Mungo's	5.1, 5.3
		First stage accommodation would ideally be moved out of Cedars Road to an alternative location offering a safe women-only space (such as, ideally, a stand-alone hostel).	Joint Commissioners, St Mungo's	7.4
		Feedback from St Mungo's clients in this report to be used as a basis for an action plan for the next 6 months at the sex worker specific projects or worked into existing plans. This should be monitored by the Joint Commissioners. The newly refurbished Palace Road and action taken on the findings of the review will result in change and opportunity for the hostels. It may be that this results in the need for additional move on provision and support to maintain exit, as more women are assisted towards exit.	St Mungo's, Joint Commissioners	7.4
		<p>The pathway through accommodation services for women could be more sophisticated, featuring:</p> <ul style="list-style-type: none"> <li>○ Emergency provision – Joint Commissioners to ensure that beds at Cedars Road can be accessed quickly, by ensuring that Cedars Road residents are supported to move to Killieser Avenue when appropriate and then moved on to other appropriate accommodation.</li> <li>○ Ensuring that other hostels in the area are supported and required to take referrals from this group as appropriate. For some women, other</li> </ul>	Joint Commissioners, St Mungo's	3.2, 5.1, 5.3, 7.4

	Objective/ commitment	Actions	Responsibility	Key report references
		<p>hostels could be appropriate accommodation to move on to after staying in St Mungos' specialist accommodation. Some women sex workers are housed in other hostels in Lambeth, and core specialist services could deliver training and support to non-specialist hostels on working with women sex workers to support this.</p> <ul style="list-style-type: none"> <li>○ Supported / semi-independent housing to provide a bridge between Palace Road, and independent living.</li> <li>○ Suitable accommodation for women who have stopped using drugs and working in sex.</li> <li>○ A small number of bed spaces for women with very high support needs around mental health and substance misuse – options for this client group to be identified.</li> <li>○ Floating support offered to those who are accommodated in Local Authority Temporary accommodation when homeless and to those who are resettled. This may require a commitment from the selected provider to provide female support in some cases.</li> </ul>		
5.	<p>Services provide women with opportunities to build self-esteem and experience a meaningful alternative life.</p>	<p>A structured programme of activities (and greater access to community activities programmes) would ideally be offered to women on a rolling basis by projects and funding should be made available for this.</p> <p>Examples mentioned by clients are health and beauty activities, sports, gardening, trips to restaurants.</p> <p>Joint Commissioners should be realistic about how many women will be engaged and the regularity of engagement.</p> <p>Women should be actively involved in decisions about service delivery: residents / service user meetings should be held at accessible times, and suggestions acted on or reasons for not implementing fed back. Reporting no complaints in a year period should result in the complaints procedure being questioned and explored. Comments, suggestions and complaints</p>	<p>Specialist providers/ Joint Commissioners</p> <p>Specialist providers/ Joint Commissioners</p>	<p>4.5, 5.4</p> <p>5.1</p>

	<b>Objective/ commitment</b>	<b>Actions</b>	<b>Responsibility</b>	<b>Key report references</b>
		must be taken seriously and encouraged and this should be evidenced.		
		The potential of inspiration based on the experiences of other women should be capitalised on. Services could consider ways of developing peer work. This should not be limited to employment and volunteering at the specialist services but should also include creative ways to communicate the experiences of women who have left sex work and drug use.	PAG, exited women	4.3, 4.4, 4.5, 4.6, 7.2.
		Opportunities for training, education and voluntary work should be identified and offered to women as part of individual plans when appropriate. The Prostitution Action Group could undertake a mapping exercise to ensure that all agencies are aware of as wide a range as possible of education, training and other activities on offer. Routes into employment for ex-offenders in areas other than drug and related services could be explored to ensure that women are offered with choice while being given realistic information about options available.	PAG / service providers	4.3, 4.4, 4.5, 4.6, 5.4
6.	A combination of specialist provision and more generic services meet the health needs of street-based sex working women, offering a speedy, flexible and individual service.	<p>In addition to well-supported specialist services, a priority in the borough's strategic response to street-based sex work should be ensuring that more generic services (such as hostels, housing providers, mental health and other healthcare services) are aware of their responsibility to this group of women and work effectively and flexibly with them. Ways of developing this could include:</p> <ul style="list-style-type: none"> <li>○ Developing a borough statement about the way services should respond to the needs of street-based sex workers possibly through, for example, any corporate diversity strategy and by stating a requirement to work with this group in the service level agreements of non-specialist hostels.</li> <li>○ Promoting an outreach approach where services expect to come to the client on occasion – for example providing initial mental health assessments within specialist projects.</li> <li>○ Training and awareness sessions about sex working women for</li> </ul>	LB Lambeth & Primary Care Trust/ specialist providers/ exited women	5.1

	Objective/ commitment	Actions	Responsibility	Key report references
		generic hostels and other services (ideally provided by women themselves and specialist providers).		
		The problems of meeting the needs of people with a dual diagnosis are a familiar theme and pose huge challenges to the commissioners of services to street-based sex working women. It is recommended that better intelligence is collected about incidents where services have 'refused' to work with a client, made unreasonable demands for engagement or dismissed a client as too 'chaotic'. This information should be used to make the pathway to services smoother and challenge the barriers to engagement.	Joint Commissioners	3.3, 5.1
		Single sex detox spaces should be available for this group of women and used for those who are likely to make less progress in mixed sex provision. The substance misuse team should continue to facilitate access to single sex rehab where this is required.	Joint Commissioners	3.3, 5.1, 5.4
		Drug treatment should be integrated into a wider package of care – often with a specialist agency coordinating.	Drug services/ specialist providers/ Joint Commissioners	3.3
		A specialist clinic for working women would have benefits.	PCT	5.4
		The referral into services through the Criminal Justice system could be developed further – it is a strength of Lambeth's current provision. The Court Diversion Scheme and arrest referral schemes are useful and should be well supported. Police to consider whether they can make this route into services as seamless as possible; for example if the practice of summons being issued on the street can be reviewed. The Partnership to consider whether there would be scope to provide an extended 'meet at the gates' service to ease the pressure on specialist services, ensure that more women are met at the prison gate, and to enhance the support	Police & Joint Commissioners	5.2, 7.1

	<b>Objective/ commitment</b>	<b>Actions</b>	<b>Responsibility</b>	<b>Key report references</b>
		offered to those on short sentences.		
7.	Information collected by core services is meaningful, and information is shared where this benefits clients.	The benefits and feasibility of a common monitoring system should be assessed. There would be clear benefits to using such a resource but it would require a culture change. A shift to more sharing of information has been achieved in other sectors (eg. rough sleeping).	Specialist providers/ Joint Commissioners	6
Service level agreements and monitoring arrangements to be reviewed in line with findings presented in section 5.1.		Joint Commissioners/ funded specialist providers	5.1	
Service providers to assess benefits of information sharing about individual clients with other agencies (eg. police, SPOT team) and propose processes for doing so (eg. a sex worker-specific section of case review panel, restricted to relevant agencies, with information sharing in the direction which will help the client).		Specialist providers	5.1	

### 1.3 Routes out: women's experiences

#### Foundations for change

Knowing where to go for help

Safe, secure place to live

Managing health, increasing well-being

Increased self-esteem and hope for / increasing experience of a meaningful 'normal' life

Readiness to change

#### Conditions for maintaining change

In touch with appropriate services

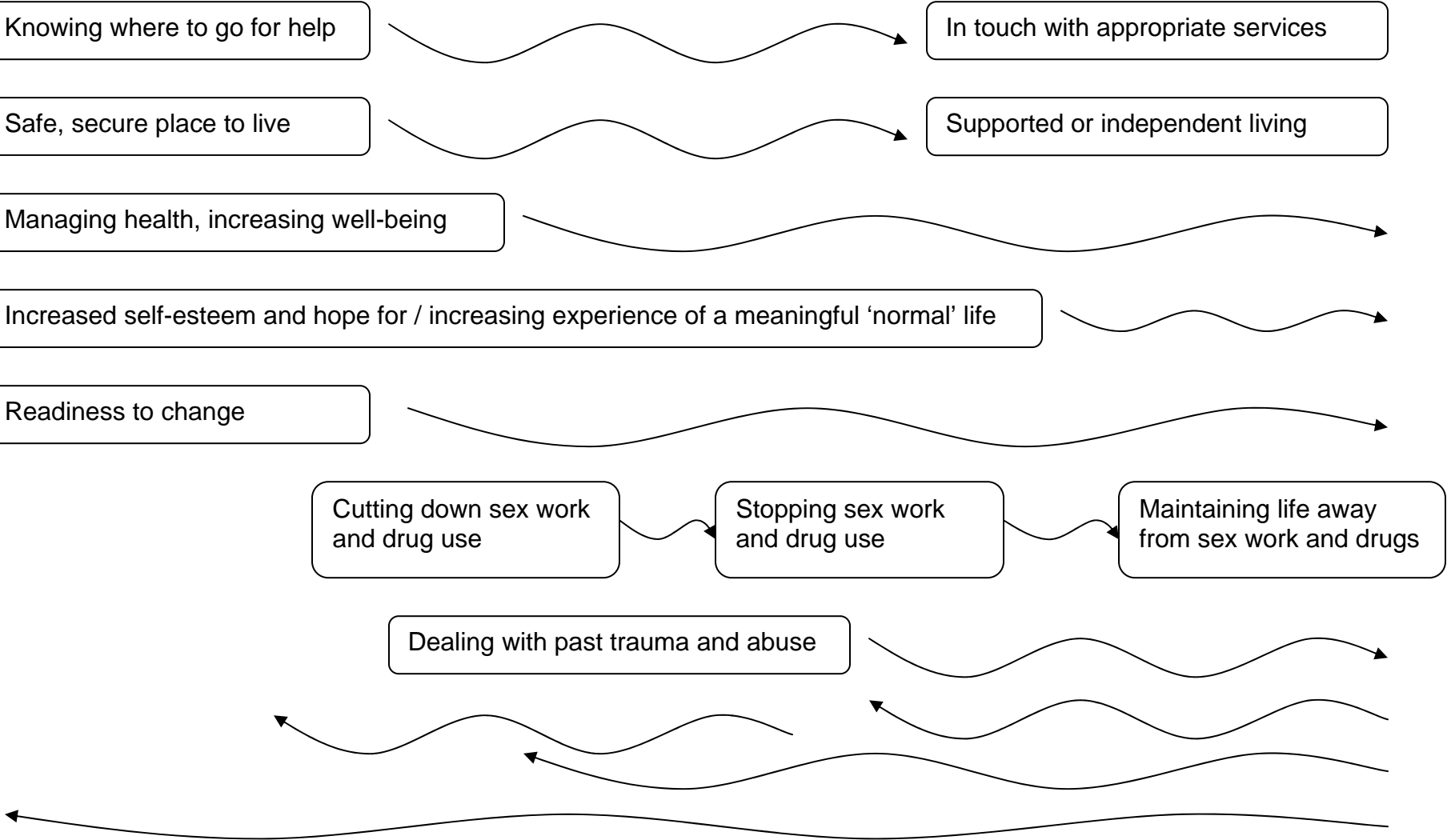
Supported or independent living

Cutting down sex work and drug use

Stopping sex work and drug use

Maintaining life away from sex work and drugs

Dealing with past trauma and abuse



## 2. Introduction and methodology

### 2.1 Aims and constraints of the research

This research was commissioned by the London Borough (LB) of Lambeth's Drug and Alcohol Team (DAAT) and Supporting People (SP) team with the aims of:

- Reviewing the current provision of services provided to women involved in street-based prostitution in Lambeth;
- Evaluating its effective functioning as a pathway that assists women off the streets and provides appropriate interventions for substance misuse.

The research focuses on street-based women sex workers who use drugs and alcohol and methods of supporting them to exit sex work. It does not cover issues such as male sex work, off-street sex work, prevention, work with young people, or policing in relation to clients.

### 2.2 Overview of research methods

Research was carried out over 4 months from January – April 2008. A Steering Group comprised of commissioners from the PCT and Local Authority and a Police representative directed the research and researchers also referred to the Prostitution Action Group (a group of key service providers) for information and advice. The below points outline methods used in the research and key considerations around client involvement and ethics.

#### (a) Interviews with street-based women sex workers

- Semi-structured interviews were carried out with 29 women at drop-in centres and hostels.
- In addition, following initial analysis of the data, focus groups were held with five women at two of the sex worker specific services, to test initial findings and ideas for recommendations.
- Figure (a) shows that women came from across the four specialist service provider services. Around half the women interviewed were currently sex working and using drugs, the remaining women were split between those who had recently cut down a lot or stopped or were working only off-street and those who had exited.
- Age and ethnicity of interviewees approximately reflected that of all women recorded in monitoring data from core specialist services. A more detailed breakdown of interviewees is found in appendices.

**Figure (a) Source of interviews**

Source of interviews	No. of women
Trust clients	10
Spires clients	6
Mainliners clients	3
Killieser Avenue residents	7
Cedars Road residents	3

## **(b) Interviews with professionals**

- Semi-structured interviews were conducted with the commissioners of services, the managers at the four sex worker specific services, and managers or practitioners at a range of other services working with sex workers. A full list of interviewees is provided in appendix A.
- Focus groups or interviews were held with practitioners at Spires, Trust and Mainliners, and with the Women's Services Co-ordinators at St Mungo's.

## **(c) Observations**

- Researchers attended four outreach shifts, and attended court to observe the Court Diversion Scheme workers.
- Informal observations and conversations with staff and clients also took place during a number of visits to each of the core projects.

## **(d) Review of information about street-based sex work**

A review of relevant literature was conducted, and interviews were conducted with practitioners in several other Local Authority areas including Glasgow and LB Tower Hamlets to compare and contrast local policy and practice. Researchers reviewed service level agreement and monitoring data as well as meeting minutes where appropriate. One of the researchers attended the conference Prostitution Policy: New Directions at London South Bank University.

## **(e) Service user involvement**

The researchers attempted to secure service user involvement as far as possible, although this was limited by the tight timescales of the research project: findings are strongly based on interviews with 29 service users; an ex-service user was consulted on the questions asked of women, to ensure sensitivity; and service users were consulted on initial findings and recommendations in two focus groups.

## **(f) Ethical issues**

To avoid causing distress to women, the decision was taken to focus questions on views and experiences of services, although many women chose to talk about their histories and everyday experiences. Researchers followed a semi-structured interview schedule, giving women the opportunity to lead the conversation where they wished to. Interviews were held in drop-in and accommodation services, where support was available for women if necessary following the interview. Women were given a £10 supermarket voucher for taking part in an interview.

Confidentiality was assured to women and to the professionals interviewed; to protect this confidentiality, and to protect working relationships, not all relevant evidence is cited in the report, and some quotations are not sourced. Names of women quoted have been changed.

### **3. Sex working women in Lambeth: numbers and needs**

Quantitative data was supplied to Broadway from Trust, St Mungo's, Streetlink and Mainliners and the Police. It was hoped that data could be combined to provide a de-duplicated picture of sex work and work undertaken with women in the borough. It took a long period of time to arrange access to data which is regarded as extremely sensitive. Attempts to aggregate and de-duplicate information have yielded a relatively poor quality of analysis due to the divergent formats of data supplied and the high number of women working with one or more agency for whom last names are not recorded, especially in the case of outreach clients. In light of this, the information presented in this chapter is based on reports from individual projects. (See also section 6.3 regarding multi-agency monitoring).

#### **3.1 The extent of sex work and the profile of street-based women sex workers**

Spires identified 212 women on outreach in 2007 and Trust identified 142 of whom 37 were new to outreach workers. The agencies believe that there is a very high level of overlap in the women seen on outreach which would suggest that the number of women sighted working in Brixton and Streatham was between 200 and 250 women in 2007.

101 women were arrested for sex work related offences. Just under half (46%) of these were arrested once, a quarter twice. One in ten women was arrested ten times or more. In total 401 arrests were made. 71 women were seen by Trust in courts, in cells or in public concourse (within the court). This shows that a high proportion of those arrested for sex working related offences were seen by Trust.

101 women received centre based support at Streetlink, such as referrals to housing, emotional support, assistance with benefits. A small number of these women may be at risk of sex work as opposed to being current or recent sex workers in the borough.

Trust identified 181 individual clients in 2007 although it does not distinguish drop in and outreach clients in its data collection. Some outreach clients for whom identifying information (date of birth and name) is not known are not recorded in this overall annual figure to avoid any chance of duplication. Trust use an effective grading system which indicates that 55 (31%) of these women received high level support, benefiting from in-depth key work, advice, advocacy, liaison and onward referrals. 26 (14%) received medium level support. The remaining clients received lower level support including harm reduction advice, service information and condom provision. Trust had five aftercare clients in 2007 and two clients received structured counseling.

39 women were accommodated by St Mungo's during 2007. Tenancy outcomes are presented in section 7.4.

27 street-based women sex worker clients were identified by Mainliners from their 2007 data. These were identified especially for the project and did not include their wider client group including flat based sex workers.

Data from St Mungo's, Streetlink and Trust shows that just under half of women are from BME groups primarily Black British (where this is broken down further, primarily Black Caribbean background) and mixed race. Seven per cent of Trust's clients were either of non-British or Irish white ethnic groups (in particular Portuguese) which indicates that language needs may be an issue for this client group, although this was not a theme in the research, and no interviewees required interpreters.

The detailed and reliable figures from Trust's annual data provides information about other characteristics for more women in more detail than other sources of data and is likely to be

indicative of the client group overall. Some summary information about Trust's 181 clients is presented below:

- Age data from Trust shows that a small minority of clients were under twenty (3%), around a third (35%) were aged between 20 and 29, 40% were aged between 30 and 39, 18% between 40 and 49 and very few clients were over 50 (4%).
- 86% of Trust's clients admit to being users of crack cocaine with 40% users of heroin. Furthermore 37% of women use alcohol on a daily basis. Just under three in ten (28%) were currently injecting and 15% were taking a heroin substitute. It should be noted that data from interviews suggests that nearly 100% of women currently undertaking street-based sex work are using crack cocaine with a significant subsection of these using heroin. During the study two women who did not fit this profile who were currently sex working were interviewed or met on outreach - one who used heroin only and one who used alcohol only.
- One in twenty (5%) of Trust clients identified as being HIV positive and one in ten (11%) as Hepatitis C positive, 2% as Hepatitis B positive and 3% with HIV and Hepatitis C co-infection.
- Of clients whose accommodation situation was known by Trust at some point in 2007 a quarter of clients' last known accommodation situation was accommodated in a flat (this refers to accommodation which is viewed as the client's own home). The same proportion was of no fixed abode. A fifth were accommodated in St Mungo's specialist accommodation (although these people could not have all been accommodated at the same time). 14% were staying with friends or family. One in twenty (5%) were in non-sex worker specific hostels including two who were in Wick's Lane – a semi-independent St Mungo's project close to Cedars Road hostel.

### **3.2 The distinct nature of street-based sex working women**

The research clearly shows that street-based sex working women have distinct needs from the general street population. Features of this group are:

- Women's current and past experiences of violence, trauma and abuse
- Complex relationship between drug use and sex work
- Stigma and low self-esteem associated with sex work
- Invisibility as homeless people; women stay with partners, friends and associates and in crack houses
- Financial independence; lack of dependence on benefits
- The multiple needs of many women (including sex work, drug and / or alcohol use, housing, mental and physical health, domestic violence).

### 3.3 Themes in experiences and needs

The following themes in the experiences and needs of street-based women sex workers arose from interviews (Appendix B outlines these in more detail):

#### Violence and abuse

- Violence and abuse from clients and partners / pimps are common and are rarely reported to the police.
- Over 25%<sup>2</sup> of women interviewed had started working in prostitution aged 17 or under, and were therefore, according to Government definitions, victims of child sex abuse.
- Abuse can lead to self-harming and self-destructive behaviour, and be a huge barrier to the self-worth which provides a basis for, and a belief in the possibility of, change.
- Relationships with men profiting from women's sex work formed significant barriers to engagement with services.

#### Drugs and alcohol

- All but one of the women interviewed had a drug problem<sup>3</sup>; all of those whose drug use was known were crack users, and half also used heroin.
- In addition, one third of women said they had an alcohol problem.
- Women work in sex to fund their own (and often a partner's) drug use.
- Once women are working in sex, drugs generally become essential to carry out the work, and, increasingly, to 'deaden the pain' of violence and abuse, deteriorating health, losing touch with family, or having children taken into Local Authority care.
- The need to confront emotions which have been 'numbed' by drug use can be one of the hardest things about stopping using drugs.

#### Pregnancy and children

- Project workers described the prevalence of pregnancy. Of 29 interviewees, two were pregnant and one had just had a baby. At least one woman encountered on outreach had just had a baby, and workers and women referred to at least one recent miscarriage amongst women.
- Pregnancy, the threat of having children removed, or the prospect of reconnection with children can be a motivator to addressing drug use.
- Losing or abandoning children can result in an increase in drug use and sex work, and denial of reconnection with children brings a risk of relapse.

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<sup>2</sup> As this data was not obtained for several women, the actual percentage could be far higher; only 34% of women interviewed are known to have been 18 or over when they started working in prostitution.

<sup>3</sup> Only one current sex worker said that she did not currently have a drug problem, and all exited women had had a drug problem whilst they were working.

## **Accommodation**

- Lack of stable accommodation is a barrier to exit<sup>4</sup>.
- Sex working women in Lambeth are often homeless, but rarely sleep rough. Most interviewees stayed in Lambeth's specialist accommodation for homeless sex working women, in their own flats, or with family, friends or associates (usually punters or abusive partners, making them highly vulnerable).
- Women described abandoning, being evicted from or losing accommodation due to prison sentences.

## **Physical and mental health**

- The majority of women interviewed had physical health problems, ranging from HIV to asthma, epilepsy and lupus.
- One quarter of women interviewed said that they had mental health problems, but there are indications that a substantially higher proportion of women experienced mental health problems but were either unaware of them, or unwilling to acknowledge them.
- Service providers believed that a large proportion of women experienced mental health problems, including post-traumatic stress disorder (PTSD), personality disorders, anxiety and depression.

## **Education, training and employment**

- The women interviewed had been working in sex for, on average, around 6-10 years, and many started sex work as teenagers.
- Exited women face difficulties finding alternative work, including lack of formal education and basic skills, lack of experience of other types of work, difficulty in accounting for periods spent sex working on CVs, and convictions for loitering or soliciting<sup>5</sup>.

## **Crime and anti-social behaviour**

- Many women who had been arrested for loitering or soliciting were involved in other crime to fund their drug use, and had spent time in prison.

## **Stigma and social exclusion**

- Sex workers are a deeply stigmatised group, experiencing stigma around (for example) sex work, drug use, mental health problems, losing children into care, and homelessness.
- Some services (for example hospitals and hostels) may not understand the issues facing this group, and may be reluctant or ill-equipped to work with them.
- Stigma is a significant barrier to accessing services, and to believing in the possibility of getting help and making changes.

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<sup>4</sup> See also research cited in Home Office (2006) A Co-ordinated Prostitution Strategy

<sup>5</sup> Acknowledged as a barrier in Home Office (2006) A Co-ordinated Prostitution Strategy

## 4. Exit and change

Exit was the key theme for the commissioned project. This emphasis was supported by interviews with women who nearly all wanted to exit. Understanding models of change which inform service delivery is important for commissioners in monitoring and supporting projects and developing grounded expectations for change and improvement.

### 4.1 The desire to exit

*'Every day I smoke I want to stop, we all do. We were never born with crack in our head.'*

*'I just kept reflecting and reflecting and desiring so much more. Just not be like this. Do you understand, my heart's desire is not to be like this, you can't meet anyone who is good and safe, you can't meet anyone in the drugs world or in the sex world that means you any good.'*

Most women interviewed did not distinguish between drug use and sex work in terms of their problems or their goals: sex work funded drug use, drug use enabled sex work, and stopping sex work and drug use went hand in hand.

The research strongly suggests that women working in street-based sex work almost always want to stop the work. Of 20 women who were currently sex working, all but three wanted to stop, and 14 had tried to stop but relapsed. Of the three who did not want to stop, one woman wanted to move into off-street sex work, the second to work only with her regular clients, and the third said that she might want to stop at some point, but not now. Two of these three women also wanted to continue using drugs; they were the only women who said that they did.

Of the 17 women who said they wanted to stop sex working and using drugs, only one woman said that she did not think that this would be possible, at least 'not in the next few years'.

### 4.2 Exit: a complex and lengthy process

Most practitioners interviewed agreed that exit is not necessarily a realistic expectation of all women, but that it should be an aspiration when working with all.

A number of models of exit from sex work have been developed by other researchers; each shows exit to be a complex and lengthy process<sup>6</sup>. Routes Out in Glasgow, a strongly exit-focused project well known and widely respected for its innovation and success in working with sex workers, estimates that it can take up to 7 or 8 years of support from services for a woman to exit prostitution<sup>7</sup>.

Although data on exit is not available from the other projects in Lambeth, Trust records exit rate (rigorously defined as women who are known to have been drug free and sex work free for six months); Trust helped 2 women to exit in 2007, and 3 in 2006 (5 women over 2 years). This compares with the following exit rates shown by projects funded by and evaluated as part of the Home Office Crime Reduction Programme in 2000<sup>8</sup>:

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<sup>6</sup> See Hester and Westmarland (2004) and Månsson and Hedlin (1998); these are explored in further detail in the appended literature review.

<sup>7</sup> Interview with Carol Ann Nesbitt, Tara Project

<sup>8</sup> Hester and Westmarland (2004)

**Figure (b) Exit rates for sex working women’s projects in various areas**

Area	Number of women exiting sex work* over 2 years (1 year in Hackney)
Hull	6
Hackney	3
Manchester	8
Kirklees	5
Stoke on Trent	21

\* Each project had different definitions of exit. The high exit rate of Stoke on Trent is discussed further in Section 5.4; central elements of support were individual care plans, and a fast-track drugs programme.

Although the Joint Commissioners acknowledge that exiting can take time, they can seriously underestimate the amount of time it takes:

*‘For some people [exiting] might be just too much to consider at the first appointment. So it should be “this is what we want to achieve over time”, which could be three months, six months, twelve months, twenty-four months ... these are what we’re working towards’.*

Models of exit developed by researchers and practitioners are often notable for their stress on maintaining exit: the process does not finish when a woman stops working in sex and using drugs, but continues for a significant period after exit while she establishes her new role and deals with past trauma: counselling and other support are seen as essential to this<sup>9</sup>.

*‘I’m cutting down slowly; I’ve been smoking crack since 1976 so I can’t just stop. It’s not viable at all. But I’m cutting it down a lot’ – Woman in her late-50s who has been sex working since she was a teenager.*

### 4.3 Barriers to change

*‘When you ain’t got nothing, you ain’t going nowhere ... you ain’t got no responsibility and the only people out there don’t give a damn ... what’s the point, you might as well carry on.’ Woman sex worker*

*‘The thought of exit scares the hell out of them.’ Practitioner*

For women in Lambeth, change was prevented by factors including:

- Drug addiction
- (Abusive) partners who profit from women’s sex work
- Lack of knowledge that help is available, and where to get it
- Fear of going to services
- Low self-esteem causing sense of self-destruction / deserving
- Inability to conceive of self in an alternative ‘normal’ life
- Inadequate housing or homelessness
- Friendships on the street and with other drug users
- Fear of emotional issues which will be brought up by decreasing drug use

This reflects closely the barriers to exit identified by Hester and Westmarland (2004)<sup>10</sup>, with the notable exception of the need to pay fines imposed for loitering or soliciting, which the Court Diversion scheme run by Trust has almost eliminated in Lambeth (see Section 5.2(d) for a more detailed discussion of the Court Diversion scheme).

<sup>9</sup> See Hester and Westmarland (2004) and Månsson and Hedlin (1998); these are explored in further detail in the appended literature review.

<sup>10</sup> Although Hester and Westmarland focus more on structural rather than psychological barriers to exit.

Although beyond the remit of this research, it is important to note that – as several women pointed out – the supply of drugs keeps women on the streets. Similarly, the men who profit from women’s prostitution (often their partners), and their clients, play important roles in keeping women sex working on the streets.

#### **4.4 Relapse**

When describing relapse, women were referring to both drug use and sex work; a relapse in one appears almost inevitably to lead to a relapse in the other. Of the 29 women interviewed, 18 women had tried to stop and relapsed, half of them more than once. Three of the six exited women had tried to stop and relapsed at least once before successfully exiting (this data was not collected for the other three). As with other groups of drug and alcohol users, relapse appears to be a stage in the cycle of change for most women, and this needs to be recognized and built into service planning and delivery.

Triggers to relapse include:

- Sex working (as a trigger to drug use)
- Drug use (as a trigger to sex work)
- Painful suppressed emotions surfacing
- Returning to old locations or social groups
- Boredom, and not experiencing a meaningful alternative life

Boredom was identified by several women who were closer to exit as an issue, in particular a trigger to relapse:

*‘[I] relapsed twice. Mainly boredom, innit? Like, when you do this thing you’ve got to get a job and everything like that, and do something with your life, but I never...’.*

*‘You need something to do... some activities or something, keep me occupied, otherwise you just start smoking and working ... [I stopped for] 70 days ... I got bored again and came back’.*

Drop-ins go some way towards addressing the issue of boredom (*‘when I’m bored I come up [to the centre]’*), but many women required some more substantial activity. Boredom may be closely related to women’s low self-esteem and their inability to conceive of themselves playing a part in the ‘normal’ world.

#### **4.5 Motivators and catalysts for change**

Understanding what motivates a woman to change – and ultimately to decide to exit the lifestyle – is critical in determining which services should be offered to her.

##### **(a) Critical incidents versus gradual change**

In developing a model for exit from sex work, Månsson and Hedlin (1998), conclude that, in order to exit prostitution, a woman needs to experience both a traumatic event or ‘critical incident’, and the restructuring of everyday life. Women interviewed in Lambeth who had made the decision to exit often referred to ‘critical incidents’, including:

- A quick realisation of the possibility or need for change due a change in circumstances - periods of time in prison, securing a safe place to live in a hostel
- Being pregnant

- The threat of losing children/ possibility of being reunited with children
- Starting a relationship / falling in love
- The death of a family member

Many women described simply realising that 'I couldn't go on like this': acknowledging the extent of their drug problem for the first time, realising they were getting old, or realising that they would die like this if they carried on. Often this was described as 'hitting rock bottom'.

In contrast, a number of women said that change for them had been gradual, and other factors which bring about change include:

- Structure and routine
- Feeling cared about
- Hope of an alternative life (including peers who have exited).

### **Case study 1: a critical incident**

Jackie's critical incident happened when she was in prison.

*'On my last sentence something did change ... I'll never forget it, I had to walk out onto this landing and I just felt like a drug user. I think up until that point, I didn't feel that stripped down ... My dad died when I was in prison, of a drug overdose ... I thought "I'm no better than my dad. I hate him and I blame him for everything, but I've done the same thing to my kids" ... I felt: it's either now, or not'.*

Jackie used drugs for 3 days after leaving prison before contacting services for help; since then, she has not used drugs or worked in sex for 6 years.

### **Case study 2: gradual change**

Lisa was working on the streets and using drugs for almost 30 years, and has been staying in Cedars Road for over six years.

*'I'm stopping working... they're getting me into rehab... I'm really motivated... I didn't change straight away, it took a bit of time, but once the script established itself, more and more, just slowly, gradually ... I pretty much stopped working and cut down on ¾ of my drug use ... I wasn't ready [for rehab] before'.*

## **(b) Readiness**

'Readiness' is a concept often used by both the women and to a greater or lesser extent by all the service providers, and it is key to understanding service provision.

*'They want me to go in detox ... I want to do it but I'm just not quite ready at the moment ... I know I'd fail and I don't want to fail, I want to go in first time and just do it'.*

*'Personally I don't really ask for that much [support], I'm not really ready ... At the moment, I'm not really doing anything too positive'.*

The cycle of change model<sup>11</sup>, often used in the substance misuse field, is useful in understanding the concept of readiness. Readiness can be understood as the movement from the 'contemplative stage' (the consideration of change) into the 'preparation stage' (the commitment to change).

Women were generally insistent that a sex worker cannot be 'persuaded' to stop working or using drugs without being ready for this in herself, and said that this approach could have negative consequences including relapse and disengagement with services:

*'You've got to want to yourself. If you don't help yourself then no one can help you ... It took me nearly to die before I woke up'.*

*'[When] other people push you when you're not ready ... it's going to be a failure, you're going to relapse. There's no point to push people, cos they put them through rehab, after 3, 4 months they're back out there'.*

While accepting the need for readiness some women criticised services for not pushing women hard enough.

*'I think they need to be less tolerant, they should make sure girls do certain things, like attend college, go on this drugs programme ... It's too easy not to do anything, nice warm roof over their head, they are not thinking this is a beginning to something else'.*

*'I just had to see them, it wasn't really meetings, they don't make it very disciplined meetings ... They're trying to be nice to us I suppose, but it's not really good for us'.*

It is highly significant that while readiness often appears to be influenced by external factors beyond the control of support services, there was evidence in interviews that readiness can also be 'seized', capitalised on, by a motivational approach, encouragement and support.

A challenge for service delivery is providing services quickly once a woman decides she is ready, as this is a recognised way of maximising positive outcomes. Readiness – the decision to change – can happen very suddenly and research suggests that it is vital that this can be responded to quickly; a study for the Home Office says that referral to fast track drugs programmes, for example, can be essential.<sup>12</sup>

### **(c) Care and emotional support**

One of the strongest themes to come from the women interviewed was care given by the specialist day services:

*'Here you feel like you're somebody ... [that's important] to most of the girls, you have to feel like somebody cares, really cares, not somebody that cares on paper'.*

*'They made me open up a bit more and trust people. When I was using I didn't really care about myself, I neglected myself, but now I know what to do with myself... cos they say they care about me. And when they say they care about me, it makes me feel good'.*

Many practitioners described the low-self esteem of their clients, and that the provision of care and emotional support was primarily a strategy for raising women's self-esteem. This can be understood in terms of a humanistic model of support, as an expression of unconditional positive

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<sup>11</sup> Prochaska and Diclemente (1986)

<sup>12</sup> Hester and Westmarland (2004)

regard<sup>13</sup>. Unconditional positive regard is provided by humanistic therapists and is seen as a foundation for change; its provision may encourage women to try to exit despite the risk of failure.

The government's Co-ordinated Prostitution Strategy reports that low self-esteem is common among women sex workers, and states that 'it is vital to address this if women are to recognise that their lives are worth changing'<sup>14</sup>.

*'I think you need confidence and self-esteem to be able to embrace life on life's terms'.  
Sex working woman*

#### **(d) Hope and belief in the possibility of a life away from sex work and drugs**

Both staff and women talked about the importance of hope: hope that women could change, live a 'normal' life, and escape the stigma they currently experience.

*'I'm motivated. I see, finally see, that there's maybe hope. I'm out of the black hole that I used to be in'.*

Seeing peers, including women who are now staff at the projects, who have attained an alternative life and escaped stigma is important.

*'She's turned her life around ... It's inspirational, it's brilliant, to me definitely an inspiration'.*

*'They need to make sure there's workers who have walked in those shoes'.*

Many women expressed the aspiration to be 'normal' and live a 'normal' life, and a feeling that they are not part of the 'normal' world:

*'I just want to be normal! Wake up feeling good, go to sleep feeling good, go and see my kids and stay over... what people take for granted'.*

*'We tend to get scared when we're with a normal straight person, sort of back off. Getting used to being normal really would be a good start.'*

Women's feelings that they are not or cannot be normal can be a barrier to accessing services, even to speaking to outreach workers; one woman interviewed said: *'[they are] too frightened, view them as establishment'.*

Practitioners described the idea that women no longer believe they can be part of the 'normal' world and they need to be slowly introduced to this. Women spoke highly of services or activities which helped them feel 'normal':

*'Having a Christmas present, going to the theatre which I couldn't afford to do, made me feel normal, not feeling like a drug user on benefits. Help with things that make you feel like a woman, little things from the Body Shop, toiletries'.*

#### **(e) A meaningful alternative life**

When women stop sex work and drug use they are giving up a large independent income, and inevitably have to confront painful emotions which were previously numbed by drug use. Interviews suggest that women's motivation to do so could be increased by offering a positive alternative to their current lifestyle:

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<sup>13</sup> See Rogers (1957)

<sup>14</sup> Home Office (2006) A Co-ordinated Prostitution Strategy

*'We went to the museum, you do cooking lessons, shiatsu, acupuncture. There's so much to do... I really loved going... It's just nice having something to live for... You start to taste it – this is better than drugs! For me personally, just tasting a normal life was better.'* Woman describing the RISE day programme

Meaningful activity – for example, trips out, groups, activities, gardening, lessons, courses, education and training – can help women both overcome the boredom which can lead to relapse, and begin to conceive of themselves as having a normal life away from sex work and drugs. In other words it can enable the 'restructuring of everyday life', which Månsson and Hedlin argued was (along with a 'critical incident') one of the two essential foundations of exit (see section 4.5 (a)). In fact several women stressed the importance to them of structure (in particular as something they gained from living in the accommodation services, or something they wanted): *'Something to structure your whole week, even weekends if you can'*.

#### **4.6 Maintaining exit**

*'I totally believe that if I hadn't engaged in any other services after being in treatment, I'd have definitely relapsed'*.

As outlined above, relapse is common for this group of women, sometimes even after several years. Interviews clearly indicate that aftercare – in particular counselling around a woman's history of sex working, and support around finding alternative employment and creating a new life – is essential to maintain exit. One woman who had stopped sex working and completed rehab described her first aftercare session at a specialist project as 'the start of my recovery'. Another woman was advised by her male key worker not to talk about her past sex working in rehab. After rehab she continued to see one client, until her counsellor (a Trust worker) helped her realise the risks of relapse into drug use if she continued.

*'Working with my keyworker to talk about the feelings that come up if I feel like I want to go and make some money, which I haven't done so far, which is good ... It's actually made my recovery possible'*.

*'When I first got clean I didn't think it would be all this feeling stuff, I've never really had feelings. I was starting to feel this guilt, all this shame, and having to deal with that on a daily basis with no drugs which I'd been used to in my life, it was really difficult'*.

*'The counselling helped me to establish myself as an individual and not a sex worker ... for once I was able to talk about the awful things that had happened to me. Other professionals see rape as if you just haven't been paid, whereas to x and the team it was rape. I found if I can verbalise something I don't carry it around with me'*.

The government's Co-ordinated Prostitution Strategy says that (sometimes long term) counselling can be necessary to help women deal with personal issues, such as loss of children into care, family breakdown, and childhood sexual abuse<sup>15</sup>.

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<sup>15</sup> Home Office (2006) A Co-ordinated Prostitution Strategy

## 5. Routes out of sex work in Lambeth

Throughout the research process it has become apparent that the concept of a 'pathway' out of sex work is less helpful when describing the movement of women through services towards exit than the concept of multiple, more fluid 'routes out', which can be moved through depending on a woman's needs and preferences. A diagram form of this model can be found in Section 1.3. This can be adapted and developed with feedback from the Joint Commissioners and service providers.

This chapter describes the components required from services and Joint Commissioners to provide the best basis for bringing about positive change for sex working women in Lambeth, and a reduction in street-based sex work. Each section describes how far Lambeth currently fulfils each requirement and where applicable how it could improve.

### 5.1 A strategic approach to meeting the unique needs of street-based women sex workers

#### Key strengths

- Joint Commissioners are committed to improving and developing an effective network of services.

#### Key recommendations

- An overarching vision and strategy for work with street-based women sex workers to be developed and agreed with specialist service providers.
- Service level agreements and monitoring arrangements should be revised to ensure they are meaningful and reflect services' roles in routes towards exit.
- Forums and meetings are revisited to ensure they form a cohesive, clear structure for communication across agencies and sectors.
- A strategy should ensure that non-sex worker specific services are able to work effectively with this group of women.

#### (a) Specialist versus generic services

Women interviewed clearly valued services which were specifically for women sex workers, as these quotations from current and ex-sex working women show:

*'My key worker said that [my history of sex work] wasn't really the sort of thing I could bring up in residential rehab. I was horrified. He said there was a mix of girls and boys and he was scared people was going to take advantage of me. But he said "it's fine to talk to me about it". He was a male and I struggled with that.'*

*'Some girls wouldn't feel comfortable going in rehabs with men, some girls have had it really tough out there, they don't trust men.'*

*'There needs to be a degree of understanding about women ... It's not just focusing on their drug use, it is looking at their self-esteem ... The worker needs to be more skilled in the issues that sex workers face, I think a lot of drug workers aren't skilled in that.'*

*'When I come in here there's a real kind of empathy, I don't feel judged, cos I find being a sex worker I have a lot of shame around that. I feel I can come here and ... get treated as an equal.'*

As discussed in Sections 3.2 and 3.3, women sex workers are a unique group with distinct needs. In Lambeth, the specialist sex worker-specific day services are often best placed to understand and meet many of these needs, for example:

- Women experience far less fear of stigma when accessing specialist services, and do not need to self-identify as sex workers; they report that often this fear prevents them accessing non-sex worker specific services.
- Women's partners will not also use the service, or know that they use it; again this was reported to be a barrier to accessing other services.
- Women-only services can provide a safe space which enables women to build self-esteem and begin to contemplate an alternative life.
- Workers in sex worker specific services are skilled in working with women sex workers and understanding the unique issues they face.

However, women also need specialist support from a range of other services, including drug and alcohol, criminal justice, housing, and mental and physical health services. The current effectiveness of these services is discussed in more detail in sections 5.2, 5.3 and 5.4. However, in general, drug services in Lambeth were reported to be particularly strong in providing effective support to women sex workers, whereas many women and providers interviewed related particular barriers to accessing mental health services (see Section 5.4).

The researchers recommend that given the established specialist provision, the Partnership seeks to preserve, develop and support sex worker specific agencies, as well as helping ensure links with the network of statutory services. This approach is likely to yield better results than attempting to rationalise or mainstream services, by enabling the Partnership to take a strategic partnership approach to tackling sex work. There are some historical and political reasons for this but far more significant are the unique aspects of the specialist day services which could not be easily replicated.

A priority in the borough's strategic response to street-based sex work should be ensuring that generic services can work effectively and flexibly with women sex workers. Ways of developing this could include:

- Developing a borough statement about the way services should respond to the needs of street-based sex workers possibly through, for example, any corporate diversity strategy and by stating a requirement to work with this group in the service level agreements of non-specialist hostels.
- Promoting an outreach approach where services expect to come to the client on occasion – for example providing initial mental health assessments within specialist projects.
- The problems of meeting the needs of people with a dual diagnosis are a familiar theme and pose huge challenges to the commissioners of services to street-based sex working women. It is recommended that better intelligence is collected about incidents where services have 'refused' to work with a client, made unreasonable demands for engagement or dismissed a client as too 'chaotic', and that this is used to make the pathway to services smoother and challenge the barriers to engagement. It has been notable that, while describing a number of barriers to accessing a wider range of services, the specialist agencies were not really able to give a wide range of concrete examples.

## **(b) Commissioning**

There is some evidence that commissioning could be improved.

### ***Service level agreements***

The researchers were provided with service level agreements for the core specialist services. Some areas for attention are:

- It is important that service level agreements realistically reflect the roles of services in helping women to move towards exit. A clearer shared vision of projects between Joint Commissioners and providers could be helpful; ensuring that service specifications are live and specific and that generic content is minimised or appended could assist with this.
- Service specifications do not clearly describe what a high performing service should look like with quantitative indicators (for example, a requirement in hostels for structured activities to happen on a timed regular basis). It would be useful to review service specifications to ensure that targets are specific and in the control of the service provider and that specifications always reflect the required service.
- The service outcomes could be presented alongside performance indicators/ monitoring data to ensure that all required outcomes are evidenced.
- Some service specifications could be more clear and specific about expectations from services in terms of their role and aims.

### **Monitoring requirements and funding arrangements**

The researchers were provided with an example of a monitoring return and the corresponding meeting minutes. Observations include:

- There appear to be errors in the data (for example some percentages do not match the figures for the number of clients, and some data is missing).
- There were issues from the data that did not appear to be addressed in the monitoring meeting.
- Monitoring meetings did not appear to identify the problems at a particular project that have been identified by this research.
- Complaints and service user feedback including feedback from satisfaction questionnaires should be integral to monitoring (see Section 5.1 (e)).
- Care plans are integral in the service level agreements but were not mentioned by clients and not frequently mentioned by staff. Joint Commissioners could assess whether reviews of case files could be more fully integrated into monitoring meetings.

The short-term nature of some funding contracts makes it difficult for projects to plan ahead and take an approach of continuous improvement and makes staff turn over more likely.

Monitoring requirements for Trust from the PCT are rigorous. The organisation compiles excellent data of their own; this differs from the monitoring stipulations, possibly indicating that requirements are not as meaningful to the organisations as they could be. In some cases the need for information to feed into a wider dataset is unavoidable but a more consultative approach to setting monitoring requirements and a good understanding of data already collected by projects could ease the burden particularly for small organisations.

### **(c) Promoting choice**

Choice in the services they used was important to women and having several service providers enables this. The differing atmosphere and approach at the drop in service means that some women expressed preferences for Trust's drop-in, and some for Streetlink's. Some women access several specialist providers. Arguments or tensions between women on the streets mean that it can be helpful for a woman to have a choice of service providers.

Creating a better network of accommodation options is explored further in section 5.3. Choice here is also important. Although most women preferred sex worker-specific services, this did not always apply to accommodation services:

*'[Sex worker-specific hostels] just wasn't really for me... I just don't want to live with all women that I see out on the street, knowing my business... you want to get away from it sometimes, you want your privacy'.*

*'I can't be in hostels full of females, cos of the bitching... Being mixed, you can try and get along'.*

Choice is also relevant to ensuring that a wide range of education, employment, training and other meaningful activities are accessible to women.

#### **(d) Forums and meetings**

There are a number of meetings and forums relevant to this group. A more clearly defined framework of meetings and forums would help to provide a cohesive base for joint working.

##### ***Prostitution Action Group***

The Prostitution Action Group provides a forum for agencies from the voluntary and statutory sectors to meet and discuss good practice, strategy and the overall provision for sex working women in the borough. The Prostitution Action Group could have a key role in discussing themes in service delivery to this group, with a commitment from members to contribute fully to discussions and undertake follow-up work. The current review should assist members of the Prostitution Action Group in agreeing areas for further investigation and action.

The Prostitution Action Group is discussed further in Section 6.4.

##### ***Case review panel***

The Brixton Case Review Panel provides a forum for discussing individual women. Agencies working with street-based sex working women, and other agencies working with the wider street population, including the police, are invited to this meeting. However, some provider agencies are reluctant to attend a relatively long meeting where only a few of the clients covered are relevant to them.

There was, however, agreement among interviewees that a meeting where individual women can be discussed across agencies is necessary. If part of the existing more generic case review meeting can be reserved for street-based sex working women it may be more likely to attract attendance from the specialist agencies, and could be worked into some service level agreements.

##### ***Managers' meetings***

The core agencies hold regular managers meetings to share information about clients. These could be formalised and referred to in service level agreements for services that receive statutory funding. Sharing more operational information about current cases, and the activities and opportunities available in projects in the short term, is a vital part of joint working. It is important that all services send representatives to this session.

##### ***Other networks and forums***

There are other networks and forums of direct relevance to those working with street-based sex working women, for example the regional meeting for providers of services for sex workers. It would be useful for the Prostitution Action Group to produce an outline of meetings and forums of relevance and for members to feed back from these as appropriate.

To ensure that the specialist services are not marginalised, Joint Commissioners should ensure that providers are invited to strategic meetings of relevance to them.

Section 6 discusses in more detail ways in which providers can work together for women.

**(e) Service user involvement and complaints**

It is important that women are actively involved in decisions about service delivery: that residents' / service user meetings are held at accessible times, and suggestions are acted on or reasons for not implementing fed back. Trust operates a successful service user group which links in to other service user groups in Lambeth.

Researchers have not found evidence that all core services have complaints systems which are utilised. Complaints and service user feedback including feedback from satisfaction questionnaires should be integral to monitoring. Services are required to have a complaints system, and reporting no complaints in a year period should result in the complaints procedure being questioned and explored. Comments, suggestions and complaints must be taken seriously and encouraged and this should be evidenced.

**5.2 Accessible routes into services**

**Key strengths**

- Outreach and the Court Diversion scheme form effective routes into services.
- Core providers work well with the prison link service to ensure that women are supported when leaving prison.

**Key recommendations**

- Outreach, led by Streetlink and Trust, is specifically funded.
- Prostitution Action Group to assess numbers of women not known to or engaging with services and devise ways of increasing contact / engagement (for example, using data from police).
- Agreed standards for outreach, including a consistently assertive approach and the consistent provision of information, are adopted.
- Joint information resource developed by core service providers for use on outreach and by police.
- Discussions with police to explore solution to the significant barrier to engagement presented by the practice of summoning.
- Explore capacity for more consistent service of meeting women at prison gates.

**(a) Maximising the chances of engagement from women not in touch with services**

Many women interviewed said that there were sex workers not in touch with services. They often referred to long periods of time when they themselves were not engaged with services. The reasons they gave for this were primarily women not knowing about services, and not wanting to engage with them, for example due to previous experiences of services, fear of reprisals due to sex work being illegal, and because it is a distraction from the more urgent need to satisfy an addiction.

*'There's loads of women that ain't in touch with anything. Some of them have given up, they've accepted that this is all there is and that's their life, and got used to it... Some of them aren't on that bit of road ... some of them won't even know that there is a van'.*

### Case study 3: women who don't engage with services

Mary was working as a street-based sex worker for nine years, and a number of things prevented her from getting in touch with services, including an abusive partner, fear of getting in touch with services, and a lack of information about where to go for help.

*'I was fed up on the street but I didn't know how to get out of it ... I was struggling ... He was very abusive ... I was feeding a drugs habit, I had to feed another man, I had to pay the rent ... It was the equivalent of being out on the street 5 days a week and being home for 2 days a week.'*

She would see an outreach van and knew that there was a drop-in, but never went there, saying she felt nervous going alone:

*'I asked a few other girls to come with me but no-one seems to have time or want to go there'*

The information she received from the outreach workers was limited:

*'They just said about themselves [not about the other drop-ins]... They could have given me addresses for drop-ins. They just said "we're in Streatham, [service name]", they didn't even say where or anything like that'.*

Mary's reluctance to attend a drop-in demonstrates the importance of building relationships with drop-in staff on outreach and being encouraged and supported by outreach workers to come along to centre based sessions, and of routes in such as the Court Diversion scheme which requires a women to attend a project.

However, it seems clear that many women simply do not want to engage with services:

*'They'd have to drag me to the car – I was so chaotic I didn't really want to talk to anyone who wasn't giving me any money at that point'.*

Several women described being advocates for the services they used, telling friends about them, and several had first got in touch with services through friends, often being brought along by them. This is an important route in for women who feel nervous coming to services alone for the first time.

The issue of women who don't engage with services could be a work area for the Prostitution Action Group. An area of particular interest is those new to the streets and options for engaging them. Ideas for engaging with this group early on in their experience of street-based sex work are not well developed. It could be that looking at prevention and a wider picture of women using crack would be required to find strategies to stop women becoming established as street-based sex workers. Women could be consulted further on this specific issue.

#### (b) Outreach

Outreach is a vital first point of contact with women on the streets - seeing the outreach van is the way that many women described first coming into contact with services, and it is the route into higher levels of engagement with services (through attending drop-ins) for many women:

*'The van stopped me a couple of times, I went there [Streetlink's drop in] spoke to them, went on a Wednesday and by Friday afternoon I was here [in the hostel].' Killieser Avenue resident*

*'On the van, they been telling me about it [the drop in], kept mentioning it ... keep telling me "Come, come."' Woman on first visit to drop in.*

The three main providers work in partnership to ensure that outreach takes place on most days of the week, at useful times for women. There is a solid basis for creating more consistent and better resourced outreach for this client group.

The research suggests that the sex worker specific services are well placed to provide outreach services to help women move out of sex work. The outreach workers are all female, understand the unique needs of this group of women; and (as the same workers seen in the drop-ins) can start to build relationships with women and provide continuity of contact. The stability in staff teams is a real strength.

It is suggested that the Partnership fund outreach services specifically. By doing so they will explicitly recognise outreach as an important route in to services and be able to say for certain that outreach is being conducted in specific areas, a specific number of hours a week and to agreed service standards. A combination of Streetlink and Trust would be beneficial with support and input from others as appropriate. Good practice was reported by women and observed in Streetlink's outreach in particular.

However, there is scope for improving outreach practice in response to comments from women and some observations. Several women suggested that outreach could be more assertive and provide information about services more consistently, and researchers' observations tended to corroborate this.

*'They say "are you alright?", they could mention a bit more about housing maybe'.*

*'They just come, give the condoms and go like they don't really care about us'<sup>16</sup>.*

Staff on the observed Streetlink shift asked every woman where she was staying, making no assumptions that they knew this already. They consistently asked women to come into the centre, for example saying 'we can't work with an invisible person' and checking that women knew where the centre was. While there were some refreshments available, providing these did not feel like the purpose or focus of the outreach. Staff judged effectively the balance between being assertive and adjusting the tone according to the woman's level of engagement. These practices could be worked into a service specification for funded outreach (see also Action plan).

It is important to ensure that information about services is consistently provided to women as part of outreach, and that women are made aware of all the services, not just the ones represented by the staff on outreach that night. For example, some information could be provided on the bags used to supply condoms, and an expandable credit-card sized joint information leaflet showing opening times, locations and services on offer could be given out without being cumbersome for women to take from staff. Information would need to be regularly updated but is a key gap for the Partnership to respond to.

Women stated that they would like vans to be out more often and for longer although it is likely that the regularity of shifts and the alternation between early morning and late evening is more important than extending the hours. It may be beneficial to rotate days every now and again as staff mentioned that some women are seen on certain days only and if people are only working over the weekend they may be missed. For example an extra session could be conducted once a month in a day and at a time when the standard shifts do not take place.

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<sup>16</sup> It is important to emphasise that the majority of interviewees reported far more positive experiences of outreach.

It is recommended that services are staffed so that volunteers are not used or are additional to two trained workers, in order to ensure consistency on outreach, and that where volunteers are used it is a member of staff and not the volunteer that sits in the passenger seat to communicate with women and encourage them to attend day services.

Many women talked about the need for services at inconvenient times: *'When midnight comes, or 3am, where are you lot?'* The police also described the difficulty of knowing how to help women in the middle of the night, and suggested a 24 hour phone line for women in crisis. It should be noted that Lambeth has a 24 hour Criminal Justice Interventions Programme Single Point of Contact which could potentially take this role. However, this single point of contact was not mentioned by any interviewees, and the role it could take and its suitability for the client group are currently unclear.

At the moment there is an assumption that different agencies tend to mostly see the same women on outreach. There would be clear advantages in a common monitoring system for outreach and other services; this is discussed in Section 6.

### **(c) Drop-in services**

Drop-in centres, as well as meeting women's basic needs, can be invaluable in motivating women to engage further with services, enabling providers to begin to assess their needs and build relationships with them:

*'What made me come was I was hungry.'* A woman visiting a drop-in centre for the first time, after five years working on the streets.

*'X would say, "come tomorrow, pick up some clean clothes, have a shower" ... then they'd neatly start to talk about, "so what are you doing with yourself?", but it weren't all about "what are you doing?" and notes and all that, it was more about you.'* Trust client

Workers at Trust, Spires and Mainliners use attendance at drop-ins to build relationships with women and encourage them to accept higher levels of support. The availability of drop in sessions was mentioned as an issue by some women and several stated a desire for further hours including evening sessions.

### **(d) Ensuring routes into services from contact with the criminal justice system**

#### ***Court Diversion scheme***

The Court Diversion scheme run by Trust was praised by many women and those working with this group of women. The scheme – by which women arrested for soliciting or loitering are met by Trust at court and offered the choice between paying a fine or attending two meetings at services – is an important route into services, particularly for women coerced into sex work, or nervous about attending services:

*'I got to know Maggie through a Court Diversion scheme for working girls... Trust helped me come off drugs... 2 years now I've stopped'.*

*'I was in court. I found out about the scheme... I'm cutting down the crack, I'm cutting down a lot ... I don't work as much on the street now. It's all down to them.'*

The uptake of the scheme is high. The project effectively breaks the cycle of women sex working in order to pay court fines.

### **Drug Interventions Programme (DIP)**

Women arrested for other crimes related to drug-use (including shop-lifting, burglary and begging) are automatically drug-tested and assessed by a DIP worker. The DIP workers know a number of women who are sex workers, and will sometimes ask women if they are working in sex. To avoid being charged, a woman must attend a follow-up assessment, which DIP workers often arrange at Trust or Spires. The DIP worker interviewed believed that most sex workers were identified and offered appropriate help, and the specialist service providers report receiving referrals from DIP workers and believe that this works well.

### **Prison**

Prison was seen by many women as a respite - it often offers the time to reflect, which hostels offered to other women. Several women made the decision to change their lifestyles while they were in prison:

*'Prison changed me, changed my life, and I thought yeah enough's enough. ... makes you grow up, you miss your family more.'*

*'When I went to prison. Thought "I'm going to go back out to the same life." I got to detox and then I got to a rehab'*

The potential of prison to facilitate change has not always been capitalised on, and several women described leaving prison without accommodation or money, and returning to their old groups of friends, ways of making money, and drug use. Many sex workers receive multiple short custodial sentences meaning they do not receive the same level of support as those serving longer sentences. Those who detox in prison often find that timely support is not available to enable them to make the transition to a clean life outside of prison. One woman reported that a small number of prisoners in this group deliberately seek custodial sentences for example for respite or for a place to stay over Christmas.

Meeting a woman at the prison gates on release can be an effective way of maintaining progress made in prison.

*'They came and met me at the gate and brought me straight to the hostel... If I didn't meet them I would have come out of prison back to the same life. Cos now I hardly ever go out on the street'.*

The specialist providers recognise this: women are interviewed in prison by St Mungo's (several Killieser Avenue residents interviewed had been housed there on leaving prison), and are sometimes met at the prison gates by Trust and Spires staff. The prison link service run by Lorraine Hewitt House (previously known as the Stockwell Project) is a relatively new service and has proved extremely effective - a prison link worker meets women while they are in prison, and they are supported by her after they leave. Lorraine Hewitt House and Trust are planning a joint training programme for CARAT staff in Holloway prison.

It would be beneficial if prison staff could co-ordinate more effectively with specialist staff, letting them know when a woman will be released; currently women can be released early without a script, without the knowledge of specialist staff, or alternatively staff can be waiting for several hours at the prison gate.

Because meeting women from prison is resource intensive, an extended, consistent service meeting women at the prison gates could be a beneficial addition to the network of services for this group. It may be possible to deliver this through prison link workers. Alternatively, the St Giles Trust, who meet clients at the prison gates, are currently hoping to extend their service and part of their plans are to offer support to sex working women on short sentences. The four specialist providers were asked directly about the provision of an extended service meeting

women at the gates, and felt that as long as the service aimed to get women linked into the specialist sex worker services wherever appropriate, this would be fine. They felt it could ease the burden on staff, who could see several clients in Lambeth in the time it takes to meet one prisoner at Holloway.

### **Police**

Women interviewed rarely raised police behaviour as a problem. In contrast with some other areas researched, the police generally take a notably supportive rather than punitive approach to women sex workers, some police officers even reported taking women to services. Women are rarely given Anti Social Behaviour Orders (ASBOs). This can be compared with Ipswich, where women are asked to sign Acceptable Behaviour Contracts after being seen loitering twice, and are given ASBOs after being seen five times. A range of other research concludes that ASBOs can be ineffective and can compound social exclusion<sup>17</sup>. However, some women observed on outreach were on ASBOs, and these were discouraging them from using services in Brixton.

Some police officers direct women to Streetlink or Trust. One stated that there is a tendency to direct to Streetlink as they know that Spires is easy to find, and often has open access sessions. Providing a compact information resource about services would ensure that women have more comprehensive information.

The police constable interviewed believed that there were a number of areas not known to the outreach workers where sex workers operated, and similarly several practitioners and women interviewed talked about women in crack houses or not on the usual outreach beat; intelligence from the police could help services identify these areas and improve outreach.

Providers would like more information from police about operations to help them plan their work; for example where an operation is taking place outreach services may stay away to avoid giving women the impression that the outreach van is linked with the arrest of sex workers or punters.

The police practice of issuing on-street summons which result in women being required to appear in court at a later date (often in around 6 months' time) was criticised by women and highlighted by staff in specialist services as a significant barrier to women being referred into services as efficiently and quickly as possible. On the day that the researchers attended court, 13 women had been summonsed to appear on charges of soliciting or loitering; only three of them came to court. The other women missed the opportunity to be linked in with services, became due for arrest as they had failed to appear, and may have been ineligible for the Court Diversion scheme as a result.

### **(e) Referrals from the wider network of services working with this group**

It is essential that the wider network of services who may work with street-based women sex workers are informed about this client group and able to refer to the specialist services as appropriate. There was evidence of referrals into Trust from drug services for example. This would be a useful area for the Prostitution Action Group to explore.

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<sup>17</sup> For example, Sagar, T (2007) Tackling on-street sex work: anti-social behaviour orders, sex workers and inclusive inter-agency initiatives, in 'Criminology and Criminal Justice', Vol 7 (2): 153-168, Sage Publications, London

### 5.3 A safe, secure place to live

#### **Key strengths**

- St Mungo's specialist accommodation has significantly reduced homelessness and associated problems.

#### **Key recommendations**

- Improvements to the quality of specialist accommodation services in some areas.
- A more sophisticated accommodation pathway could be developed ensuring rolling/emergency bed spaces, move on for women, more choice and a reduction in over reliance on the specialist hostels to accommodate this client group. Increasing availability of bed spaces would make it possible for services to respond to moments of crisis and to seize on 'readiness' for more women.
- A small amount of accommodation for women with high support needs around mental health and drug and alcohol problems could be identified.
- Training and support could be provided to non-specialist hostel providers to ensure they offer effective alternative to specialist hostels where appropriate.

The accommodation situation for women in this group is critical - many women experience homelessness, and many of those who stay with partners and associates experience domestic violence. Periods of homelessness result in huge steps backwards for women, increased sex work and drug use; and coercive partners can prevent women from engaging with services or believing they can exit the lifestyle. For women to be able to engage at increasing levels, they must have stable, safe housing.

A large number of professionals interviewed referred to housing as one of the biggest problems facing this group of women.

The research findings reflect those of a Shelter study about street-based sex workers.<sup>18</sup> The project identified a need for crisis accommodation, supported housing (for those engaged in sex work and drug use, and for those drug free and exiting sex work), domestic violence refuges which accept sex workers with complex needs, and tenancy support services for sex working women.

The principle of providing specialist accommodation is a good feature of Lambeth's approach. It has reduced the incidence of women sleeping out and mortality associated with this. The challenge is to increase the quality of accommodation services, reduce silt up, ensure move on and avoid an over reliance on specialist accommodation which in turn reduces the range of tailored options available to women.

#### ***Specialist accommodation***

The St Mungo's hostels are an essential part of progression towards a life away from drugs and sex work for many women. Additional findings and recommendations have been provided to the Partnership and St Mungo's in the review of their service.

#### ***Emergency beds***

Emergency beds enable workers to seize the moment of readiness more effectively for more women and to assist women out of critical situations including domestic violence. Although Cedars Road was intended to offer emergency accommodation, in practice the hostel is often full. This can be addressed by ensuring that Cedars Road residents are supported to move to Killieser Avenue when appropriate and then on to appropriate accommodation. However, it is

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<sup>18</sup> Shelter (2004) *Off the streets: tackling homelessness amongst female street-based sex workers*

important that women are not moved to Killieser Avenue, or on from Killieser Avenue, before they are ready for the move.

### ***Non-specialist service provision***

Non sex worker specific accommodation may better meet the needs of some women and could provide a move on option for those ready to leave the first stage provision when the second stage is full. Lambeth's specialist providers believe that many hostels lack knowledge about the issues facing sex workers, and have a certain amount of fear in working with them. Some say that they are reluctant to take clients when the St Mungo's hostels are full. It could be useful for Lambeth's specialist providers to provide training and support to these hostels. See also Section 5.1.

### ***Provision for women with high support needs***

The specialist accommodation projects do not accept women with severe and enduring diagnosed mental health problems, and there is not appropriate alternative accommodation for this group of women. This is a significant gap which has led to women being excluded from, or housed on a different floor of, Cedars Road. The ideal would be a small intensively resourced unit for this group; this would be expensive in the short term, but could result in overall cost savings in the long term.

### ***Move on accommodation***

Several professionals and women interviewed identified a lack of move on accommodation as a significant barrier to exit. This was reported to be a particular problem for Killieser Avenue residents, which in turn prevents women moving on from Cedars Road, in turn preventing other women from accessing Cedars Road. In particular, a need for supported housing, or for funded tenancy support for women moving to independent accommodation (currently carried out to differing extents by the three day services), was identified by some interviewees. In contrast, the Joint Commissioners believed that sufficient move on accommodation was available, but that women were not moving on from Killieser Avenue because they were not assessed as ready to do so. This could form an interesting area of discussion between the Joint Commissioners and providers.

### ***Specialist hostel provision for women who have stopped using drugs and sex working***

It is accepted that women in the two St Mungo's hostels still use drugs and sex work. Several professionals interviewed suggested a need for third stage accommodation (in addition to the supported housing which is currently provided) for women who have stopped using drugs and sex working, where intensive therapeutic work could be provided. Hostel residents who had made the decision to exit found being housed with women who were still working and using very challenging, and sometimes a trigger to relapse. Several women interviewed suggested a rehab for women sex workers.

## 5.4 Health and well-being

### Strengths

- Fast access to methadone scripts (in-house at Cedars Road and at Brighton Terrace) helps ensure moment of 'readiness' can be seized.
- Detox and rehab can generally be accessed when required.
- Specialist day services prioritise building women's self-esteem, and do so effectively.

### Key recommendations

- It is recommended that better intelligence is collected about incidents where mental health services have 'refused' to work with a client, made unreasonable demands for engagement or dismissed a client as too 'chaotic', and that this is used to make the pathway to services smoother and challenge the barriers to engagement.
- It would be helpful to ensure the resurrected working women's clinic has a strong health intervention focus and meets women's sexual health needs when it reopens.
- Further programmes of meaningful activity could be developed and referral into opportunities for meaningful activity documented and used to give women choice and inspiration.
- The impact of role modelling and inspiration from women who have exited drug use and sex work could be further utilized. This could include ensuring that women perceive a plurality of routes out of sex work – not just working in drug work and related fields.

Health and well-being is used as a term to encompass physical, mental and emotional health including confidence as well as meaningful activity such as leisure, education employment and training.

#### (a) Care/ support planning

There is evidence of the central importance of care/ support plans when working with women sex workers. Care plans and structured programmes are integral in the service level agreements for funded services but were not mentioned by clients and not frequently mentioned by staff in some agencies. This could be an area for the Prostitution Action Group to explore using examples and research into the approach of non Lambeth agencies.

In an evaluation conducted for the Home Office of projects working with sex workers in a number of areas, Stoke on Trent had significantly higher exit rates than Lambeth or any other areas: 21 women had had no involvement in prostitution in 3 months (although exit rate data should be treated with some caution). Support was focused on the 'ME pack', an individually-tailored structured care plan, in which the central focus was the woman herself. In this model a structured care plan would be jointly discussed and formulated with a dedicated project worker. This approach assisted women to examine all aspects of their lives, including their drug dependency, financial requirements, housing issues, children, relationships with other people and future plans. More information can be found in Hester and Westmarland (2004).

#### (b) Mental health

Whilst professionals talked about 'mental health problems' (in particular post-traumatic stress disorder and depression), women were resistant to this term (for example denying 'mental health problems' but choosing to talk about trauma and low self-worth).

The specialist providers work to improve well-being through helping women deal with past trauma and abuse using a range of methods, from simply providing the opportunity to talk through their experiences and be heard and understood, to the structured aftercare counselling offered to a small number of clients at Trust. Section 7 explores in more detail how far the core

services address issues around self-esteem and help women to see the possibility of a meaningful alternative life.

There is evidence from service providers and observations that mental health needs requiring intervention from statutory services often remain undiagnosed and are not being met. Self-medicating to deal with trauma was a theme in the study. Some women described being sectioned for periods.

*'I couldn't get any psychological help... Psychologist wouldn't deal with me cos I was on methadone. That was a real downer... I just gave up [on getting treatment] after that.'*

*'I was self-medicating but if I want to access a psychiatrist I get referred to a drug service but that's not what I need.'*

*'Due to relapse I have to wait until I've been clean at least a year before I can have intensive psychological sessions at Marina House.'*

### **(c) Physical health**

Women report that they are far more likely to access specialist healthcare services than generic services. They also emphasised the importance of a convenient location for a specialist clinic. Some women said that since the Mainliners Working Women's clinic closed many women are no longer getting check ups, and a number of professionals reported a rise in incidence of STDs. The resurrection of this service, planned for summer 2008, would be a welcome addition to specialist provision – it is important this service has a strong health intervention emphasis and does not become a generic drop in session.

Trust, St Mungo's and Mainliners offer needle exchange. The provision of condoms on outreach is a key feature of the harm minimisation offered by projects. Women view this as very important:

*'I might not be sitting here if there wasn't somewhere I could access condoms ... I could have contracted HIV ... as much as I used to think about going to get condoms, if I never had them my safety wasn't important ... the one important thing was buying drugs'.*

### **(d) Addiction services**

Overall community based drug services, including Lambeth Harbour, Lorraine Hewitt House (previously known as the Stockwell Project) and SMART have a good understanding of the issues facing women sex workers, and work well with them and with the specialist agencies.

Most interviewees reported that detox and rehab could be accessed when required. Joint Commissioners reported that rehab can always be accessed immediately following detox for planned admissions, and can usually be accessed as an unplanned admission when women enter City Roads. A small number of women reported problems getting access to residential services including long waits and inadequate funding and issues where detox is not followed directly by rehabilitation support, but these problems may have been historical.

Mixed sex provision is problematic for some women. There are no single sex rehab spaces for women in Lambeth, reflecting a similar lack nationally. However, places can be purchased outside London for sex working women through the substance misuse team; it is important to ensure that these are accessible for women where appropriate. There is a lack of single sex detox spaces available to this group of women.

Service providers said that access to methadone scripts had improved substantially in recent years, and that it was possible to get a script on the same day or the following day. This was

seen to be very important. The provision of scripting at Cedars is also regarded as hugely beneficial.

Several women reported that the RISE day programme was very helpful and motivating. The RISE open day was also mentioned as being helpful to women.

*'RISE has [changed things for me] – they make you think differently... Like if you're clucking [for a smoke] ... how to change you way of thinking. They tell you different techniques... You get a weekly bus pass; you can not only go there you can go other places... It really really hurt me not to go. I really loved going – I woke up everyday and went. It starts quarter to ten, finishes about quarter to three - its just nice having something to live for.'* (The woman had to leave the programme for reasons relating to domestic violence)

**(e) Building self-esteem and meaningful activity**

Increasing women's self-esteem and hope are integral to the day services' approaches, and they are often successful in this. Several women identified meaningful activity as a gap in service provision and complained of 'boredom' (a trigger for relapse). Although the accommodation services had posts dedicated to the provision of meaningful activities, these did not appear to have resulted in scheduled activities for women. Group activities help facilitate the development of relationships which are not based on drugs or sex work, as women who had previously attended Trust's group for exited women testified.

**(f) Aftercare**

The specialist day services refer to 'aftercare', by which they mean the provision of psychosocial support, in particular counselling, to former sex workers. The need for sex worker specific aftercare to help women maintain exit is discussed in Section 4.6. This support is particularly in relation to issues related to women's histories of sex working, and is distinct from aftercare provided by the DAAT.

Aftercare is provided effectively to a small number of women by the specialist day services. Structured counselling is provided to a small number of women by Trust, and aftercare is also offered by Spires Streetlink. Capacity issues limit the extent of the work; many exited women need intensive structured counselling with professional counsellors. We would recommend that the Partnership funds the provision of sex worker specific aftercare by the core sex worker specific services. As at other points along the routes out of sex work, it is important that women have choice in whether they receive aftercare from the core specialist services or from other service providers.

## 6. Working together for women

The multiplicity of specialist providers in Lambeth has benefits – it provides choice and each agency has different strengths. Agencies report that joint working is increasing and working reasonably well. Notable features are referral between agencies (especially from the day services into the accommodation services), telephone communication between project staff about individual clients, and a practitioners' meeting where project managers from several agencies attend. The services co-ordinate their work, so that outreach sessions (sometimes joint) and drop-ins are held on most days of the week.

The research did, however, pick up tensions between providers and areas where joint working could be improved. Key themes are presented below.

### 6.1 Overall approach

There was a perception among some interviewees that there are fundamental differences in approach between the service providers and their commissioners, and between each individual service. This is, for the most part, unfounded. The Joint Commissioners overwhelmingly understand the issues which make this group of women unique, recognise that 'exit' can take a significant length of time, and recognise the value of a range of outcomes. Although service providers each take a different approach to the work (thus crucially offering women choice), their work is largely complementary. All seek to improve the life chances of women.

Developing a common vision, commitment or strategy around what agencies and Joint Commissioners want to achieve for women, and clarifying the roles of each service towards this common vision, could be helpful. The Every Child Matters outcomes framework has been adopted by some adult services in some areas – for example by some Supporting People teams. It could be useful to look at outcomes using this framework, as all service providers want to assist women to progress in the following areas:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well being

### 6.2 Dealing with differences

There was evidence of individuals occasionally showing a lack of respect and patience towards other service providers. Work with this group is challenging, the individual clients are often complex and there is often no obvious approach or solution to move them forward. National guidance and recognised examples of good practice are extremely thin on the ground. In light of this, agencies will sometimes differ in what they believe is right for an individual client. In these instances, consensus building, open discussion and referring back to the women in question is appropriate. If a 'lead agency' was clearly defined and women had a choice over who that was, decisions may be less tense.

The fact that more than one agency works with a client is not in itself a concern: women interviewed emphasised the different forms of support they get from different services as a positive thing. The combined hours services are available for is helpful for women who want to spend as little time on the street as possible as they begin to reduce drug use and sex work. However, it is important that the work of services is joined up and that roles are clear. There is some evidence of services 'fighting over clients', or feeling that another service has exceeded

their remit in working with a client. Explanations for this may include: a defensiveness grounded in services' perceptions that their work is undervalued and their funding unstable; a belief that they can work more effectively with a client than other providers; and the simple desire to be there with a client as she takes steps towards exit.

As the work of the hostels develops, the need for day services to 'hand over' cases or accept that the accommodation provider needs to take the lead will increase if resources are to be used to help as many women as possible. This works well for some clients of Streetlink already – one interviewee explained that she didn't need to attend Streetlink when she was in the hostel as she found the support there effective but when the tenancy broke down she returned to Streetlink. The accommodation provider taking the lead does not prevent women working with day services when they are accommodated, and it is important that women retain this choice<sup>19</sup>.

### 6.3 Information sharing about individuals

Although the Brixton Case Review Panel provides a forum to talk about individual women with relevant professionals, it is not attended by all the specialist agencies, and this forms a barrier to joint working between agencies and across sectors. There is strong evidence that there is a small core of very prolific, very vulnerable women who are difficult to work with, making this a key group for joint working around specific individuals. The absence of a fully-attended forum risks negating the effectiveness and sense of purpose of the Prostitution Action Group; some people feel frustrated by the lack of action on individuals and therefore find it hard to get into a more strategic mindset where the overall picture of services is examined. It is important that a forum can be created which is attended by the specialist agencies working with the women being discussed as well as others working with the street population.

Client confidentiality is a recurring theme in interviews with professionals. Practitioners sometimes regard this information as more sensitive than data about other groups due to the vulnerability of women, and some cite their clients' extreme sensitivity to the sharing of their personal information. However, some feel there is an over emphasis on the issue from service providers:

*'Some (providers) just go on and on about client confidentiality and I do understand it and I do agree with it to a certain extent. But when they are talking about people who we all know, who we are all trying to help, I cannot understand the length that some of these people are going to, to almost fudge the issue...'*

There would be clear benefits to a multi-agency monitoring system for the specialist projects to record outreach, drop in, referrals, accommodation actions and some other casework actions undertaken. As well as facilitating joint working and ensuring that clients receive the most coordinated support possible, there is the potential to make monitoring and reporting a lot easier for some agencies and more comprehensive for others. It would allow commissioners a clearer, more accurate impression of how routes out of sex work and drug use are being utilised by clients.

If services were being developed from scratch for the client group in an area, a shared monitoring system would undoubtedly be a feature if multiple agencies delivered similar services. However, in the Lambeth context this would represent a huge cultural shift on the part

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<sup>19</sup> These findings are concerned with using resources in the most effective way under the current model of funding, where hostel provision is block purchased to provide accommodation and support, and in this case drug services. If individual budgets for social care are extended to housing related support, a more individual approach to meeting a client's support needs could be taken, providing the individual with more choice about how they want to spend the budget allocated to assist them towards agreed outcomes.

of independent providers. Agencies could be alienated and marginalised by a requirement to share data if they did not support this, and there is a risk that in this case they would prefer to continue work without the support of statutory funds.

Cultural objections and concerns about client confidentiality have been overcome amongst those working with the rough sleeping population in London who use CHAIN<sup>20</sup> to share information and ensure joint work with minimal duplication. The CHAIN system could potentially offer a solution by creating records where only the specialist agencies can see the names of their clients. Alternatively, a system could be set up specifically for agencies to use although this would require substantial funding.

#### **6.4 Sharing responsibility for the bigger picture**

Trust currently takes responsibility for the Prostitution Action Group. To be an effective and productive forum it is important that agencies take an active role and share the workload related to the meeting, for example sharing tasks to look into issues and report back to the group, and sharing the role of taking minutes. The group could consider whether it is better to meet less frequently, and for time saved to be used for undertaking work between meetings (for example finding speakers, researching good practice around an issue, or developing a proposal to bring to the group). The wider membership may need to accept that not all discussions will be of relevance, and a proportion of the meeting (for example the last hour) could be dedicated to more specialist topics, enabling some attendees to leave if appropriate.

Representatives from the statutory sector, who have strategic responsibility for services for sex workers, have a vital role to play in showing support by attending and contributing to the group.

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<sup>20</sup> CHAIN is a database containing details of individuals, assessments of their needs, contacts and interventions. It is compiled by agencies in London that work with those rough sleeping or engaging in other street activities that cause concern in communities and need a welfare response. The information is gathered to enable agencies to liaise effectively to deliver services to individuals whose lifestyles make it complex to organise effective and sustainable interventions in multi-agency settings.

## 7. The core specialist services

There are four core specialist services in Lambeth which work with street-based women sex workers:

<b>The core services and their basic provision</b>		
<b>Trust</b>	<b>Spires Streetlink</b>	<b>Mainliners</b>
<ul style="list-style-type: none"><li>• outreach</li><li>• drop in</li><li>• advocacy</li><li>• specialist advice</li><li>• aftercare</li><li>• Court Diversion scheme</li></ul>	<ul style="list-style-type: none"><li>• outreach</li><li>• drop in</li><li>• advocacy</li><li>• specialist advice</li><li>• aftercare</li></ul>	<ul style="list-style-type: none"><li>• outreach</li><li>• drop in</li><li>• advocacy</li><li>• specialist advice</li></ul>
<b>St Mungos</b>		
<ul style="list-style-type: none"><li>• First stage housing: 10 beds in Cedars Road hostel</li><li>• Second stage housing: 15 beds in Palace Road hostel (temporarily at Killieser Avenue)</li><li>• Harm minimisation, advocacy and support with substance misuse</li></ul>		

Taken together, these services give choice to women, effectively co-ordinate the delivery of outreach services, and co-operate with each other and with partner agencies. They provide each of the following four 'essential elements' of support identified by Hester and Westmarland (based on an evaluation of services working with sex workers for the Home Office, 2004: 136):

- **Outreach** to enable project workers to make and retain contact with the women and young people, so building up trust and sustainable working relationships. Including the provision of information and advice.
- **Basic level needs provision linked to one to one support** in an individually focused approach, such as a structured care plan. This should combine all the basic level needs identified.
- **Higher level needs assessment and follow up using a structured care plan** once the woman or young person has stabilised – this can be peer support activities to retain self esteem, recreational activities and access to training and education and work.
- **Continuing one to one support** and contact from a key worker, perhaps combined with peer support, to enable women and young people maintain their exit from prostitution.

Practice in a number of other areas was reviewed as part of this research (including telephone interviews with practitioners in Glasgow, Tower Hamlets and Camden, and a review of projects evaluated for the Home Office Crime Reduction Partnership initiative). Although some differences in approach were found, this did not highlight any gaps or missed areas of best practice.

An analysis of each of the four core services has been conducted. Brief separate reports containing research findings pertaining specifically to each service are being shared with the Partnership and the service provider in question.

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