

# Off the streets

Tackling homelessness  
among female street-  
based sex workers

# Shelter

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# Contents

Summary	4
Key findings	5
Recommendations	6
Introduction	7
Policy initiatives	9
Practical work	11
Innovative projects	12
<b>Cedars Road</b> , St Mungo's	13
<b>Streatham Women's Project</b> , St Mungo's	15
<b>Safe</b> , Birmingham	17
<b>The Well</b> , Alabará, Bristol	21
Trends across the projects	25
Recommendations	28
Conclusion	30

# Summary

Accommodating homeless women who work on the streets as prostitutes is an essential first step to addressing their social problems.

Street-based sex workers currently form one of the most excluded and marginalised groups of homeless people. There is little specialist accommodation available to meet their needs, and service providers and funding bodies often fail to recognise the nature and scale of the problem in their area.

While many cities in the UK have recently targeted resources at homeless men who are sleeping rough, in the same cities homeless women are on the streets as sex workers, less visible, and less catered for. While society may see prostitution as these women's biggest problem, the women themselves relate it to their homelessness, drug use, and lifestyles characterised by poverty, chaos, and desperate choices.

This review, by Shelter's Street Homeless Project, looks at four innovative projects in Lambeth, Bristol, and Birmingham. It is supported by a wider consultation with sex-work projects in England.

The review highlights the need for a range of supported accommodation options for homeless female street-based sex workers. It shows how partnerships between specialist agencies and mainstream service providers can meet their complex needs. The featured projects directly target homeless female sex workers, providing stable environments where women can access intensive and comprehensive support to gain a home, address their drug use, and move towards leaving prostitution.

## About the review

This review arose following discussions with a sex-work project in Leeds identified a gap in appropriate accommodation for female street-based sex workers in the city. Subsequent communication with the UK Network of Sex Work Projects<sup>1</sup> established this as a significant problem affecting many other areas of the country. In March 2004, interviews were conducted with managers and staff from four projects within three agencies. The interviews sought to find out:

- who the projects work with
- what type of work is being done
- how project success is measured
- what lessons can be learned from the projects.

The resulting case studies provide examples of innovative practice that could be replicated in other parts of the country. This review looks at these projects in the context of recent policy developments and findings from a wider consultation with sex-work projects in England.

1. The UK Network of Sex Work Projects (UKNSWP) is a voluntary sector umbrella group for organisations working in the field. Members include groups led by sex workers themselves, children's charities, organisations managed by health authorities, HIV and sexual health-services, and agencies with a religious ethos.

# Key findings

- Specialist agencies say they are encountering unprecedented numbers of women who are homeless and engaged in street-based sex work; most agencies have regular contact with between 200 and 300 women in their areas.
- These women are effectively sleeping on the streets – in cars, parks, building stairwells, crack houses, and on friends' floors – but are generally not engaged in programmes set up to assist street homeless people.
- Stable housing is regarded as a key factor in enabling women to complete drug treatment and/or exit prostitution successfully.
- Street prostitution is associated with drug addiction, multiple deprivation, social exclusion, poverty, and difficult family backgrounds.
- There is a lack of appropriate temporary and permanent accommodation for street homeless women who continue to be involved in sex work, and for those women who are trying to exit prostitution.
- There are very few tenancy support services for women with a history of street-based sex work, who have gained accommodation but are struggling to keep it.
- Hostels and domestic-violence refuges often exclude sex workers because of their complex support needs. Their lifestyles are often incompatible with living in hostels.
- Law enforcement of street-based sex work can make it more difficult for women to access projects to help them exit prostitution.
- A welfare-based approach addresses issues such as homelessness and drug use, while helping women to move away from prostitution.
- The consequences of street homelessness for female sex workers are dire. These women face serious health problems, early mortality, violence, rape, and mental illness.

# Recommendations

- Local and central government must acknowledge that many women engaged in street-based prostitution are effectively sleeping on the streets.
- A range of options, including supported and crisis accommodation, is required to meet the needs of homeless women working on the streets as prostitutes.
- Initiatives aimed at reducing crime and antisocial behaviour associated with street-based prostitution must offer drug treatment in conjunction with appropriate housing.
- Social-housing providers should ensure that women trying to exit prostitution have access to accommodation that is safe, with intensive and flexible support available.
- Statutory and voluntary-sector agencies must work together to provide co-ordinated support and accommodation for homeless street-based prostitutes.
- Projects and funding bodies must ensure projects have high staff-to-client levels, and access to external agencies for specialist support.
- To better reflect the difficulty and complexity of work with this client group, outcomes monitoring for existing and future projects should be developed. It should recognise two types of outcomes:
  - i) outputs, such as numbers of women resettled or completing drug treatment programmes
  - ii) intermediate outcomes, such as women continuing their contact with support services and remaining in accommodation.
- This data could complement information collected by local authorities' Supporting People teams, giving this client group better recognition in homelessness and Supporting People strategies.
- Further research into the housing and support needs of street-based sex workers should aim for a thorough picture of the scale of the problem, the impact of projects, and potential solutions.

# Introduction

## **Living on the streets, working on the streets**

The link between street-based sex work and street homelessness has been highlighted previously. Research in Glasgow, funded by the Rough Sleepers Unit in 2000<sup>2</sup>, found that 44 per cent of working women surveyed had slept rough. A 1999 study found that 86 per cent of women interviewed had experienced some type of housing difficulty and that, for most, this meant recurring or continual housing problems.<sup>3</sup> Other studies have shown that prostitutes are likely to be sleeping in crack houses, on the streets, in cars, in parks, in building stairwells, and on friends' floors.<sup>4</sup>

Women who engage in sex work during the night and who 'crash out' in such conditions during the day are, effectively, sleeping rough. However, they tend to miss out on contact with services aimed at helping rough sleepers into accommodation. For instance, they are generally not engaged or counted by the street outreach teams established to work with rough sleepers in many urban areas. Instead, their main contacts are with sexual-health services, either through outreach or on a drop-in basis.

Local authorities may have an obligation to house street-based sex workers who are assessed as being in priority need or vulnerable under homelessness legislation.<sup>5</sup> However, there are many barriers for sex workers attempting to access social housing.

Social landlords' policies on rent arrears coupled with the lifestyles of street-based sex workers make it difficult for them to find and sustain tenancies. They may also be subject to antisocial behaviour legislation as a result of clients, 'boyfriends', or other drug users pestering them at their property. Where this leads to loss of accommodation, it can mean they are then

judged as 'intentionally homeless', affecting their eligibility to access social housing in the future. Lack of tenancy support services for these women means they often do not receive the help they need to stay in accommodation once they have found it.

## **Drug addiction and crime**

Prostitution is strongly associated with drug addiction, social exclusion, problematic family backgrounds, and poverty. Many street-based sex workers have substantial drug-use problems, which they fund through their sex work. In recent multi-agency pilot schemes funded by the Home Office, up to 90 per cent of sex workers were found to be using heroin, 60 per cent were on crack cocaine, and many had a dual addiction. Drug use is also frequently combined with acquisitive crime, such as theft and fraud.<sup>6</sup> A street homeless lifestyle contributes to and exacerbates drug use and other self-destructive behaviour. It can lead to rapid deterioration in the mental and physical well-being of women who experience it.

Female sex workers who are street homeless are more prone to serious health problems, early mortality, violence, rape, and mental illness. A 1999 study of street-based sex workers in London found that they had a mortality rate 12 times higher than expected for London women, and that 68 per cent of them had experienced physical assault.<sup>7</sup>

Homeless sex workers with drug problems also experience difficulties accessing temporary accommodation. Hostels and specialist providers, such as refuges, may exclude them on the basis that their complex needs cannot be managed by the staff team. Most hostels are reluctant to accept drug users unless they are on a treatment programme and many have a blanket ban on accepting

2. Stewart, A (2000), *Where is she tonight? Women, prostitution and homelessness*, Glasgow: Rough Sleepers Initiative

3. Phoenix, J (1999), *Making sense of prostitution*, London: Macmillan

4. Home Office (2004), *Paying the price: a consultation paper on prostitution*, and Pruss, N (2003) *Working Women's Crack Project*, Lambeth Crime Prevention Trust

5. Homelessness (Priority need for accommodation) (England) Order 2002

6. Hester, M and Westmorland, N (2004), *Tackling street prostitution: Towards a holistic approach*, London: Home Office (Crime Reduction Project)

7. Ward, H, Day, S. and Weber, J (2000), *Risky business: health and safety in the sex industry over a nine-year period*, *Sexually transmitted infections* Vol. 76 No. 4. 2000.

active prostitutes. When sex workers are able to secure a place in a hostel, they often find that their sex work and drug use is incompatible with hostel regimes, such as curfews. Consequently, they may leave or be asked to leave.

Street-based sex workers also miss out on the supported accommodation services open to criminal offenders.

While they often come into contact with the courts for soliciting, the fact that they generally receive a fine, rather than a custodial sentence, means that they are not brought into contact with the probation service and related support.

This leaves sex workers even more vulnerable and at risk.

## Accommodation and support needs

Many specialist agencies speak of encountering unprecedented numbers of women who are homeless and engaged in street-based sex work.

Most agencies consulted for this review reported regular contact with between 200 and 300 women engaged in street prostitution in their area. For some projects, the figures are even higher.<sup>8</sup>

Specialist agencies have found that street prostitution tends to be characterised by transience. Some women will work most nights for long periods, while others will only work occasionally, as economic or other circumstances dictate. Others work for short, intermittent periods.

Agencies identify two types of clients:

- 1 women who work in saunas, parlours, and the escort trade, who have relatively stable and secure housing and are less likely to develop a dependency on illegal drugs

- 2 street-based sex workers, who often have substantial drug problems.

Homeless street-based sex workers desperately need increased access to temporary and permanent accommodation, and tenancy sustainment services.

Service providers identify stable housing as the key factor in enabling women to complete drug treatment and/or exit prostitution successfully.

Homeless women who engage in street-based sex work require a range of accommodation options:

- direct-access (crisis) accommodation for women who need immediate help to get off the streets
- supported accommodation for women who are continuing to engage in sex work and drug use but who need a stable, safe home environment as a first step towards addressing their issues
- supported accommodation for women who are drug-free and exiting prostitution.

Agencies dealing with sex workers confirm they have significant support needs, including drug use. It is clear that any agency seeking to help this client group must be able to provide a comprehensive support package that facilitates access to drug treatment, welfare benefits, counselling, and re-training.

Although sex-work projects encourage women to exit prostitution, the limited options available to them, in terms of co-ordinated support for their housing and drug problems, means many continue to work. Until these choices are widened, this situation will continue.

8. For example, the Genesis project in Leeds had contact with 303 street-based sex workers in 2003.

# Policy initiatives

The legislative framework in relation to prostitution lacks clarity and effectiveness. However, recent government policies and initiatives are indirectly addressing some of the issues for street-based sex workers.

The Homelessness Act has extended the definition of 'vulnerability', and placed new strategic duties on local authorities that stress the importance of services and departments working together to provide housing and support.

The Sexual Offences Act 2003 introduces new offences around trafficking and exploiting for sexual purposes. The Updated Drugs Strategy for England 2002 contains a sub-strategy on crack cocaine, explicitly link its use with prostitution.

Most recently, the Government's consultation paper, *Paying the Price*<sup>9</sup> is an attempt at developing a realistic and coherent strategy to deal with prostitution and its impact on individuals and communities.

## The Homelessness Act

The Homelessness Act 2002 introduced new duties on local authorities to carry out a review of homelessness in their area and develop a strategy that addresses the prevention of homelessness, as well as identifying support services needed by homeless people.

The Homelessness Act marks a radical change in the way that central and local government work with other partners to tackle the issue. Taking a more strategic approach to the problem enables local authorities to address both the causes and symptoms of homelessness. The Act provides a means through which individual agencies can deliver integrated services. It also requires local authorities to consult with relevant organisations and individuals.

This should produce a better understanding of homeless people's own experiences of current services and indicate those that need to be provided in the future. Drug Action Teams, Primary Care Trusts, Crime and Disorder Reduction Partnerships, are all mentioned as bodies that local authorities may consult in relation to their homelessness strategy.<sup>10</sup> Local authorities are also expected to develop better partnerships and information-sharing systems, including protocols between departments and services, and common assessment models.

## Supporting People

Supporting People (SP) is the integrated funding stream for housing-related support, combining money previously held within social service, health, probation, and housing benefit budgets. It aims to promote independent living, social inclusion, and better joined-up working between services. Homeless people are one of the four main client groups for which the SP programme provides services. Of a total of £1.8 billion, £350 million has been set aside to support approximately 45,000 single homeless people.<sup>11</sup> Further money is available for drug and alcohol services.

Each administering authority must produce a Supporting People strategy by March 2005, indicating how they will allocate Supporting People Grant money in their district against the needs that they have identified for services. As the objectives of Supporting People overlap significantly

9. Home Office (2004), *Paying the Price: a consultation paper on prostitution*, London: Home Office

10. ODPM/DH (2002), *Homelessness Code of Guidance for Local Authorities*, London: ODPM

11. ODPM (2004), *Addressing the health needs of homeless people*, policy briefing 7, London: ODPM

with those of the Homelessness Act,<sup>12</sup> it is also envisaged that there will be many overlaps and common features in local authorities' homelessness and Supporting People strategies.

### ***Paying the price and Drug problems and street sex markets***

*Paying the price: a consultation paper on prostitution* looks at addressing the issues relating to prostitution through:

- prevention: alleviating circumstances which make young people vulnerable to involvement in sex work
- protection and support: assisting those involved in prostitution to exit it
- justice: considering the legal frameworks necessary to tackle exploitative crime as it relates to prostitution and provide justice for affected communities.

The Government intends that *Paying the price* be read in conjunction with *Solutions and strategies: drug problems and street sex markets*.<sup>13</sup> This second document

surveys the links between drug and sex markets, giving a range of statutory agencies guidance on the use of criminal and civil powers and how to commission the types of services and support that are needed to deal with the problem.

*Solutions and strategies: drug problems and street sex markets* sees stable and secure housing as essential in helping people tackling other issues, such as their drug use. Sex workers and drug users need a range of specialist accommodation and services, including outreach, emergency accommodation, supported housing, and tenancy support. There is a need to tackle hostel exclusion policies and provide more women-only hostels, as both of these act as barriers to homeless sex workers. Good strategic working, especially between Drug Action Teams and Supporting People teams, is also required. If possible, services should be delivered through multi-agency partnerships, with well-developed information-sharing systems for use by all relevant agencies.

12. Randall, G and Brown, S (2002), Homelessness strategies good practice handbook, London: ODPM

13. Home Office (2004), Solutions and strategies: drug problems and street sex markets, London: Home Office (Drugs Strategy Directorate)

# Practical work

Nationally, sex-work projects provide a range of services and interventions, including:

- youth projects designed to discourage vulnerable young people from engaging in prostitution and encourage those who are involved to leave
- outreach, health and drugs advice services
- ‘dodgy punter’ schemes that identify men who are known to be violent towards sex workers
- drop-in centres with services including health screening, needle exchange, midwifery and personal health, run alongside mainstream services such as advice and support
- exit schemes that offer drug rehabilitation, education and training guidance, employment opportunities, and emotional support to those attempting to leave prostitution.

In December 2000, the Home Office launched 11 multi-agency pilot schemes, as part of the Tackling Prostitution: What Works? initiative. These aimed to reduce crime and disorder associated with street-based prostitution and assess the effectiveness of interventions in helping women to exit prostitution. Five of the

pilots focused on providing support and ‘exit strategies’ to women involved in street prostitution.<sup>14</sup> Most of the women involved in the pilots had tried to exit prostitution at least once in the previous year, either through seeking alternative employment, education, welfare benefits, or seeking to end their drug use. Access was provided to drug treatment, re-training, health care, and personal-safety initiatives.

The results of the pilots indicated that secure and stable housing was a vital prerequisite for women who wanted to access education or training.<sup>15</sup> Outreach, drop-ins and one-to-one sessions were all found to be valuable ways of providing services. Outreach, in particular, was found to be a crucial gateway into longer term and more in-depth services for women. The pilots have also informed the development of government policy in this area, particularly in the consultation paper, *Paying the price*.

Glasgow’s Base 75 Project has been identified as another example of a successful initiative in this area.<sup>16</sup> From 2001 to 2003 it received funding from the Rough Sleepers’ Initiative to provide packages of support-including accommodation-to meet the needs of homeless sex workers.

14. These pilots took place in Hackney, Hull, Kirklees, Manchester, and Stoke-on-Trent.

15. Hester, M and Westmorland, N (2004), Tackling street prostitution: towards a holistic approach, London: Home Office

16. Manning, A M and Zhang, Y (2003), Base 75 RSI Evaluation Report April 2001 – March 2003, Base 75

# Innovative projects

## St Mungo's, London: Project background

St Mungo's is a leading provider of services for homeless people in London, best known for its outreach work and hostels for rough sleepers. The charity has over 60 housing projects, including care homes, specialist hostels, supported housing, and short-stay hostels. Specialist workers meet a variety of client needs, from helping with mental-health problems and drug abuse to supporting women setting up in a new home. The organisation runs two day centres and also provides London's largest directly delivered activity, its training and employment programme for homeless people.

In 2002, local agencies noted an upsurge in the numbers of homeless women engaging in sex work on the streets of Lambeth, Brixton, and Streatham. This trend was partly attributed to police efforts to close down crack houses. Both police and street-based agencies were keen to see these women provided with accommodation. In November 2002, St Mungo's formed a partnership with Lambeth Crime Prevention Trust and received funding from Communities Against Drugs to assist homeless women who were using drugs and engaging in sex work.

Initially, St Mungo's developed a specialist ten-bed unit within its large direct-access hostel, Cedars Road in Streatham. Female sex workers were referred to the unit by street-based agencies. In March 2003, the charity provided the next step for these women, with supported accommodation for female sex workers at their Streatham Women's Project in Tulse Hill. Both projects are served by dedicated workers from St Mungo's Specialist Services division.

The overall delivery of services is shared between three management groups within St Mungo's: Semi-Independent Housing,

Resettlement and Specialist Services, and Hostels. This is pioneering work for the organisation, and the linked projects have adapted and changed since their inception as lessons have been learned.

### **Cedars Road**

Cedars Road is a large, direct-access hostel for homeless men and women, occupying three linked Edwardian villas in Streatham. The project has 116 beds, ten of which are allocated for female sex workers. These are located in a self-contained first-floor unit, which was formerly used for residents with complex mental-health needs.

This unit is used as first-stage accommodation, where women can be assessed, access specialist workers, and be moved to appropriate accommodation, where available.

### **The Streatham's Women's Project**

The Streatham Women's Project is a 15-bed shared house in Tulse Hill, which was initially intended to offer second-stage supported accommodation for vulnerable women, including sex workers.

The project is intended for the transitional stage between hostel and independent housing. The Victorian building, set in its own grounds, formerly belonged to a religious order and was purchased by St Mungo's with a £1.5 million Housing Corporation grant. It is spacious, but slightly dilapidated, and a £200,000 bid has been submitted towards refurbishment costs.

Most of the women currently living in the house are engaged in sex-work, and, in due course, the project will accept referrals solely for sex workers. Women living here have access to the specialist services provided by St Mungo's.

# Innovative projects

## Cedars Road, St Mungo's

Many women engaged in street-based sex work have an urgent and immediate need for a roof over their head. Often, women need first-stage accommodation – a place where they can begin to stabilise and start to address their problems before looking for longer-term solutions.

### Referrals and assessments

The majority of referrals to Cedars come from agencies working with street-based sex workers in the Lambeth borough, with whom the project has service level agreements. Referrals are restricted to homeless women, aged over 18 with a Lambeth connection, who are using crack cocaine and engaging in sex work.

Staff report that when the unit first opened it took some time to fill the beds. It was a big step for many women to engage formally with an accommodation provider, and many of them needed persuading. Initially, the hostel staff found that women tended to access the service in groups. However, this caused problems because a bullying culture developed, resulting in a higher rate of abandonment and eviction.

In the first few months of the unit's operation, it received referrals for older and more entrenched sex workers, many of whom had been engaged with outreach services for several years. Subsequent referrals have been received for women who are less well known to the referral agencies.

Cedars accepts referrals for clients who are simply known to, as opposed to actively involved with, the referral agency. External agencies conduct a risk assessment as part of the referral process, and the referrals are screened by St Mungo's staff. This screening process was first conducted by a worker funded by Lambeth Crime Prevention Trust. It is now carried out by St Mungo's Women's Services Co-ordinator, who

liaises with the hostel link-worker (a hostel employee who acts as a link with the specialist unit). Cedars is a direct-access hostel, so women whose referrals are accepted are not interviewed, but an additional risk assessment is carried out at the booking-in stage.

The age range of women referred to Cedars is generally between 25 and 40 years, with most women aged in their thirties. The ethnic mix reflects that of the local street-working population, and the hostel houses white and black British women, as well as Afro-Caribbeans, Africans, Irish, Portuguese and Italians.

### Operation of the unit

The women at Cedars have 24-hour access to the first-floor unit, with little staff interference, and reportedly find it a safe environment. Access to the unit is via a staircase opposite the main hostel reception desk and a digital security lock.

No male residents are allowed into the unit, although the women are allowed into the main hostel area. Some women have developed friendships with male residents. These are not viewed by staff as pimping relationships but, rather, as their manipulation of rather vulnerable men. Unaccompanied male members of staff are not allowed on to the unit.

The women undertake to spend five nights a week at Cedars, and may take time to settle at first, spending some nights away from the project. The staff accept that this is a pattern of behaviour that will adjust over time, as trust with

the workers builds. As part of the hostel's good neighbourhoods policy, the women also agree not to engage in sex work, drink alcohol, or use drugs within a certain radius of St Mungo's.

### **Staffing structures**

Cedars is staffed 24 hours a day, and all residents, including the women in the unit, are allocated a hostel key worker. These workers deal with housing-management issues, including benefit claims, and help the women to access in-house services at St Mungo's, including putting them in touch with mental-health and resettlement workers.

When the unit first opened, the women also had access to the hostel's generic drugs workers. However, because these drugs workers were already carrying a significant caseload, it was felt that they were unable to undertake sufficiently intensive work with this particularly chaotic group. Consequently, St Mungo's Specialist Services appointed a dedicated full-time drugs worker for the unit's residents, whose clinical remit is overseen by the Women's Services Co-ordinator.

One of the hostel's deputy managers is nominated as a link-worker, with responsibility for ensuring that housing-management issues are resolved satisfactorily, with the clinical support provided by Specialist Services.

### **Specialist staff**

St Mungo's reports that its ability to provide an effective service to drug-addicted sex workers has significantly increased with the appointment of a dedicated substance-use worker for Cedars Road. The specialist has an understanding of the issues sex workers face, and works proactively to engage them in treatment. The specialist also

engages with a small number of women who have been housed in the main hostel but who have subsequently been identified as sex workers. The specialist provides:

- initial and full assessments, including Community Care Assessments
- harm-minimisation interventions
- joint care plans with hostel key workers
- referrals to services, including detoxification and rehabilitation
- group work sessions.

The Women's Services Co-ordinator screens referrals to the project in collaboration with the hostel link-worker, provides clinical supervision to the substance-use worker, undertakes some casework, and helps identify suitable resettlement options for the women.

### **Outcomes**

St Mungo's is undergoing a long process of collating statistics on its work at Cedars, and some of the information required to evidence its positive work is unavailable at the time of writing. However, between October 2003 and April 2004, 29 women were accepted into the first-floor unit at Cedars. Of these, five women (17 per cent) were 'booked out' by hostel staff. This is a relatively low number considering the multiple needs of the clients, which hostels usually find hard to manage.

All the women received a comprehensive drug-use assessment and agreed action plans during their stay at Cedars. Five women started a drug-detoxification programme and a further three had their drug use stabilised. Another four women managed to reduce their drug use.

Five residents have moved on from Cedars in a planned process.

# Innovative projects

## Streatham Women's Project, St Mungo's

Homeless women who are engaging in sex work usually aspire to an independent tenancy but have difficulty achieving this because of their drug use and chaotic behaviour. This project addresses the need for transitional accommodation, where working women can progress towards more independent living.

### Referrals and assessments

Streatham Women's Project was initially intended to provide supported accommodation for vulnerable women. Referrals were encouraged for women with mental illness and women fleeing domestic violence, as well as for sex workers.

However, the demand for places for sex workers was so high after the project opened, and these women proved to be far less chaotic than anticipated that, eventually, only three places were allocated to non-sex workers. Once these women are resettled, the project will only cater for women with a history of prostitution.

The project is funded through the Lambeth Supporting People budget, and referrals are only accepted for women from this borough, or for those with a strong local connection. At the time of writing, approximately 40 per cent of current residents were referred from Cedars Road hostel, while 33 per cent were referred from street-based agencies, and 27 per cent came through Lambeth Social Services.

The Streatham Women's Project is intended for women who have stabilised their lifestyle to some extent; women whose behaviour is considered too chaotic are signposted to Cedars Road. Potential residents are interviewed by the Project Manager together with the Women's Services Co-ordinator, whose role it is to provide a clinical perspective in addition to a housing-management judgement.

At the time of writing, the age range of women living in the project was between 25 and 54 years.

The project struggles with referrals for women who they consider to have mental illness as a primary presenting issue. Because these women use drugs, and may use sex work to pay for them, referral agencies tend to see drug use and sex work as the primary issues and therefore refer the women to the project. However, if accepted into the project, these clients may be more vulnerable and in danger of exploitation by other residents.

Streatham Women's Project is also interested in taking referrals from women who are in prison. It recognises that many sex workers are serving short sentences, receiving very little resettlement or other support, and intend to return to drug use and sex work immediately upon release. Streatham's Women's Project may be a more appropriate place to accommodate them directly after release, as it can build on the stability they have developed in prison.

### Operation of the project

The large house contains a lounge, dining area, sitting room, kitchen, laundry, staff and manager's offices, and 15 bedrooms.

Women in the project are not subject to a curfew and all continue to engage in sex work to some degree. The house is situated within a mile of a red-light district, and crack houses exist on the nearby housing estate. The project sees its primary aim as harm minimisation, which it achieves through providing a safe and secure living environment.

Residents are allowed visitors between 9am and 8pm, but no male visitors aged over 16 years are allowed. The issue of visitors has raised difficulties for the management of the project. On the one hand, they wish to promote women's involvement with their children, but on the other hand they are conscious that it could be a damaging process for teenage girls. It is also not a particularly positive experience for fathers, who tend to wait in the car park or local pub while their children visit. The project is considering converting the dining-room into a supervised visiting area.

### **Staffing structure**

The project is managed by an experienced housing manager, and has 24-hour staff cover. The size and staff structure of the project mean that it has as many similarities with hostel management as it does with supported housing.

Two project workers cover an 8am to 4pm shift, and another two cover the 3pm to 11pm shift. There is one sleeping and one waking night worker. Initially, the project relied heavily on locum staff to cover shifts, but with time it has been possible to draw together a more cohesive staff team.

A conscious decision was taken to operate with a mixed-sex staff team. It was felt that the women should be exposed to positive male role models as part of their journey out of prostitution towards more independent living. At the time of writing, the project had two male project workers and a project manager. This arrangement is now under review. In the meantime, the staff rota operates so that women have access to a female member of staff at all times.

### **Specialist staff**

At the time of writing, all the women living at Streatham Women's Project used crack cocaine and/or heroin, while four had alcohol dependencies. Abuse of prescription drugs was also very common. The residents had access to a part-time substance-use worker, who was available three days per week. This was felt to be insufficient, and a full-time service was planned.

A mental-health worker from St Mungo's is available two days per week, while a resettlement worker comes in one day per week.

Women at Streatham Women's Project tend to be reluctant to engage with staff and outside agencies for either drug treatment or resettlement services. Some women have displayed more chaotic behaviour since moving into the project, and their perceived deterioration has caused some concerns for referral agencies.

The project is now adopting a more prescriptive way of working with the women, where it will be mandatory for the women to accept support from their key worker and the substance-use worker.

### **Outcomes**

Unfortunately, no updated information on Streatham Women's Project is available from St Mungo's at the time of writing.

However, between April 2003 and September 2003, 11 of the 15 women living in the project were engaging with substance-use services. Eight had received full assessments and six had reduced their drug use. Seven women had engaged with substitute-prescription services and there were three referrals to detoxification programmes.

# Innovative projects

## Safe, Birmingham

People with multiple needs, including sex workers, can often fare better when moved directly from the street into a supported Registered Social Landlord tenancy. This provides the stability they need in their lives and the support necessary for them to retain it.

### **Project background**

The Safe Project originated as an HIV prevention service, providing health and outreach services for women engaged in sex work in Birmingham, and it has since expanded to cover the Walsall and Sandwell areas. It is managed by Heart of Birmingham Teaching Primary Care Trust. The project now employs six full-time workers, and offers an integrated health and social service to working women.

Birmingham's Street Prostitution Panel is chaired by Birmingham City Council and incorporates statutory agencies, including health and social care, police and probation services, and residents' groups. The partnership wanted to avoid merely displacing working women from one area to another and were tasked by an elected member to explore suitable exit strategies for women involved in street prostitution, including housing and drug-treatment solutions.

### **Funding**

In 2002, Safe submitted a bid to Communities Against Drugs for an accommodation worker, supported by Birmingham City Council. The accommodation worker started at Safe in January 2003, with a brief to secure tenancies for working women and to help resettle them. Towards the end of 2003, Supporting People funding was secured for an accommodation support worker to provide floating support to 12 women in tenancies whom had previously been homeless.

### **Working relationship with the housing department**

A service level agreement was devised with the local authority housing department, where a nominated housing officer has responsibility for antisocial behaviour issues, including incidences where properties are being used for drug-taking and sex work. Birmingham has an integrated policy of enforcement and prevention in tackling such incidences, recognising that vulnerable women can be at risk of street homelessness when such properties are closed down.

The nominated officer at the housing department has five allocations per month available (subject to voids arising) for working women who Safe has identified as appropriate for resettlement in an independent tenancy.

The fact that Safe has a named officer with whom the council can liaise, and that the nominated housing officer demonstrates an understanding of client need and issues, greatly helps the partnership.

### **Low-threshold prescribing**

One of the ways in which Safe's accommodation worker makes contact with clients is through the low-threshold methadone clinic that Safe runs at its drop-in centre.

The methadone service for sex workers follows a model developed successfully in Manchester. Sex workers in the Birmingham area, including those who are homeless, can access the service

by attending the clinic drop-in centre. A drugs worker assesses the women on their first visit, and conducts a urine test on-site for opiates and heroin. The client is seen by a prescribing doctor and given a starting dose of methadone mixture to be consumed on the premises.

The scheme is funded to provide places for 20 clients. Once a client has been accepted on to the scheme, their agreed dose of methadone is available for consumption at the project between 11am and 2pm, Monday to Friday. Weekend pick-up is available at a local pharmacy.

The scheme aims to help women reduce the amount of heroin they are using, and, consequently, the number of times they have to engage in sex work. Using heroin or failing to attend for a couple of days does not result in women being struck off the scheme, although methadone is not dispensed if a woman appears to be intoxicated.

The scheme also aims to make it easier for female sex workers who are dependent on heroin to stay in contact with associated services. It helps women to adapt to a daily routine and tries to add some stability to their lives. The scheme assists the accommodation worker because it enables her to build up trust and engage clients gradually. She finds that as women begin to stabilise their drug use and become used to accessing a formal support service, their accommodation options begin to open up.

### **Accommodation options**

The accommodation worker assists homeless working women, where appropriate, to secure accommodation in hostels, supported housing, or in their own tenancies.

The project has had some difficulty in placing women in hostel accommodation, for several reasons. Sometimes places

are simply not available; there are fewer hostel places for women than for men in Birmingham, and capacity is frequently reached. Where beds are available, hostels will not generally accept referrals for women who are using drugs unless they are on a treatment programme.

Occasionally, clients are unwilling to take up available beds. The accommodation worker reports that she has often spent some time finding a bed for a desperate client, only for the client to turn it down. This is usually because the accommodation offered is outside the city centre, and this can make it hard for women to access their support networks in a city of Birmingham's size. Even where women do accept hostel accommodation, they can find it difficult to adapt to rule-based environments, and hostel staff may be unable to cope with the high support needs and chaotic behaviour of some clients. Linking women with mental-health needs into relevant specialist accommodation entails a similar difficulty.

Some of the women's conditions are such that generic hostels would assess them as having support needs which they could not manage, while the interview process required by specialist hostels can be too high a hurdle for most street homeless women.

### **Assessment process**

In many cases, the only realistic chance of stable accommodation for the Safe Project's clients is a local authority tenancy. This is offered only if the client engages with the Safe team and is assessed as being sufficiently stable to sustain a tenancy with a support package. Safe employs a registered mental-health nurse who is involved in this assessment.

Taking on housing-related work

has been a learning experience for the Safe Project, and their processes are evolving as they learn. The project has developed a formal assessment tool for determining clients' suitability for a tenancy and their support needs.

Currently, Safe will submit a housing application on behalf of a client only after a team discussion involving the project's accommodation worker, drugs worker, and outreach workers.

The women who are put forward for a local authority tenancy are those who have engaged with the drug- treatment programme and have also demonstrated a desire to exit prostitution.

### **Resettlement work**

Safe found the pre-tenancy work of submitting housing applications and pursuing these through the system for clients was excessively time-consuming. The need for an additional worker to provide support for women once they had secured a tenancy became apparent, and a tenancy support worker was appointed in October 2003.

The resettlement support needed to ensure that the first weeks of a tenancy are successful can be extremely time-intensive with this particular client group. The project is trying to support clients with a low motivational threshold, and workers often find themselves undertaking practical tasks with the client. For example, six hours can be spent waiting in a property for the gas or electricity services to be connected, and a similar amount of time might be spent on the phone to find the correct utility supplier. The working ethos is one of working with clients 'where they're at' and, accordingly, a lot of work is done with clients until they develop sufficient confidence, self-esteem, and motivation to take responsibility for themselves.

A major issue for women moving into tenancies is a lack of funds available for setting up a flat, and Safe helps with Community Care Grant applications and referrals to furniture projects. Often the women ask staff for assistance in choosing furniture.

### **Tenancy support work**

A similarly flexible approach is taken to the provision of the open-ended floating tenancy support. This is partly due to the fact that the Safe Project is still working with the Supporting People team to clarify exactly what is expected from the service, and it has not yet been audited.

Currently, approximately two hours per week per client is allocated for client contact, for a funded caseload of 12 clients, but time has to be factored in for travel, paperwork, phone calls, and case-conferencing.

A comprehensive needs-assessment tool is under development to identify clients' support needs. To comply with Supporting People requirements, the form contains a section where clients can self-assess their independent living skills. In practice staff at the project have found that such forms can be off-putting to clients, and the needs assessment tends to be carried out over several sessions. Similarly, although clients are offered monthly reviews of their support needs, in practice many are reluctant to engage in an overtly structured process. Instead, contact between the tenancy support worker and the clients tends to be maintained through the methadone clinic, and issues can then be dealt with as they arise.

### **Caseloads**

The Safe Project judges that having a caseload of between 10 and 13 clients per worker is a reasonable and realistic target.

At any one time, five of those clients are new tenants requiring resettlement work and the remainder are receiving tenancy-sustainment support.

Currently, Safe offers open-ended tenancy support, but may introduce a waiting list if the caseload increases.

## Outcomes

For the period April 2003 to April 2004 the following statistics are available:

Total number of clients assisted with housing:	103
Clients who requested emergency hostel accommodation:	41
Housing applications submitted to Birmingham City Council:	39
Offers received from Birmingham City Council: <i>(6 of these are second offers)</i>	35
Applications pending with Birmingham City Council:	10
Properties offered by Birmingham City Council:	29
Properties accepted by clients: <i>(3 clients turned down more than 2 offers)</i>	26
Clients known to be still sustaining tenancies:	20

# Innovative projects

## The Well, Alabaré, Bristol

Women who are taking their first steps towards exiting prostitution have often spent a period of time off drugs and away from sex work; usually while in prison, in a drug programme, or in hospital. Unfortunately, they are likely to relapse and return to sex work unless they find suitable, stable accommodation.

### Project background

There are an estimated 200 female sex workers operating on the streets of Bristol, most of whom do not engage well with supported accommodation services. In 2002, the Bristol Adult Sex Workers' Task Group identified a need for specialist accommodation for these women.

The Alabaré Christian Care Centres are a registered charity providing housing and support services to vulnerable homeless people in the south-west of England. Alabaré's Bristol steering group – comprising the charity's staff, volunteers, and local supporters – identified female sex workers as a target client group, and developed a supported housing project for women wishing to exit the sex industry. The Well opened in March 2003 with backing from the Adult Sex Workers' Task Group and joint working protocols in place with several agencies.

### Aims

The Well provides medium-level support for five women with a history of street prostitution and drug use, in a fully furnished shared house, for up to 12 months. The project is for women who are recovering from drug use and sex work; alcohol and/or non-prescribed drugs are prohibited. However, two of the five beds are allocated to women on a methadone programme. The Well aims to give women the chance to have a future away from prostitution.

### Referrals

In the 11-month period since its opening (March 2003 to February 2004), The

Well received 49 referrals: 39 per cent from prisons, 17 per cent from sex-work projects, 14 per cent from drug agencies, 12 per cent from hostels, and the remainder from other sources including social services and self-referrals. During that time, 17 women moved in to The Well.

Most residents are women who are disillusioned with the lifestyle, they are in their thirties or older, and need help to stay clean after a period in prison, in a hostel, or in a rehabilitation centre. The Well helps women to move on to more independent living.

### Staff

The project is staffed 24 hours a day, with four full-time staff, including the project manager, and one part-time staff member. The project also has six or seven relief staff and an agency on standby for emergencies. During the day, the project is covered by one staff member and the manager, while two staff are present in the evenings and at weekends. A lone worker covers a sleep-in shift between 11pm and 7am. The staff team is purposely all-female.

Alabaré is an equal opportunity employer, although staff need to be in sympathy with its Christian ethos. Some staff have experience of other sex work projects, while others have worked in generic hostels. Some have personal experience of the issues the residents face. Staff retention at the project has been excellent and this is attributed to intensive supervision and training. Among other things staff receive training and guidance on the following:

drugs awareness, hepatitis, motivational interviewing, relapse prevention, and maintaining boundaries. Over the longer term, staff are given opportunities to study for National Vocational Qualifications, for example, in 'Promoting Independence' or, more in-depth certificates such as, 'Addictive Behaviour'.

### **Location and accommodation**

The Well is located in a converted house in a residential area of Bristol. Although the immediate area is fairly run down and has a reputation for drug use, this has not deterred potential residents.

The house has four bedrooms, one of which is shared by two women. There is a kitchen-diner, a small office, a large lounge, and a quiet room with a bed for the staff sleep-over. The property was purchased for £165,000 with a loan from a private donor, with Alabaré undertaking to raise funds through its charitable income to repay this loan. Communities Against Drugs funding contributed £100,000 towards the purchase of the house, and Alabaré borrowed from a private benefactor to cover decorating costs and pay for new carpets, a new kitchen, en-suite facilities, and an office conversion. The house has a substantial outhouse; it is intended to convert this into a further bedroom once funds are raised.

To date, there has been no media coverage of the project, and the neighbours are of the understanding that it is a house for women with support needs.

### **Access and security**

The Well does not look like a hostel. The staff believe that providing high-quality accommodation promotes immediate respect from the residents; it conveys the ethos that the project is their home, where staff provide support. However, on the advice from the police, the house has

been fitted with a video-entry system and a high-security door lock. The residents do not have keys to the front door, and additional security is provided by a double-door containment area at the front of the house, overlooked by the office. A panic alarm is situated in the staff sleep-over room. There have been no violent incidents since the project opened, and the women reportedly feel safe there, despite the local area's reputation.

### **Admissions policy and procedure**

When a vacancy arises at The Well, more than 50 agencies are notified by fax. These agencies include rehabilitation centres, prisons, and sex-work projects.

Although most of the referrals are for local women, the notified agencies are located across the country and some referrals are received for women with a Bristol connection, even though they do not currently live in the area.

Initially, The Well was intended exclusively for women who were completely free from drugs and substitute medications, but the project encountered difficulty receiving sufficient referrals for these clients. Women who are coming out of rehabilitation tend to want either to have their own tenancy or to join a shared house without a staff presence. Two beds have now been allocated for women on methadone programmes.

The Well accepts referrals from any agency that is capable of conducting a risk assessment for the client. They also accept self-referrals if the client is linked to an agency that will undertake a risk assessment. Women who are referred must have a history of sex work, or be at a high risk of starting sex work.

The project does not accept arsonists or women with high support needs that would prevent them from living in a communal environment (for example,

women with undiagnosed psychotic illness, a history of arson, or current uncontrollable self-harming).

Assessment interviews are carried out away from The Well, to preserve the project's confidentiality. The Well is intended for women who have been free from illicit drugs for at least seven days (as opposed to coming off drugs over the last week), who have not recently engaged in sex work, and who have been engaged with a support agency for at least three months. This usually means they have spent some time in prison, rehabilitation, or a hostel, prior to arriving at The Well.

While the project has seen cyclical phases of instability, when the resident group has experienced difficulty in bonding, the staff do not select new residents to suit current residents. Instead they rely on three-way meetings to resolve conflicts.

### **The 'buddying' system**

A 'buddying' system operates for the first seven days that women live at The Well. This means that the women are unable to leave the premises without being accompanied by a staff member. When the project first opened, this 'buddying' period lasted four weeks, but it was found to be too restrictive.

Women who are motivated to stay off drugs appreciate the 'buddying' system, and it helps them through the transitional period of moving into the project. The system also allows those women who are less motivated to leave the programme at an early stage, before they commit themselves further.

### **Relapse prevention**

Bristol Drugs Project runs a weekly relapse-prevention service for The Well's residents, attendance of which forms part of the support agreement

that the women agree to observe. It is considered important that this work should take place on-site and away from past drug-using and sex-work areas. Bristol Drugs Project also runs one-to-one sessions for residents.

All residents at The Well are tested for alcohol and drugs at random, about once a week. Testing is usually by urine samples, costing about £7 per test. The urine samples reveal immediate positive results for crack and cocaine. The samples are then tested for other drugs by arrangement with the local prison; the samples are delivered to the prison by staff in the morning and the results faxed over in the evening. If staff suspect that samples are being doctored, mouth swabs are used. These swabs cost £15 per test and the results take two days to come back from a private company. A breathalyser is used for alcohol testing.

Communities Against Drugs advised The Well to operate a one-chance relapse policy, with written warnings. This has worked well. Often women will use again within three weeks of receiving a written warning and be asked to leave the project, but in some cases women have used once and subsequently stayed clean. Where women have become abusive or threatening under the influence of drugs, they can be asked to leave the project immediately.

Methadone is dispensed off-site, and medications like benzodiazepines and buprenorphine are stored on-site but not dispensed by the staff. Residents are expected to reduce their substitute drug use, and the project has seen successes in this area. (For example, while at the project, one woman reduced her methadone intake from 70ml to 20ml, and another moved from 50ml of methadone to buprenorphine.)

## Activities for residents

Volunteers are a vital resource for The Well. They help to provide a structured programme of activities for the residents. Creative writing, art, and life-skills training are on offer within the project, and a weekly pottery class is available at a local college. Having male volunteers helps to give the women positive male role-models. A volunteer counsellor currently offers one hour of psychosexual counselling to two residents on a weekly basis.

Staff have found that the women are often not motivated enough to take up the in-house activities, but The Well continues to offer them, even if only one person attends. It is felt that this is important to prevent the whole house becoming apathetic. Staff have also encouraged residents to suggest activities, and have consequently organised outings, badminton, swimming, and concerts.

## Issues

Staff report that while the women at The Well have ceased working in prostitution, they sometimes discuss returning to sex work. Residents are only considered to have exited prostitution when they successfully move on to independent living.

Cravings for crack cocaine are a big issue for many of the residents, and the staff feel that this may be linked to feelings of boredom. The Well says cravings tend to be for the stimulus of crack, rather than the insulating effects of heroin.

A further issue is the effect which long-term crack use has had on the residents' psychological health. Staff have noticed erratic behaviour, mood-swings, insomnia, inability to cope, and depression. One associated issue which arises frequently is that of eating disorders (anorexia, bulimia, and over-eating).

While the staff can recognise these conditions and make onward referrals to appropriate support agencies, they cannot provide a structured, supervised treatment regime.

The women also tend to be very vulnerable to male attention, and though The Well prohibits male visitors, they can only discourage women from associating with men who may have previously been their punters.

## Outcomes

Between March 2003 and February 2004, 17 women moved into The Well.

These women stayed at the project for varying lengths of time, with approximately a third remaining for less than a week, half staying between one and three months, and a fifth staying for six months or longer. It is also significant that of the 12 women who stayed for more than a week, ten embarked on voluntary or college placements during their stay. Nine women either maintained or re-established relationships with their family.

Four of the 17 women are still resident in the project, and five made a planned move from the project; either to family, to their own tenancies, or to rehabilitation. The Well staff try to refer women who are leaving the project in an unplanned way, on to bed and breakfast or hostel accommodation.

The Well offers some aftercare, in that women can return to participate in activities with the agreement of the current residents, so long as they remain clean. Women who have moved on are also linked in with external floating support.

# Trends across the projects

## **Innovation and learning**

All the projects outlined in this review are to be commended for venturing into a new area of social care. They have undertaken some pioneering work with a particularly vulnerable, excluded, and stigmatised client group.

This ground-breaking work has meant, in many respects, that the service providers have experienced a steep learning curve. They have been honest and flexible enough to adapt their services and approaches to meet the needs of their clients more closely.

It is clear that flexible structures are needed to deliver accommodation with support for homeless women with a history of street-based sex work. All the projects featured have either created new posts and/or reviewed their referral criteria since opening. Project managers need to have scope to be both reactive and forward-thinking and to be able to plan or adapt their services as lessons are learnt. Similarly, funding bodies need to be supportive of this process of adaptation. Accommodation projects that are set up in response to enforcement initiatives, such as the closure of crack houses or the prosecution of kerb-crawlers, can suffer from over-hasty development. Any enforcement measures need to be closely linked to the adequate development of accommodation services, so these services can be fully planned and thought through.

## **Success rates**

All the projects were able to accommodate and engage their clients to varying degrees, and felt they had a positive impact in the women's lives. In taking steps to tackle the combination of homelessness, drug use, and prostitution, they are also providing a valuable service to their

local communities. However it can be difficult to establish success criteria for this type of work. The projects in this review had been operating in their latest format for less than a year at the time of contact, and success with this client group is usually slow and incremental. Additionally, full monitoring can be difficult to undertake in a busy, stressful, and chaotic environment; some clients may move in and out of contact with a service before details can be recorded in full.

Nonetheless, any service provider seeking to emulate the work of these projects should be clear at the outset about the definition of success, and how this success can be proved to the staff team, to external partners, and to funding bodies.

While the Supporting People review process will help to establish whether projects are meeting the requirements for this particular source of funding, it is debatable whether such an exercise can capture the nuances of a project's success. The best evidence for success would combine a mix of hard data (statistics showing outcomes, for example) and qualitative reports (such as case studies and resident questionnaires). This would go some way towards establishing performance indicators that can appropriately reflect the nature of the work and adequately measure its results.

## **Partnership working**

Partnership working was essential to both the establishment of these projects, and their operation. External agencies were needed to provide referrals, move-on accommodation, drug-treatment services, skills training, healthcare, and resettlement-preparation courses.

However, it is clear that agencies involved in joint working with clients need to guard against a sense of 'ownership'

which can sometimes arise over particular clients. This can become a contentious and difficult issue. Outreach agencies that have invested much in working with an individual street-based sex worker, will often have high expectations that securing stable accommodation will see changes occurring in other areas of the client's life. They may become frustrated with the accommodation provider when these changes fail to materialise. Accommodation providers may resent the implication that they are failing particular clients, yet need to respect and draw upon the experience of their partner agencies in an open and transparent way.

Joint working involves significant costs in time and energy, and creates new challenges. In particular, working at multi-agency level can challenge traditional ways of working. Time needs to be spent in understanding conflicting agendas and developing a shared view of the work. Clear boundaries and written agreements about joint working should contribute to good working relationships, but organisations should not underestimate the amount of time that needs to be invested to ensure that agendas are shared, working cultures understood and appreciated, and operational practices clarified.

### **Intensive support**

To enable the sort of one-to-one working with clients that is necessary to effect change, low ratios of staff to clients are needed. The experience of the projects shows that clients with multiple needs require constant intensive staffing if they are not to be merely contained or 'warehoused'. Especially at project level, this intensive staffing allows for the enforcement of boundaries and reduces the numbers of residents breaching

project rules. It also allows the time necessary for effective engagement of the client in the assessment, support, and resettlement process.

Where possible, new projects should avoid the creation of multi-role posts, such as a drugs worker who is also the resettlement worker. These projects found that the workload and conflicting priorities of these sorts of posts are unsustainable.

It is also important to recognise that street-based prostitutes invariably need a lot of support prior to accepting offers of accommodation. This long-term pre-tenancy support work is crucial, but can be overlooked by funding bodies who are interested in hard outcomes.

### **Housing management**

Project managers reported that accommodating women with a history of sex work presented fewer housing-management issues than might have been anticipated.

Clients were described in general as friendly, likeable, and amenable. There were few or no incidences of violence towards staff, and levels of rent arrears were no higher than with any street homeless client group.

When accommodating drug using, active sex workers, there seems to be value in separating the hostel-management function from the support work, with close liaison between the two teams.

When providing support to women in their own tenancies, there seems to be scope for flexible working and implementation of an agreed support plan.

When working with active sex workers, service providers will need to consider policies to prevent neighbour nuisance and liaise effectively with local police and community or residents' groups.

## Funding

All the projects received funding from Supporting People, but service providers wishing to set up new projects may find it harder to attract this type of funding. The Robson Rhodes evaluation of Supporting People (January 2004) concluded that the current £1.8 billion budget was too large and made recommendations about how the budget might be managed in future, to reduce costs. In early 2004 the ODPM also announced that local authorities needed to make efficiency savings of up to 2.5 per cent.

Alternative sources of funding may be necessary. The Government has made a great deal of money available over recent years to help reduce crime, both to the Crime and Disorder Reduction Partnerships and to voluntary and community groups. This has been achieved primarily through a series of topic-related funds, each aimed at a specific crime type (such as burglary) or a specific crime solution (eg CCTV). More recently, there has been a move toward merging these streams to reduce the administrative burden and complication for partnerships.

The Government funding site, [www.governmentfunding.org.uk](http://www.governmentfunding.org.uk), acts as an online portal for grants to the community and voluntary sector from the following funding bodies:

- Department for Education and Skills
- Department of Health
- Home Office
- Office of the Deputy Prime Minister
- Government Offices for the Regions.

Other active streams that agencies and partnerships may use to secure funding for projects are:

- BCU Fund
- Building Safer Communities

- Community Champions Fund
- Community Learning Chests
- European funding – AGIS
- Neighbourhood Renewal Community Chests
- Special Grants Programme.

Further details about these and other funds are found at [www.crimereduction.gov.uk](http://www.crimereduction.gov.uk). Funding may also be available from health authorities, Health Action Zones (HAZ), Drug Action Teams (DAT), the Probation Service, Social Services, and charitable trusts.

# Recommendations

This has been a small-scale study of an emerging field of work. The following recommendations are offered as a pointer to future research, policy, and practice. The recommendations are highlighted for their specific relevance to the groups below.

## **Police, Drug Action Teams, Community Safety Partnerships, Crime and Disorder Reduction Partnerships**

Initiatives aimed at reducing crime and antisocial behaviour associated with street-based prostitution must offer drug treatment in conjunction with appropriate housing. Policing of women involved in street-based prostitution may achieve little more than displacement, especially where these women are homeless. Schemes which merely adopt enforcement measures against women involved in street-based prostitution, such as the use of antisocial behaviour orders, can run the risk of making it more difficult for women to access projects to help them exit prostitution.

## **Multi-agency partnerships, service commissioners**

Access to accommodation needs to be a central component of multi-agency strategies to tackle street-based prostitution. The accommodation options must meet the range of needs identified for homeless women working as prostitutes. Partnerships should aim to have sufficient capacity to make a meaningful difference to the problem on the street.

## **Local authority housing departments, Supporting People teams**

The housing needs of homeless women engaged in sex work need to be recognised when local authority homelessness and Supporting People strategies are reviewed. Local and central government must acknowledge that many women engaged in street-based prostitution are effectively sleeping on the streets.

## **Registered Social Landlords, local authorities**

Social housing providers should recognise that simply providing somewhere to live may not be enough to help women exit prostitution. A property in a safe area is essential, and intensive and flexible support is needed for working women to address their housing, drug, and lifestyle problems.

## **Registered Social Landlords, local authorities, sex work agencies**

A range of accommodation needs to be made available to help homeless women exit street-based prostitution. Crisis accommodation (ie direct-access) is essential for women needing immediate help with housing.

Supported accommodation, whether in a scheme or in dispersed tenancies, is needed for women who continue to engage in sex work and drug use, to help them stabilise their lives to some extent. Finally, secure, supportive projects are needed for women who are exiting prostitution.

### **Sex-work projects, multi-agency partnerships**

Sex-work projects need help from partner organisations to do their work. Successful outcomes arise from strong

links forged between statutory and voluntary-sector agencies. These links enable service providers to better understand the issues faced by homeless women involved in prostitution. They also facilitate cross-referrals of clients between agencies.

### **Research bodies**

More research into this aspect of 'hidden homelessness' is needed to gain a picture of its scale, effects, and solutions.

# Conclusion

The fact that a woman is a prostitute should not be allowed to overshadow her related problems of homelessness and poor housing, as well as poverty, unemployment, drug use, lack of education, and lack of opportunities.

Women who are homeless and working in prostitution experience severe social exclusion, violence, and stigma. As social care and housing professionals, we need to confront this.

Women often turn to prostitution at a young age, when they fail to find a route out of their housing problems or homelessness, and when their drug addiction becomes more problematic. Turning to prostitution is a desperate survival method.

The experience of staff working with prostitutes is a positive one. Far from the stereotypical image of prostitutes as deviants or victims, these women can be brave, friendly, and, above all, aspire to a decent home in an area where they can settle.

Women who exist on the streets as sex workers feel they have no other options. Until their housing, social support, and employment choices are widened, women will continue to experience prostitution and homelessness.



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