

Women involved in street sex work in the UK



An analysis of service need and provision

ReedSmith

The business of relationships.



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Women involved in street sex work in the UK

An analysis of service need and provision

As the Director of U-Turn Women's Project, I believe that more could be done to help those women working on the streets in their efforts to make changes to their lives. Much research has been carried out over the years, and the findings always came to the same conclusion: that the women had suffered abuse, had drug and alcohol addictions, were illiterate or had learning disabilities. Recommendations were made that there should be more support services and outreach work at the times women are on the streets, a better understanding of their needs, and so on.

I thought it was time to look at the women's needs from a different perspective. U-Turn commissioned a new piece of research, but one with a difference: it was to focus on the women's present lives, not their past. We recognise that many of the women have had traumatic lives and that, yes, this has had a negative impact on their development and futures but, while U-Turn can't change their pasts, together with similar service providers it may be able to support them in changing their futures. The findings will enable us to improve and develop the services we offer and will also be used to encourage funders to support this desperately needed work.

Rio Vella

Founder and Director of U-Turn Women's Project

This report is unique in that it is, first and foremost, giving a voice to street sex workers. It is their opinions and their needs that are at the heart of the recommendations being made.

The Leathersellers' Company is proud to have supported this important research and looks forward to supporting the work this report will precipitate in improving the help given to sex workers.

Geoff Russell-Jones

The Leathersellers' Company

All photographs in the report were taken by women who participated in the CREATE photography project at U-Turn (funded by Reed Smith, 2014).

Executive summary

Little is known, beyond the anecdotal, about the everyday lives and needs of women who street sex work. As a result, this research was commissioned to enable the funder, and the third sector in general, to identify and provide appropriately responsive services and facilities.

It was expected that the results could be used to lobby successfully for broader structural and policy changes around sex work in the UK.

The project's research aims were:

- to identify street sex workers' experience of police enforcement;
- to identify the services available for women who street sex work, and to examine what else they need to make well-informed, independent and safe decisions about their lives;
- to investigate what has helped women to move out of street sex work.

The qualitative data gathered through discussions and in-depth interviews with women involved in street sex work were contextualised through legal and literature reviews, and interviews with service providers. The research provides rich insights into the everyday lives of women who street sex work, and those who are at various stages of making the transition away from it. All but one of the women interviewed were, or had, been drug users.

The women unanimously agreed that the decision to move out of street sex work, and the motivation to do so, is deeply personal (page 9). Services can support them once they have made the commitment, but cannot create the initial motivation, force the decision, or anticipate the reasons behind it. It is important to recognise that the process can be long and non-linear.

Individual support staff were, however, credited with providing valuable practical and emotional support, particularly when they had an ongoing and non-judgemental relationship with the service users (page 9). Conversely, services that fail to retain staff for the medium or long term, and/or where staff are judgemental, were seen as at best unhelpful, and at worst as negative (page 9). Services that are most valued include outreach (page 10), a sensitive and dedicated police unit (page 10), and ongoing and consistent therapeutic services (page 11). During the course of this research project, it became apparent that these services are particularly under threat of being cut.

Boredom is seen as one of the main sources of stress in the women's lives, and can disrupt their intention to leave street sex work (page 11).

Activities that are seen as being meaningful, and those that are perceived as improving future employability, are valued and the interviewees made a number of suggestions (page 11). In particular, women who had left, or were in the process of leaving, street sex work wanted their experiences to be used to help others. Women who had not yet reached the point of managing their lives better, said that they would appreciate support from those who had experienced what they were currently going through. Mentoring, then, was discussed by a number of the women interviewed, both as potential providers and recipients (page 12).

Accommodation was cited as being a severe problem by most interviewees – service users and providers. Hostel accommodation (particularly women-only) was seen as being valuable emergency accommodation and often as the only option, even when not appropriate. National changes to housing policy were creating severe and long-term problems and many women felt locked into hostel accommodation as a result (page 14). From an analysis of the research, a number of recommendations are made to help women involved in street sex work to make independent and well-informed decisions about their lives (page 16).

1 Research aims



While the reasons for women's involvement in street sex work¹ (SSW) are varied and well established, their everyday lives, hopes and frustrations have not been well investigated, but it is important to understand these aspects of their lives to support them effectively.

Specialist statutory agencies struggle to deal with the women's complex experiences of multi-dimensional disadvantages, including drug dependency and addiction, homelessness, and mental health problems². Third-sector organisations often provide more holistic support, but there is little research on the effectiveness or reach of their service provision.

This research has been commissioned by U-Turn ("the centre"), a third-sector provider, which works in the London Borough of Tower Hamlets. U-Turn believed it could respond better to the needs of street sex working women ("the women" or "research participants"), and reach more of them if it had a better grasp of the way current policies affect their day-to-day lives.

The centre hopes that this information will enable it to provide the strategies and facilities the women would find useful either to manage their lives better or to leave sex work safely. Three specific research questions were identified.

- 1 What are on-street sex working women's experiences of police enforcement?
- 2 What services are available to women involved in SSW and what would they need to make well informed, independent and safe decisions about their lives?
- 3 What has helped some women to make the transition away from SSW successfully?

The results of the research are expected to inform more responsive, service-user focused, local support services. They can also be used to lobby for broader structural and policy changes in the regulation of street sex working women.

¹ The term "sex work" is used in this report as a reflection of the terminology used by the centre. In research interviews, we asked women for their preferred terminology and used it throughout.

² According to all the service providers interviewed for this research, the number of women involved in SSW has declined because the internet has led to a lot of the trade being moved indoors. The women who are now involved in SSW, however, tend to have particularly acute and complex needs.

2 Analytical framework and methodology

The research used a qualitative and participatory research framework through which the views of women involved in SSW and those who have left SSW were gathered through in-depth interviews, a discussion group (DG) and narrative enquiry³. The fieldwork was conducted between October 2015 and March 2016. The main geographic focus of the research was on Tower Hamlets, because it is the home of the centre and for its innovative (in London) approach to managing and supporting women involved in SSW.

In addition, although ultimately less detailed, to reach a broader group of women and services, and to provide some comparison, research was undertaken in the London Borough of Islington. A range of providers of support for the women was contacted to identify and reach women who might be willing to talk to the researchers. This generated one DG that involved seven women, and individual or paired interviews with eight other women, each lasting between 45 and 90 minutes⁴. Ten of the participants were White British, one was from the Irish Travellers' community and two were Black British. An emphasis on depth enabled a detailed understanding of the various aspects of their lives and the identification of critical gaps in services⁵.

To establish the level, extent and nature of service provision in Islington and Tower Hamlets, and to get the professional and personal views of service providers in the third and statutory agencies, nine service providers were also interviewed. Two other services provided information by email. The organisations involved in the research are listed on page 17.

The interview schedules and DG questions were developed in collaboration with service users and providers. Discussions held in the project's Advisory Group meetings also ensured that the research process was sensitive and ethically appropriate. (Members of the Advisory Group are listed on page 17). Interviews were audio recorded in almost all cases, and with the informed consent of the participants; in the few cases where that was not possible (because of logistics, or the preference of the interviewee), notes were taken and written up immediately afterwards. The recordings were transcribed verbatim. The transcripts were analysed deductively, using the themes identified in the research questions above, and inductively, identifying themes that emerged from the interviews and DGs.

³ Although we recognise that men and trans involved in SSW will also have unmet needs, this research focuses exclusively on women as a reflection of the centre's remit.

⁴ Some women took part in the DG and the interviews. A total of 13 women were involved in the research.

⁵ Because of the scope of the study and the method used to gain access to participants, it is possible that the voices of women involved in SSW who do not access the services that assisted us in the research were excluded in spite of our best efforts.



3 Service provision context⁶

3.1 Legal context

There are four main legal approaches to prostitution: prohibition, abolition, regulation and decriminalisation. The UK has adopted the model of abolition – third parties involved in prostitution (pimps, brothel-keepers, traffickers) are punished and, other than for the offence of public solicitation, sex workers are usually considered to be victims. The principal criticism of models that involve some form of criminalisation, whether of the buyer, seller or both, is that they make sex workers more vulnerable to violence and abuse. They also make it more difficult for support services to reach sex workers.

The 1957 Wolfenden Report, which forms the basis for the current legal approach to sex work, was mainly concerned with public-order issues. It led to the *Street Offences Act 1959*, which is still in force, although it has been amended. Under the Act, it is not illegal to buy or sell sex in the UK, but street prostitution is illegal, as are related activities, including kerb-crawling and pimping.

A Home Office review in 2000 led to the *Sexual Offences Act 2003*, which created two new offences aimed at tackling coercion and exploitation. New arrangements under the *Criminal Justice Act 2003* introduced rehabilitative options for offences related to street-sex work:

- 1 administer a caution with a rehabilitative condition under which a sex worker can avoid prosecution by admitting to an offence and complying with the condition, such as drug treatment;
- 2 an arrest referral under which the sex worker is allocated an arrest referral worker who provides advice, information services and low-threshold treatment interventions;
- 3 a community order that can be tailored to the needs of the individual.

The 2004 Consultation was positive about the potential of arrest referrals, noting research that suggested it can improve relationships between sex workers and the police, and help to break the cycle of arrest, charge, fine and a return to the streets.

A 2008 government review resulted in changes through the Policing and Crime Act 2009. The usual penalty for a soliciting offence for a sex worker is a level-two fine (up to £500) for a first offence, or a level-three fine (up to £1,000) for a second offence. Persistence must be proved – the relevant conduct must take place on two or more occasions in any three-month period. This is

usually through non-statutory “prostitutes’ cautions”. Unlike ordinary cautions, no admission of guilt is necessary; they are ineffective as a deterrent and are not subject to appeal, but remain on record.

They appear on Disclosure and Barring Service checks, which are required for any job that involves children or vulnerable adults.

The PCA introduced an alternative penalty whereby the Court can order sex workers to attend meetings to get help in addressing the reasons for their involvement in sex work and in ways to leave it. According to statistics from the Ministry of Justice, between 2010 and 2013, 172 people received cautions for exploitation of prostitution and 250 people were convicted. Between 2009 and 2013, 1,764 were cautioned for kerb crawling and 1,663 were convicted. For (unspecified) “offence by prostitute”, between 2009 and 2013 1,673 were cautioned and 1,751 were convicted. A further 34 people were cautioned and eight convicted of soliciting for prostitution between 2010 and 2013.

Anti-social Behaviour Orders (ASBOs), introduced in 1998, have increasingly been used against street-sex workers to prohibit them, for example, from entering areas where they have repeatedly been found to be soliciting. Breach of an ASBO, which is generally applied after a fifth offence, is a criminal offence that carries a maximum penalty of five years’ imprisonment. Since 2010, the rehabilitation period for soliciting offences has been six months.

The March 2014 review advocates criminalising buyers to reduce demand, combined with an increased focus on facilitating means of leaving sex work, and notes the cyclical effect of fines that lead women to sell more sexual services to pay them. Although sex workers are at a much higher risk of violence than the general population, their reporting rates are low because of the fear of prosecution. The burden of criminalisation, therefore, falls on the most visible participant, the sex worker, partly because of target-driven police forces using their limited resources to focus on those involved in selling sexual services, rather than other participants. In early 2016, the Home Affairs Select Committee launched a further inquiry into prostitution laws.

⁶ A longer legal review and a comprehensive literature review are available from UTurn Women’s Project website: <http://uturnproject.co.uk/>

3.2 London Borough of Tower Hamlets

The London Borough of Tower Hamlets (LBTH) regards prostitution as “both a form of discrimination and a violation of human rights”: a form of violence against women. Adopting the UN definition, violence against women is understood to be “any act of gender-based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women (or girls), including threats of such acts, coercion or arbitrary deprivation of liberty” (*United Nations Declaration on the Elimination of Violence towards Women, 1993, Article 1*). In this way, LBTH’s approach to prostitution considers it to be violence against women and equates it to rape and sexual violence, domestic violence, trafficking and sexual exploitation, female genital mutilation (FGM), forced marriage, honour-based violence, dowry-related abuse, stalking, and harassment (*London Borough of Tower Hamlets, 2013*).

Prostitution is explicitly called a “dangerous” and “unhealthy” activity⁷: according to this perspective, there is a very close relationship between prostitution and vulnerability to exploitation, insofar as many of the women involved in prostitution “are poor, homeless and have already suffered violence and abuse throughout their life”⁸. Women involved in prostitution are treated as victims, and a generalisation is made that in all cases women are deemed to have been forced, coerced or deceived to enter into prostitution and/or to keep them there (*London Borough of Tower Hamlets, op. cit.: 58*). Sex workers are, however, also treated as people who might be involved in illegal and immoral activities, such as buying or selling drugs, soliciting/loitering, exploiting others, neglecting children under their care, disturbing the peace (public spaces), and/or indecency. LBTH combines punitive and therapeutic strategies to support and control sex workers and sex work.

Police regularly patrol areas where street prostitution takes place. Those whose conduct they identify as “persistent”⁹ in terms of loitering or soliciting for the purposes of offering services as a prostitute receive a caution. Sex workers can opt for a court-diversion scheme in lieu of paying a fine and getting a criminal record. Recidivism could lead to short-term

⁷ http://www.towerhamlets.gov.uk/ignl/advice_and_benefits/domestic_violence/vawg/prostitution.aspx

⁸ Ibid.)

⁹ “To demonstrate ‘persistence’ under the amended legislation, two officers would need to witness the activity and administer the non-statutory ‘prostitute’s caution’. This caution differs from ordinary police cautions in that the behaviour leading to a caution may not itself be evidence of a criminal offence and there is no requirement for a man or woman to admit guilt before being given a prostitute’s caution. Details of these ‘prostitute’s cautions’ are recorded at the local police station. Insertion of the word ‘persistently’ provides opportunities for the police to direct that individual to non-criminal justice interventions to help address the issues that may have caused them to enter prostitution and to ultimately find routes out.” Crown Prosecution Service, 2010.

imprisonment. The diversion scheme includes a variety of support provided by statutory agencies in the main, and some charities, including help with housing needs, drug addiction, mental health, domestic violence, physical health issues, benefits, immigration, and legal matters, among others. The offender has to attend three meetings with the LBTH Prostitution Response Coordinator/ IARP (Identify, Assess, and Referral Programme), to address the causes of the conduct constituting the offence, and find ways to cease engaging in such conduct in the future.

Once a month, the Prostitution Multi-Agency Risk Assessment Conference (MARAC)¹¹ meets. All agencies involved directly or indirectly with tackling sex work¹² – mostly institutions with responsibility for statutory services in the borough – discuss the co-ordination of multi-agency strategies in relation to individual cases. In some cases, women have given consent for their case to be discussed, but in many other instances they have not. This does not impede the agencies from agreeing on multiple responses to what they decide are the needs of those individuals.

Third-sector services in Tower Hamlets provide facilities that fall within three broad areas:

- drop-in and by-appointment services that respond to individual needs, including legal, welfare and housing advice, support through counselling, and advocacy;
- a place to shower, do laundry, cook and eat. Other meaningful and creative activities, such as art and craft projects, and basic life skills, can also be encouraged;
- outreach work, which supports women on the streets, usually at night.

These organisations collaborate with “Ugly Mugs”, a third-sector reporting mechanism that enables sex workers to receive and circulate information about individuals who may be, or have been, a threat to them.

¹⁰ By way of CCTV cameras, visual identification (physical appearance), following of women who they think might be a street sex worker until they have sufficient “proof”, and those to whom they have already given a caution.

¹¹ Organised by the Drug Intervention Programme – LBTH, and the Violence Against Women and Girls (VAWG) Steering Group.

¹² London CRC Probation (London Community Rehabilitation Company); Homerton University Hospital; Providence Row Housing Association; U-Turn; Metropolitan Police; East London NHS Foundation Trust; VAWG Strategy, Tower Hamlets Council; Look Ahead (hostel housing service provider, including Hopetown Hostel); Caplin House, (an organisation working in partnership with local authorities and health trusts to provide specialist support and care services to a variety of people who may need some extra support to live independently); Barts Health NHS Trust; Thames Reach (housing); Mental Health Co-ordinator at the Royal London Hospital; Compass-ISIS (specialist women’s service), RAPT (services in custody and the community that help adults to recover from drugs and alcohol); Tower Hamlets Clinical Commissioning Group (planning, buying and monitoring a range of local health services); Victim Support (Charity that provides free support for victims of crimes).

Service provision context continued



3.3 London Borough of Islington

The London Borough of Islington does not have a stand-alone strategy pertaining to SSW but addresses it in relation to two main concerns. On the one hand, it seeks to support vulnerable people at risk of exploitation through its work with general outreach organisations, such as St Mungo's, and specialist services, such as New Horizon and CLASH. Under its Violence against Women remit, the council also works with Cranstoun Drug Service and Solace Women's Aid to provide support to female sex workers (email communication, service provider). The charity Change, Grow, Live (formerly Crime Reduction Initiatives) liaises with police stations to support anyone testing positive for class A drugs, including women involved in SSW.

On the other hand, the council pursues the anti-social behaviour and crimes associated with SSW and seeks to address its impact on communities. Four Multi Agency Geographical Panels in Islington¹³ (MAGPI) managers are in charge of tackling anti-social behaviour in the borough; they can refer women involved in SSW to suitable agencies if needed. The council also works with law enforcement and support services to monitor trends within the borough, which are then fed into the Safer Islington Partnership strategic assessments and help to direct resources effectively to where they are most needed. SSW is not, however, perceived as a problem for Islington and is not targeted as such. Specific concerns are dealt with on a case-by-case basis (email communication, service provider).

Service providers who were interviewed acknowledged that while the number of women involved in SSW had decreased in recent years, there was a lack of "specialist support...able to offer the time and intensity of working" that would benefit women who have complex and overlapping needs. One service provider also stressed that support services in the borough have been "devastated by the [budget] cuts".

¹³ <http://www.islington.gov.uk/publicrecords/library/Housing/Democratic-decision-making/Meetings,-minutes-and-agendas/2012-2013/%282012-06-18%29-magpi-sp-providers-forum-dec2011.pdf>

4 Findings: the service needs of women involved in, and moving out of, SSW

4.1 Introduction

This section summarises the principal findings from group discussions and individual interviews with 13 women who are currently, or were previously, involved in SSW in Tower Hamlets and Islington. It includes comments from service providers, where their perspective differs from that of the women who took part in the discussions.

A little more than half of the women who participated in the survey were drug users and were actively street sex working; six were at various stages of making the transition out of SSW; some had reduced work and drug intake; others had stopped altogether, in some cases for more than ten years. With one exception, all the women had worked, or still worked, to fund a drug addiction. Many had traumatic personal histories that had led to drug use and/or SSW, although this was not always the case. For example Jennifer¹⁴ “only got into drugs quite late when I had a stillborn. And blocked out my grief... My husband was murdered four years ago and then I just hit the drugs really bad.”

This report provides detailed insights into the service needs of women currently involved in SSW and of women seeking to move out of it. It should, however, be considered as being influenced by the self-selection of our interviewees¹⁵, rather than as taking a moral stance.

4.2 Areas of debate

We heard varied and contrasting opinions on whether there are service gaps for women who are moving out of SSW. While some service providers aim to help women to leave, current and former service users were unanimous in thinking that the decision to leave is a very personal one that cannot be pushed onto someone: “You can’t get women to exit if they are not interested... You got to want it. It’s going to come from you.” Angela. Triggers for those interviewed varied, but a common answer was that they were “tired” and “sick” of the way they lived, felt stuck in a rut and wanted a “different life”. For some, this was a gradual process, for others, a decisive factor precipitated the decision. For example, Lisa recalled how hitting rock bottom after spending all her money on a drug binge – and having to ask the hostel for emergency food – acted as a wake-up call. Other participants said that the desire to become a mother or to make contact with a child who had been taken away, meeting their future husband, or just feeling too old to keep going, had been the trigger to leave.

¹⁴Pseudonyms have been used throughout the report. DG stands for discussion group.

¹⁵It is possible that drug use made it less likely for women currently involved in SSW to attend the interviews we set up with them. However, self-selection was the only appropriate approach for us to take, and the benefit to the research has been the remarkable frankness the women shared with us over many long discussions which yielded rich information, for which we are very grateful.



Opinions about the role of service providers in helping or hindering the process of leaving SSW differ. One provider believed that services could lead to “institutionalisation” and help users to stay in known territory. Two participants formerly involved in SSW, however, highlighted the role of individual staff members in instigating change. Angela pointed out that having an outreach worker start the conversation about leaving was helpful: “She took the conversation from condoms to plan B” by talking about short courses Angela could do. Importantly, Angela felt the conversation was not forced on her, but was part of general “chit chat” and “banter”. Another woman highlighted that services may have a role to play in opening up other perspectives to women currently involved in SSW, when she credited a third-sector organisation with “saving” her from the street.

There is also a debate on whether there is a gap in providing services when women have made the decision to leave. Some providers see SSW’s link to drug use as a “self-perpetuating spiral, where they feed each other” and leaving will follow if addiction is tackled. Since most providers deem drug treatment to be adequate, some questioned the existence of a service gap for women moving out of SSW. Our research points, however, to a

4 Findings continued

number of unmet needs that should be addressed by both the statutory and third sectors.

Since the needs of women involved in SSW and of those who are seeking to make the transition out of it, overlap to some extent they should not be thought of as two distinct categories. Leaving is not necessarily a linear process and some women move in and out of SSW throughout their lives. Our findings focus, therefore, on the types and characteristics of the services that are needed and, where appropriate, highlight the specific needs of women who are currently involved in SSW and those seeking to leave it.

4.3 Gaps in services

There are not enough specialist services for women who are engaged in, or are seeking to move out of, SSW. Participants in Islington, for example, were concerned that a major drop-in facility, which had been a lifeline for decades, was about to close. Other gaps in vital services are detailed below. Some important services, such as help with access to benefits or drug treatment, are omitted because they were deemed to be adequate, although some issues concerning them are raised in section 2.

4.3.1 Outreach services: a reassuring presence and a bridge to other services

Outreach services, which come around at night with drinks, hot food, sandwiches, crisps and condoms, were highly rated by women engaged in SSW. In addition to providing much appreciated sustenance, they were a reassuring presence: “In the night time, you’re out. If you feel a bit uneasy...If you ring them up then they’ll be there. And they’ll come get you.” *Lisa*

Outreach services also provide critical touch points and bridges to other services, particularly for women who do not fit into more accepted categories, such as drug user or hostel resident, and may not have had much interaction with services. Outreach services are, however, available only a few nights a week. Participants in Tower Hamlets said they would like more organisations to provide outreach in the areas where they worked.

4.3.2 A dedicated police force: the example of the VICE team in Tower Hamlets

Tower Hamlets has an innovative special team, the VICE team¹⁶, that is dedicated to dealing with women involved in SSW. Interestingly, service users interviewed in Tower Hamlets concurred with service providers and were

positive overall about their role and attitude: “Cos they’re really laid back. When I got cautioned for the last time, a couple of weeks back, they caution you, they ask you, ‘Are you alright? Do you need a script? Do you need someone to come out and check you’re alright?’ And I thought, they’re pretty good”. *Lindsey*

The VICE team can caution women but does not arrest them, although they were on occasion seen as stopping women from working in order to curb their drug use. This is in stark contrast to reports from participants in Islington who had been arrested on a regular basis when they worked on the street.

Women also resented being charged with sexual offences and thought that being categorised in this way was a poor reflection on their lives and activities: “I think it’s wrong that they put ‘sex offences’ down on your criminal record. Do you know what I mean? Because then it comes across that I’m a nonce...And that’s wrong. Why ‘sex offences’? Couldn’t they have put it under ‘prostitution’? *Lindsey*

Criminalisation is a major barrier to finding employment for women who leave SSW. Because there is no statutory limitation on sex offences, women who have been charged will never have a clean police record and are likely to face discrimination from potential employers, including – in the experience of one participant – in third-sector organisations. One woman who had made the transition from SSW also commented that because of her police record she wasn’t allowed to work in schools.

Participants generally distrusted the regular police force and felt that they were not respected: “At the end of the day, to them, we’re just scumbags, you know? We’re just a waste of space”. *Lisa*

4.3.3. Mental health support and aftercare

Many women we talked to have had, or still have, untreated self-declared mental health issues, such as depression and anxiety. According to one service provider, mental health services are often reluctant to work with women unless they stop using drugs, but substance use can be a way of dealing with untreated mental health issues. Indeed, one participant credited her reduced drug use and SSW activities to adequate mental health care: “I think the real reason, for me, was what with my manic depression and my depression, they put me on different medications and it sort of subdued me a bit. Do you get what I mean? It sort of relaxed me a bit.” *Lindsey*

Where counselling is available, there tend to be long waiting lists. *Lindsey* comment that she wanted more “active one-to-ones, more support” with mental health, although others, like *Michelle*, explained that they felt trapped in a spiral where their depression prevented

¹⁶ The Tower Hamlets Police VICE Team was established in 2012 and is funded by Tower Hamlets Council as part of the wider Council-funded Police Partnership Taskforce. The VICE team was originally set up to deal with the sex trade, but has recently been given a larger remit, including anti-social behaviour, licensing and burglaries.

them from seeking the help they knew they needed. Therapeutic support/counselling is also seen as one of the keys to leaving sex work. Many women who had stopped using drugs reported suffering from anxiety and insomnia, but little support was available in dealing with these issues, which held women back and made it difficult for them to move on with their lives. As Angela pointed out, therapeutic support is also important for those who have left SSW – it helped her develop coping mechanisms that were crucial to making sustainable change.

4.3.4 Meaningful activities: “a bit of positivity in a sea of negativity” (DG)

Access to meaningful activities was one of the service needs women were the most vocal about, to the extent that boredom was reported as one of their main causes of stress: “Waking up to face another day felt like ‘groundhog day’ ”; “It’s tunnel vision. Everything’s the same”, *Lindsey*. One woman said that boredom pushed her back on to the street while others mentioned that the lack of meaningful occupation, pleasurable things to do and places to go had consequences in terms of drug use: “It’s not living, is it? It’s existing, but then, what do I do? Do I get up and go outside and...loiter...get moved on by the police. You can’t even have a drink on the street now because you get fined or whatever for that... So I go out on the street, bored, go outside and get myself into trouble. Bumping into people, going over there and using drugs. Do you get what I mean?” *Lindsey*

Activities that got them “out of that fucking hostel” (*Lindsey*) and provided “a bit of positivity in a sea of negativity” (DG) were clearly called for.

Since many of the women’s lives had nocturnal patterns, their preferred timing for activities was noon to 6pm or 6-10pm, although some suggested a breakfast club. Participants distinguished between different kinds of activities which broadly fell into three areas: creative/leisure; advocacy/mentoring; training.

4.3.4.1 Leisure activities

Participants highlighted the lack of quality activity accessible to women involved in SSW. They identified a lack of choice and did not rate some activities, such as an arts and crafts morning, highly. Other activities, such as a recently started Bingo night at the hostel, were more appreciated. A third-sector organisation’s Christmas dinner was highly praised by all the participants in a DG, but most of the women had not taken the opportunity to visit the centre more regularly.

Activities also need to be better advertised. Knowledge of them is often gained through other providers, service users or flyers/posters but the process can be quite haphazard: “So I might go into [an organisation] and



4 Findings continued



they'll have things on the wall or...one day, it could be advertised in the lift. You go and look at it that day and it won't be there the next day". *Lindsey*

The women interviewed would like to see more consistent and systematic promotion of activities, for example through newsletters, leaflets in their personal letter boxes at the hostel, texts to their telephones, or an evening where all providers would come to introduce their activities.

Specific suggestions for activities were collected from the interviews:

- days out: for example, trips to the sea (one participant had never seen the sea);
- beauty treatments to make them feel better about themselves: manicures/pedicures, hairdressing;
- craft activities, such as sewing;
- physical activities, for example, swimming;
- charitable events were mentioned on a couple of occasions – the idea of raising funds for good causes was appealing and included ideas such as a “bake sale”, “fancy-dress competition”, in order to raise funds for cancer, as well as specific services for women engaged in street sex work;
- a float in the Notting Hill Carnival;
- training – beauty courses; how to use computers; other practical courses;
- relaxing activities – meditation/visualisation; acupuncture treatments.

For those women who are trying to disengage from drugs and/or SSW, activities outside their usual social circles were considered to be important in providing them with alternative things to do. Services are focused on providing support to stop specific behaviour (drug, sex work), but often fall short of proposing meaningful and attractive alternatives.

4.3.4.2 Advocacy and mentoring: making use of past experience

Many participants were keen to make use of their skills and experience to help others. Several interviewees mentioned mentoring women who were involved in sex work and/or drugs, either as a plan for the near future for those who had stopped drugs and sex work, or as an aspiration for others when they managed to get clean. One participant had come from a Travellers' community and was keen to help other women in that community.

Tower Hamlets' Community Drug Team (CDT) is known to provide volunteering opportunities that match these aspirations in a way that benefits volunteers and clients: “One of the girls in here, she got clean and she was only on the methadone. And she started going there voluntary ...the CDT...and now, they've given her a permanent job...they've realised, people that have been there, seen it and done it can relate to the clients better than what

someone that hasn't been, sort of thing. Because they don't feel like they're being judged so much." *Lisa*

We believed that there was likely to be untapped potential in this area that could be addressed by other organisations. Lisa, for instance, also suggested that women formerly involved in SSW and drugs could be helped to start support groups. This is important, particularly in relation to the gaps in mental health support and service staff's shortcomings (see page 14). Mentoring could also provide women who are in the process of making the transition out of SSW with the one-to-one moral support necessary to negotiate the new, and at times scary and frustrating, challenges they may face (see page 15).

4.3.4.3 Training courses, volunteering opportunities and employment

Some participants identified specific courses they would like to do: beauty courses; how to use computers; practical things in general, but they commented on the lack of opportunities and long waiting lists for any interesting activities, as this participant who tried signing up for a computer class explained: "I put my name down once on the computer and they never got back in touch. It was a 12-month waiting list." *Lindsey*

Lack of access to courses and training is seen as a crucial service gap for those wanting to leave SSW, yet the benefits of engaging in various forms of learning are substantial. One woman explained how a six-week Learn Direct course in English and Maths had provided her with her first certificate in 16 years. Courses help women's self-esteem and provide them with something to do. As Angela sums up: "exit, then do what?".

There is a need for more work around providing paid opportunities for women who want to leave SSW particularly since, as Elizabeth says, the loss of earnings is difficult to manage. In addition, women often have to explain their lack of formal qualifications, experience, references, and why they have a criminal record. They may face discrimination from employers and their skills and knowledge may not be recognised. Emotional and practical support are crucial.

– **Emotional support:** changing to other forms of work is often a difficult process. Angela, who left SSW more than a decade ago, and was working in the third sector, explained that having someone who was available for moral support when feeling "crippled with self-doubt" had been crucial in her success. Having "Someone you can get back to when you face difficulties...someone to hold your hand while applying for jobs; someone to ask questions, to bounce ideas, to go to when feeling like giving up...to curse together when things were tough", to feel free to question when figuring out how to operate in this new environment, could not be underestimated.

– **Volunteering and employment opportunities:** there is a need for an organisation that liaises with employers that are likely to provide paid volunteering or on-the-job training positions for women formerly engaged in SSW. According to one participant, these employers should be equipped to understand what valuable skills and knowledge these women can contribute to the organisation and, possibly, be involved in supporting sex workers. Volunteering opportunities are important learning opportunities that, as Angela said, can "help women know their worth" and build their confidence.

– **Practical support** with finding courses, filling in applications, access to computers, work spaces and living expenses. One woman explained how the support of staff at a charity that provided access to a computer (through the charity's offices), and lunch and travel money was crucial in enabling her to take courses and move into employment.¹⁷

In Islington, service providers cited the employment, training and volunteering programme run by SHP, a charity that supports homeless and vulnerable people in London, as an example of available provision. One provider observed, however, that women making the transition out of SSW may need a more holistic and flexible approach that does not penalise them for missed appointments.

4.3.5 Accommodation: the need for a positive living environment

This section may, to some degree, reflect the fact that many of the women we interviewed were residents at a particular hostel that they were extremely dissatisfied with. The hostel's environment was said to be unpleasant, stressful and noisy – day and night. It was also perceived as not responding suitably to some of the participants' needs. For example, one woman complained that she was put in accommodation on the second floor, even though she had recently tried to jump out of a window because she was depressed. More generally, lax management is seen as enabling an environment where drug taking, alcohol abuse and sex work feature prominently: "You got people smoking crack in the TV room with their visitors with staff not knowing. People walking around with alcohol like it's legal. You got people having sex in the garden the other night and it's like: are you blind to this?" *Jennifer*

Such an environment makes it extremely difficult for women who are trying to stop drugs and/or sex work to stick to any changes: "You hear [other women scoring in the street] and that's it, it's planted a seed, ain't it? And

¹⁷ It is worth noting however that not all participants who had left SSW were able to work; some of them suffered from serious health issues.

4 Findings continued



if you're on a downer, that seed's growing, ain't it?" *Lisa*
Jennifer, who had been to rehab and relapsed after nine weeks felt as if she had been set up to fail: "To put me back here, you might as well give me a hundred pound and send me to a crack house." *Jennifer*

Participants' limited strategies to escape this environment, which are not conducive to staying clean, include "staying in their rooms" (*Lindsey*), sometimes for days, or "having [their] telly blaring" (*Jennifer*) so as not to hear other residents. In addition, potential clients solicited participants who were in the process of leaving SSW in the area around the hostel: "You can't come out of [the hostel] without being pulled by a punter or a man walking down the road going, 'Do you want business, business, business?' Do you know what I mean? And it's not nice." *Lindsey*



There is a lack of alternative hostels, particularly women-only accommodation, which is what participants said they wanted. There is also not enough support in helping women to move on from hostel accommodation – there is a lack of available independent accommodation for women who were seeking to move out of SSW. (One participant said she had been on a waiting list for social housing for 23 years.) Julie, who had been to prison, felt that after she got out and went to rehab, the authorities "shut the books" on her.

Another issue was the difficulty in being resettled outside the borough, but a few participants thought that moving away from an area where they were known as drug users and SSWs was helpful in sustaining their change in lifestyle: "So, I say the best thing I can do, I think, is to actually get out of the area again, you know, and get away from here completely. Start fresh, you know? Leave it all behind, you know?" *Lisa*

In some cases, women wanted to move closer to family members, which could provide them with an alternative social network and support, but stricter rules on moving people with housing needs between local authorities meant that this could be a lengthy process.

4.4 Better services: better staffing

While service providers stated that co-ordination among services could be an issue, current and former service users' appraisal of service quality focused on the attitude, knowledge and availability of staff. They noted that services were only as good as the people working in them. Some services, notably in the third sector, were praised for the commitment and care of their staff who go "above and beyond their job" *Jennifer*. "It's really nice. They really look after you, don't they?" *Lisa*. Participants were, however, critical of some service staff and management and saw them as a barrier to gaining access to, and making better use of, services.

4.4.1 Staff who care: “not everyone gives a shit”

Angela

Participants were critical of staff and management who did not seem to care about them. The women we talked to mentioned a number of services where they thought management was “only in it for the money” (*Michelle and Julie*) and staff who “just want your name and DOB to add to their list so that they meet their funding targets” *Angela*.

They were also critical of having to fit in with what service providers thought they needed. For example, Julie felt that the drug management service she used was more interested in prescription filling and “managing” addictions than in truly helping her get off drugs completely, which is what she wanted. Mary recalled using a service where the manager was “prickly and Miss know-it-all” and made decisions about what she needed to do. Participants felt that the top-down and prescriptive nature of (some) services should be replaced by a women-centred ethos aiming to “encourage, enable, support” women *Angela*.

Women were also aggrieved by the lack of care and attention from staff. Two participants who had attempted to kill themselves at the hostel were shocked that no one came and checked on them if they did not come out of their rooms for days. Residents could ask to be put on a watch list, but checks tended to take place at a time when many women were sleeping rather than, for example, in late afternoon. As a result, participants said they asked to be taken off the list, but were disappointed by the lack of concern from staff. This contrasted with previous management, which “showed respect and care” *Michelle and Julie*.

4.4.2 Staff who understand: facing stigma, discrimination and lack of insight

Many participants felt judged and discriminated against when using services. For example, Michelle and Julie explained that every time they went to their GP with a health problem, they were perceived only as drug users, and the problem was attributed to that. Sandra explained that she was not using a particular drop-in centre because she felt staff “watched [her] every move” suspiciously. Women also faced discrimination when they did not fit the typical profile service staff were used to dealing with. For example, Michelle had the devastating experience of being turned away from a drug support centre because she presented as an occasional drug user and not as an addict.

In addition, participants reported feeling that “many ‘experts’ can’t identify and don’t really have an understanding” of women’s lives and needs. For example, Mary remembered a staff member who failed to understand the complexity of addiction and was disappointed with women when they relapsed after a

drug treatment. Some staff were deemed to be too young and inexperienced to understand these women’s lives. Interestingly, this point suggests that employing women who are former addicts and sex workers, as suggested in paragraph 4.3.4.2, could benefit service users and providers.

As a result of stigma, several service users raised the need for services dedicated to sex workers, particularly at drug-treatment facilities. Others, however, felt that mixed groups allowed an emphasis on other aspects of their lives and distracted from labelling them.

4.4.3 Continuity of care: providing a safe space

Continuity of care is important for women with complex needs and traumatic histories. Sandra, for example, explained that she is “funny about speaking to someone new” and women such as Lindsey were frustrated at having to go through their upsetting story every time they were assigned a new key worker: “I needed stability...And to feel safe”.

Yet continuity of care was often lacking. Hostel residents in Tower Hamlets reported that when staff were on sick leave they were often not replaced, leaving the residents without key workers for weeks. Since many of these women have acute needs, which unmet could have serious consequences, this was critical: “girls shouldn’t be left without no one to talk to...It’s not right”. *Lisa*

Staff turnover was also extreme: Lindsey reported that she had 16 key workers in five years. The women also complained that this lack of stability meant that applications, for example, for independent accommodation were not followed up and had to be started all over again with new staff members. High staff turnover also meant that new members were sometimes not experienced enough to respond to the women’s needs effectively.

5 Recommendations

Services

Service gaps highlighted by this research should be addressed by the statutory and third sectors, particularly:

- increased outreach services in the areas where women involved in SSW work;
- specialist mental health support for women who are using drugs (including occasional users);
- meaningful and engaging activities for street sex workers, including leisure activities, pampering, day trips and courses;
- better provision of Monday to Friday, women-only, dedicated specialist services (for example, drop-in drug centres) for women involved in SSW;
- emotional and practical support for those seeking to make the transition out of SSW;
- the need to support training for mentoring, paid volunteering opportunities and on-the-job training for women who have left SSW and want to help women involved in sex work and/or drugs;
- women-only accommodation for those who are drug-free;
- independent accommodation for women who are able to move on from hostels.

All services should ensure that:

- they provide continuity of care by doing their utmost to retain staff;
- their staff is knowledgeable of, sensitive to, and respectful of the needs of women involved in SSW, including those with needs which may not be drug/SSW related.

Policies

The report has highlighted:

- the need to decriminalise women involved in SSW;
- the value and importance of a specialist police force, such as the VICE team in Tower Hamlets, in establishing a relationship of trust with women involved in SSW and protecting them as citizens;
- the way in which funding cuts are affecting services for vulnerable groups, such as street sex workers, and are leading to crucial support being withdrawn;
- the huge variations in Local Authorities' responses and provision of services, and the need to ensure effective learning exchange among Local Authorities on successful strategies and good practices for working with women involved in SSW;
- the need for greater local partnerships between voluntary and statutory-sector bodies – including sex workers' organisations – involved in supporting women engaged in SSW.

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Hopetown Hostel, Tower Hamlets
London Borough of Islington
London Borough of Tower Hamlets
New Horizon Youth Centre, Camden
Release, Islington
VICE team, Metropolitan Police, Tower Hamlets
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