

Working the streets – Targeting sex workers through dedicated outreach

Sharon Foster – Leeds City Council

Gemma Scire – Basis Yorkshire

Jane Brauhnoltz-Speight – Leeds Sexual Health

A brief introduction to...

- Service specification
- Factors affecting sex workers
- The Leeds Managed approach
- Outreach

Integrated Sexual Health Service Specification

- KPI: To increase the number of service users identifying as sex workers.
- KPI: Hepatitis B vaccination to women identifying as sex workers
- In addition:
 - Support and referral for women who identify themselves as sex workers.
 - staff must be trained to understand the communities and individuals who might be at increased risk of sexual ill health (includes sex workers)
 - Local integrated care pathways will be defined for sex workers

Where are we now...

- Dedicated outreach team, partnership approach between Basis and LSH: developed trust and facilitated the increase in clinic attendance
- KPI: In 1184 appointments, women have identified as being sex workers. (Year one 215% increase)
- KPI: 100% offered Hep B, 65-75% uptake.
- On average 130 sex workers per quarter attend the clinic.
- Self referral : Red umbrella card
- Protected clinic slots (inc smear clinic)
- Staff trained in issues affecting sex workers.

Leeds Managed Approach – Pragmatism, progressiveness & partnership

Basis
yorkshire

Gemma Scire

CEO

3rd Feb 2017

Basis
yorkshire

Basis
sex work project

Basis
historic CSE

Basis
young people

Basis

Bespoke training from
the Social Issues Specialists

<http://basisyorkshire.org.uk/>

Context

- Leeds, West Yorkshire is the second biggest city outside of London (pop. 774,060, ONS 2016)
- Labour council – over 50% women (highest nationally)
- Tragic history of serial sex worker murders – Yorkshire Ripper, Crossbow Cannibal
- Local on street sex work area (Holbeck) in existence for over 15 years
- Prevalence of ‘digitally enabled’ and indoor sex work: only 3 saunas in comparison to Manchester: 62
- Austerity and ‘demand reduction’ for public services

Structural Factors in Poor Health – Leeds Sex Work Context

- Criminalisation and lack of protection: 93% of women unwilling to their share details with Police when reporting crimes to Basis – now 50%
- First national pilot of a ‘managed approach’ to sex work as a pragmatic alternative to enforcement
- Driven by research ‘*Prostitution in Leeds: Preliminary Scoping*’, Dr Kate Brown, University of York, 2014
- ‘Chronic underinvestment in support services’ – historically seen as a CJS issue

‘Criminalisation and stigma are associated with significant mental health problems; they make workers vulnerable to violence; they foster misinformation about the industry and workers' health needs; and they also make contact with health professionals difficult.’ Prof. S E Day, BMJ, Jan 07

Impact of enforcement approach

- 3 policing divisions: each one policing sex workers 'out of division' – one street/area to next
- Use of 'name & shame': sex worker identities shared under ASBO legislation
- Difficulty for support services in engaging with women
- Almost non-existent trust between sex workers and Police
- Resident complaints
- Raids

Managed Approach

- Whole city, whole sex industry approach
- Informs policing response: indoor and street
- Designed to reduce harm & increase engagement
- Identification of geographical area of work
 - Not a ‘tolerance zone’
 - Activities by all partners, cleansing, support services, Police, community safety
 - Rules & expectations
 - Sex workers as ‘upholders’



Sex worker voices



BEFORE MA

- Got arrested a lot
- Got hassled by the police
- Had to do a lot of sneaking around avoiding the police
- Got moved on a lot
- ASBOs used
- Was robbed and attacked and could not report anything as scared of getting into trouble
- I didn't feel safe
- I felt targeted by the police

CURRENTLY

- Police leave you alone, still around but not pulling you up
- Better with the police, I stop and chat to them they are alright, this feels a lot safer
- Punters know they cant rob us
- I'm able to work and not feel scared
- Felt safer and much more likely to report if anything happened
- Feels more regulated better for the women

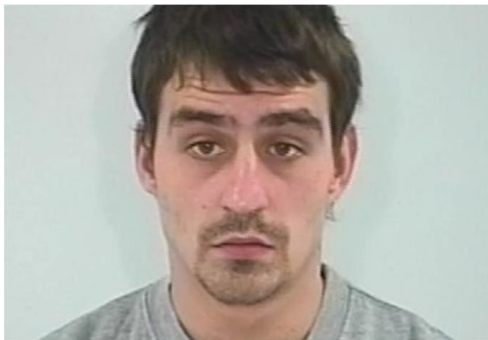
Progress

- Evidence:
 - 4 court cases 2014-15: 3 convictions for serious offences
 - 2013 - 7% reporting of crime with full details to the Police increased to 52% in 2015 (WY)
 - 110% increased interactions with street working women by support services in area
 - 2/3 of local residents in support of continuation of MA (Leeds City Council, 2015)
 - Sex Worker Advisory Board established

OUTCOMES OF BETTER REPORTING & RELATIONSHIPS



Rapist jailed jailed for brutal attack on Leeds sex worker



Anthony Riley.

BBC NEWS

Daria Pionko death: Lewis Pierre jailed for murder

05 July 2016 | Leeds & West Yorkshire



Rapist jailed for subjecting Leeds sex worker to degrading ordeal



Abdul Fulat.

Successful model



Barriers to accessing mainstream sexual health services

Sex workers reported these barriers:

- 55% lack of a bus fare
- 24% times of appointments
- 20% staff attitudes
- 26% too embarrassed
- 23% feeling scared of the outcome

What outreach offers

- Allows women to be tested in their own homes/workplace

“I’m more likely to test regularly with the nurse coming to my home”

- Enables women to book an appointment at a time that suits them

“It saves precious time and time is precious” “Better than having to take time out of work” “It’s easy and quick”

- Using the same nurse has allowed us to build trust and relationships with the women

- “We prefer the same person because she is familiar” “She was really nice and non-judgemental”

What outreach offers

- Using the same nurse has enabled the women to feel more comfortable

“You can ask personal questions” “It’s good not having to explain what you do every time”.

- By building up trust, we have encouraged women to do more testing

“I didn’t know what to expect” “I wouldn’t have had bloods and Hep B if it wasn’t for the service coming in”.

What we offer

- Full sexual health screening
- Treatment where appropriate
- Contraception including implants
- SW only smear clinic
- Prioritised clinic appointments available every day
- Red umbrella cards – fast track access to clinic

Why it works

- Three-pronged approach – Police, Third Sector organisations and Health
- Consistency of staff – same faces
- Flexible service – seen in own home, work premises/sauna, Drop-In sessions, priority clinic appointments
- Third sector staff trained to do triple site testing (swabs for infection)

Achievements so far

- 129 different women seen in first year of outreach
- Increased to 209 women in second year of outreach

2017 statistics:

- Infection rate 13% (inc 1 case of HIV)
- Contraception 86% (32% LARC)
- Hep B vaccination 66% fully vaccinated

Case Studies - Bonny

- Already known to Basis. High risk SW – UPAI with African men in London
- GC picked up on vaginal swab done through Basis
- Attended clinic for treatment but wouldn't engage with anything else, including HIV test or Hep B vaccination
- Offered contraceptive injection in outreach instead of going to GP
- Over time able to do full screening from all sites, 3 x Hep B vaccination and self-administered contraceptive injection. Now self-sourcing PREP.

Case Study - Lisa

- Neighbours reported to police for sex working
- Police Prostitution Liason Officer and Basis worker visited, reassured and offered screening
- Regular testing now undertaken with nurse, able to give suppression treatment for HSV without attending clinic
- Says “I should buy my neighbour a box of chocolates for reporting me – best thing that ever happened was meeting you guys”.

Quotes

- Punter asks Lisa “don’t you feel unsafe doing this job?”
- Lisa says: “no, I have my police liason officer, my nurse and my support worker, so if you do anything to me, I’ll just report you straight away”
- Punter “really? I didn’t know those things existed!”