



Health & Wellbeing of Hackney's Sex Workers September 2016



Table of contents

Executive summary.....	Page 3
Introduction.....	Page 4
Method.....	Page 5
National picture, national data.....	Page 6
Local picture, local data.....	Page 7
Open Doors service in Hackney.....	Page 8
Sex workers as victims of crime.....	Page 12
Sex workers & local policing priorities.....	Page 13
Health needs of Hackney’s sex workers.....	Page 16
Access to general practice.....	Page 17
Access to mental health services.....	Page 18
Access to sexual health services.....	Page 20
Drug and alcohol use.....	Page 21
Homelessness & health of sex workers.....	Page 23
A word about off street sex workers.....	Page 26
Conclusion and recommendations.....	Page 27



Executive summary

This report provides a rare insight into the experiences of some of the borough's most marginalised and vulnerable residents. It is primarily concerned with the health and wellbeing of street sex workers and therefore does not explore issues such as the social impact of sex work.

Almost all of the sex workers we spoke to had complex needs including mental health issues, histories of abuse as children, drug problems and chaotic lives

While producing this report we heard harrowing stories but we also witnessed clear successes due to the involvement of Open Doors, the local specialist service for sex workers funded by public health.

All, without exception, highly valued services provided by Open Doors. Most expressed little or no confidence in mainstream services. By contrast, they trusted Open Doors to advocate for and support them to access health, mental health and other agencies.

We found clear evidence that Open Doors' sensitive, person-centred approach had stabilised the lives of on-street sex workers and enabled them to address their health and wellbeing needs. Many credited Open Doors for getting them off the streets, getting off drugs and getting their children back.

Clients still living and working on the street said the service never gave up on them, even when they were at their most chaotic. Women spoke of receiving texts from Open Doors while working in crack houses and realising there was at least someone who was thinking about them.

Building trust is critical to the success of this service. However, increasing use of enforcement against sex workers and in Hackney, coupled with 'multi-agency' processes that require sharing of sex workers' information with local police, community enforcement and immigration officers risk undermining sex workers' confidence in the system, driving them further from services that can help them and placing them in greater danger.



Introduction

Healthwatch Hackney and NHS Community Voice produced this report to share the voices of sex workers in Hackney. Most of the 22 people we talked to worked or had worked selling sex on the streets of Hackney. Two of the sex workers work in off street premises only. Most have complex needs and are vulnerable. All had used Hackney's Open Doors service; a confidential and specialist NHS health and outreach service for sex workers.

We are extremely grateful to the 22 sex workers who took the time to speak to us and made us so welcome. We would also like to thank Open Doors staff for enabling us to attend their weekly drop-in to speak to their clients.

Our aim was to provide an opportunity for Hackney's sex workers to talk about their experiences of health and care services. We wanted to provide insight into services sex workers used and to find out what they felt worked best to improve their health, wellbeing and chances of getting off the street. All the sex workers we spoke to gave consent for us to anonymously report what they told us. The following factors influenced our decision to carry out this focussed piece of work:

- NHS Community Voice's commitment to target groups of patients and residents unlikely or unable to attend their regular monthly meetings
- Healthwatch Hackney's strategic and statutory objective to reach and collect views and feedback from previously under-represented residents
- Concerns raised directly with Healthwatch Hackney by a former sex worker about imminent cuts to specialist open access services for local sex workers
- Concerns raised by NHS staff about proposed cuts to these services
- A desire to better understand the barriers this group of highly vulnerable women and men with complex needs face when accessing health, care and related services



Method

Healthwatch Hackney and NHS Community Voice contacted Open Doors to request an opportunity to collect feedback from their service users on:

- Their health and care needs
- How they accessed health, care and related services
- Their experiences of using these services
- How they felt about the Open Doors specialist sex worker service

On 9 June 2016, Healthwatch Hackney and NHS Community Voice ran a round table focus group at the Open Doors drop-in. Twenty female sex workers, including one male sex worker, and several staff were present and contributed to the discussion. We used semi-structured questions to encourage discussion and prompt feedback. We later spoke to two women by phone who were unable to attend the drop-in session.

In total, we spoke to 22 sex workers, 21 women and one man. Five people were aged between 26 and 35, nine were aged between 36 and 46 and nine aged 47 and over. One sex worker had learning disabilities. We analysed their comments thematically.

Table 1. Breakdown by ethnicity of the 22 sex workers

Ethnicity	
Black British	7
White British	7
British Asian	4
African Caribbean	2
Mixed heritage	1
White, Southern European	1



National picture, national data

Healthwatch Hackney's report into sex workers is timely. In June 2016, the House of Commons Home Affairs Committee released [an interim report into sex work](#) as part of its first ever inquiry into prostitution.

The parliamentary report provides a current picture of sex work in the UK, drawing together available data and evidence from leading experts including frontline workers, sex workers, charities, police and academics.

It found that sex work was a 'persistent feature of life in the UK'. The UK has an estimated 72,800 sex workers and around 32,000 work in London. Approximately 11% of British men (around 2.3 million) aged 16 to 74 have paid for sex on at least one occasion.

Significantly, the Home Affairs committee report called for 'immediate legislative change' to end soliciting as an offence and to enable sex workers' previous convictions and cautions to be deleted to make it easier for them to exit sex work and find other kinds of employment.

In 2014/15 there were 456 prosecutions of sex workers for 'selling sex' (loitering and soliciting) compared with 227 prosecutions for kerb crawling. Kerb crawling is the act of soliciting a person for the purpose of prostitution from a motor vehicle whilst on a street or in a public place.

The Home Affairs committee said the current practice of treating soliciting as an offence was *'having an adverse impact, in terms of preventing sex workers from seeking help to exit prostitution, exposing them to abuse and violence and damaging other areas of their lives such as access to health and welfare benefits.'*



Local picture, local data

Open Doors, an NHS service commissioned service for local sex workers, is the main source of local data on this marginalised and highly vulnerable group of Hackney residents.

According to the 2011/12 City and Hackney Joint Strategic Needs Assessment (JSNA), the Open Doors service had worked with 254 street sex workers, providing intensive case management to 167. Almost all were British born, local women and mainly from White, African Caribbean or mixed ethnic backgrounds. Ages ranged from 18 years to late 40s.

The 2014 JSNA update reported that Open Doors' caseload had dropped to 202 street sex workers with 148 receiving intensive support, while the number of off-street sex workers receiving a service had remained stable.

Data on sex workers is conspicuous by its absence from the City and Hackney 2016 Mental Health and Substance Misuse chapter of the JSNA. Given that most of the women we spoke to had both mental health and substance misuse needs, the omission seems puzzling. We asked City and Hackney's Director of Public Health about this and she told us they intended to include sex workers 'as a distinct cohort' in future JSNA updates.

Recommendation 1

Hackney Council's public health team should return to its previous format of including Sex workers in the City and Hackney Joint Strategic Needs Assessment (JSNA). It should update the current version of the JSNA to include a specific section on the current health and care needs of sex workers in City and Hackney, and amend the Mental Health and Substance Misuse chapter accordingly.



Open Doors service in Hackney

Open Doors is a free and confidential NHS 'clinical case management' and outreach service for sex workers in City and Hackney, Newham and Tower Hamlets, run from Homerton Hospital. It has operated in the borough since 1999 delivering services for off street sex workers and, since 2006, delivering services to street sex workers. The clinical and case management approach is a model of integrated support that recognises that bio-medical and social factors have equal importance and contribute to a person's physical and mental health.

The service conducts outreach to street sex workers and people working in flats and saunas including condom provision, health promotion and access to a comprehensive clinical sexual health service. The London Borough of Hackney funds Homerton Hospital to provide the service through public health commissioning.

Open Doors provides access to condoms, needle and syringes to sex workers. It encourages sex workers they meet to use their crisis drop-in where they can start to address clients' raft of complex needs through casework. The service supports around 50 women a month. Crucially, the service model is based on outreach and open access. This means the clients are not required (in the first instance) to share personal information or go through a gatekeeping process in order to get support from Open Doors. Gaining the confidence of sex workers appears to be a critical aspect of this service in terms of supporting improvements to their health and wellbeing.

Staff take hot food and drinks and free condoms out to street sex workers at night and tell them about their crisis and drop-in services. This is usually the first step in a long process of building trust with vulnerable people typically distrustful of all services. The service is then able to provide casework including health and sexual health checks, advice, advocacy and holistic support.



The sex workers we spoke to offered numerous examples of how the service had helped them. These included support with housing, immigration, sexual health, emotional and mental health, counselling, signposting, legal support and court attendance, housing arrears, medical appointments, GP registration, advocacy, breakfast and hot meals and help with the wider family.

Several women spoke of staff 'never giving up' on them. They told us staff made a point of programming staff phone numbers into clients' mobile phones. They spoke of staff calling and texting if they have not heard from them for a while and to remind them of important healthcare appointments.

Sex workers were unanimous in their praise for Open Doors. '*Open Doors opened doors for me*', '*They are fantastic*' and '*I don't know where I'd be without them*' were typical comments.

Many spoke of feeling 'safe' and trusting the service because staff '*do not judge*' and '*they empathise with me*.' Others felt the service was a '*matter of life and death*'.

'I would die without Open Doors, I was in a dark situation, smoking and homeless. I come to Open Doors for a hot meal. I have depression and they take me to the doctor. They take me to the Hackney Migrant Centre and help me with my immigration problems. I have tried committing suicide three times. At Open Doors I don't feel ashamed. I feel comfortable.'

We heard many stories about the positive impact contact with Open Doors had had on people's lives. Women told us that the service had supported them to give up drugs, get their children back and live much more positive, healthier lives.

One woman spoke of being 'completely lost' after her release from a long prison term for a serious offence. She told us that Open Doors had opened up opportunities



for her, working with the other agencies to rebuild her life, quit drugs and raise her children herself. Another woman had become involved with theatre and performance as a result of her support from Open Doors.

Several women became extremely tearful and expressed fears about a reduction in Open Doors services. *'If it wasn't here I would be still isolated as I was before. They supported me though court and helped me through my life. I haven't worked the streets in ages.'*

The same former sex worker told us it took her six months from the initial street contact to attend the drop-in because she was *'too busy buying drugs'*. When she finally attended, she kept going back. She is now in full time paid work.

'I have been clean seven/eight years now – and that was through Open Doors. They found me, I didn't find them. I started going to the creative sessions. I think they got cut. They were really good. I did health checks. They used to call me back and remind me.'

Several sex workers emphasised the way the service had empowered them to do things for themselves:

'Open Doors have been fantastic; they empower you to solve your problems, like a mother or a friend. At Open Doors, I didn't feel judged and they've been with me the whole journey. I fluctuated within myself but the support has been stable, helping with accommodation and employment.'

'In here I can tell them anything. I can talk to them. I go nuts sometimes. Really and truly. But it's my anger issue and all that. Through Open Doors I've been able to control my anger so much more. They taught me to take responsibility for myself. You understand what I am saying?'



Women recalled their first encounter with the Open Doors outreach team while they were working on the street:

'I was homeless, working in Shacklewell, smoking crack and sleeping in doorways. I saw a silver car pull up and I thought they were CID. Then they opened the boot and offered me condoms and food. I hadn't eaten all day.'

Open Doors is a valued, highly effective and evidence-based specialised service, with a strong track record of reaching and improving outcomes for highly vulnerable sex workers with chaotic lives who live in Hackney. It is the only effective local service at building trust among these women (and some men) who traditionally do not engage with services. It provides an excellent sexual health service to on-street and off-street sex workers.

Service users have not been consulted over future changes to the service which we understand are currently under discussion.

Recommendation 2

Public Health should make a genuine effort to understand the integrated health and social care delivery model and its actual costs and continue to commission and fully fund this excellent service to ensure some of Hackney's most vulnerable and marginalised residents are appropriately supported and enabled to live safer lives, and where possible move into healthier work and life styles.

Recommendation 3

Hackney Council's public health department should carry out an equality impact assessment (EIA) to assess the impact of any proposed or planned changes to the service and this EIA should include a consultation with Open Doors service users.



Sex workers as victims of crime

On-street sex workers experience high levels of violence and sexual assault but these crimes often go unreported. A 2015 Leeds University study carried out with the National Ugly Mugs (NUM) charity found 49% of sex workers were very worried about their safety. NUM is a charity which enables sex workers to report dangerous individuals so the information can be shared with other sex workers. Some 47% said they had been targeted by offenders. Violence may come from customers, drug dealers, partners and others living on the street.

According to the National Police Chiefs' Council (NPCC), *'The murder of sex workers continues to take place at an alarming rate. At the time of writing this guidance, 152 sex workers have been murdered in the UK since 1990.'*

The risk of violence toward sex workers is as great in Hackney as elsewhere. In 2011, a man targeting sex workers raped two Hackney women. Open Doors were instrumental in supporting both victims to attend court to give evidence against their attacker who was jailed for seven years.

In 2010/11 The Open Doors Independent Sexual Violence Advisor worked with 12 Hackney street sex workers who reported sexual violence against them, supporting them to access 'clinical, forensic, criminal justice and social and emotional support.'

All the women we spoke to were aware of the award winning National Ugly Mugs (NUM) reporting scheme. Since 2012 the scheme has received more than 2,000 reports with around a quarter resulting in formal reports to the police.



NUM told us the numbers of street sex workers prepared to report incidents of violence have dropped notably since the end of 2014 enforcement in the borough.

Sex workers we spoke to expressed fears that there would be more attacks against sex workers if local police pushed enforcement and insisted on the women sharing personal details before they could access services. In this context, it is important to emphasise the primacy of confidence building with sex workers among all agencies. Failure to build trust among these residents places them at serious risk of assault as they will be less likely to report violent and other crime.

Sex workers and local policing priorities

Staff at Open Doors told us they had witnessed a ‘policy shift’ over the last two years in the London Borough of Hackney’s approach to sex workers. Local police, supported by the council, were making greater use of enforcement including dispersal orders, which risked criminalising highly vulnerable residents and undermining their work, fracturing trust and driving sex workers away from services.

After years of what staff described as ‘sensitive’ and ‘evidence-based’ collaboration between partner agencies including the council and police, the borough is now increasingly using dispersal orders and Community Protection Orders to tackle sex workers suspected of anti-social behaviour, tipping the balance towards enforcement and criminalisation and away from protection.

They believe the council’s new approach has embedded a requirement for sex workers to share personal information with the Street User Outreach Meeting (SUOM) panel before they can be referred to Open Doors.



Staff from Open Doors told us this approach would deter sex workers from reporting serious crime or accessing services, because police and immigration officers sit on the SUOM panel. Open Doors said the panel's '*excessively complicated gate-keeping*' was already having a negative impact, citing a recent untimely delay in referring a vulnerable woman and victim of sexual assault to their service.

The Council's Community Safety Team says their intention with the SOUM panel was to: '*...pool information and intelligence allowing informed and proportionate decisions around the most appropriate intervention method to take place.*'

Concerns about Hackney's shift towards enforcement and its potential impact on vulnerable sex workers were reported widely in the news over the summer including by [The Guardian](#), [The British Medical Journal](#), [Hackney Citizen](#) and [Vice](#).

As one sex worker put it: '*Attacks are not going to be reported. There will be more rapes and more assaults which will make it dangerous for us, bringing it all underground and the danger to women and crime will go up.*'

The council insists there has been no change of policy or shift towards prioritising enforcement against sex workers. The Community Safety Team said they were acting in response to residents' concerns about anti-social behaviour associated with sex work. They describe adopting a '*multiagency approach*' to dealing with issues associated with sex workers.

Prostitution is now listed as a priority in three Hackney neighbourhoods: Brownswood, Clissold and Shacklewell. Safer Neighbourhood Teams carry out active and high visibility police patrols and overnight vice operations, with unspecified professional working partners/organisations '*targeting both sex workers and kerb crawlers*'.

The Community Safety Team reported that police had issued 64 s35 dispersal notices to sex workers for suspected anti-social behaviour between 1 June 2015 and 1 June 2016. 13 were issued to suspected kerb crawlers. There were two cases of



'enforcement action' against sex workers for breaching a dispersal order. 44 people were arrested for kerb crawling with 24 placed on a conditional caution.

Open Doors highlighted particular concerns after the Community Safety Team publicly circulated a newsletter to Hackney residents carrying a photograph of police issuing a section s35 dispersal order to an identifiable woman. Police removed the image after intervention by a senior Hackney councillor and a member of the Greater London Authority.

During the preparation of this report, Open Doors' highly experienced project manager who has worked with Hackney sex workers for the last 13 years resigned from her post. The manager, who chairs the sex worker safety charity National Ugly Mugs, told us she resigned because she felt unable to manage a service '*aligned to enforcement...not when all the evidence tells us how dangerous enforcement is for vulnerable sex workers.*' She also said that prior to her resignation she had been notified that funding for the service was being cut by up to 40%.

Recommendation 4

The Hackney Council should terminate support for police use of dispersal orders and Community Protection Orders against sex workers. Evidence shows that criminalisation adds to the health burden of these already excluded residents.

Recommendation 5

The council should end the local requirement for vulnerable sex workers' personal information to be shared with the SUOM panel before police and other agencies can refer sex workers to specialist services like Open Doors. We believe this gate-keeping puts sex workers at high risk, creating barriers that will prevent sex workers from reporting crimes and/or engaging with services.



Health needs of sex workers in Hackney

Sex workers are among society's most marginalised citizens. Many, especially on-street sex workers, have multiple health needs including problematic drug and alcohol dependence, sexually transmitted infections and mental health disorders. Many are homeless, placing them at higher risk of acquiring TB and being victims of violence and sexual assault. Open Doors says most street sex workers are 'incredibly vulnerable'.

The 2010/11 City and Hackney JSNA states that overall morbidity amongst street sex workers in Hackney is high. Their primary care needs, particularly amongst injecting drug users include abscesses, cellulitis and skin infections. Most street sex workers smoke tobacco and those who use alcohol tend to drink high strength lager or cider. Open Doors tell us that over time their work has dramatically improved health outcomes and the health of sex workers in Hackney is much better as a result.

Open Doors report that sex workers fear testing for HIV and TB and, once diagnosed, it is a challenge to maintain them on long-term medication. Persistent drug use and poor oral hygiene means that dental decay is significant among these women. A number of street sex workers we spoke to had visibly missing teeth.

We asked sex workers about their experience of accessing different health services, not just sexual health services. Most of the women we spoke with were distrustful of mainstream services and many only felt able to engage with health services with support from Open Doors.



Access to general practice

Sex workers, particularly on-street sex workers, can go without seeing a GP for many years due to their chaotic lives. *'I didn't have a GP before coming to Open Doors'* was an oft repeated comment.

Trust in GPs and other health services was fragile or non-existent. Most sex workers told us they felt uncomfortable disclosing their sex work to a GP or doctor for fear of being 'judged' or their needs being poorly understood. *'I wouldn't feel comfortable telling my GP that I am a sex worker.'*

Two women said they would never tell their doctors they were homeless.

One of the off-street sex workers said she did not trust them. *'They can be dismissive. I have never told my GP. I don't trust them. When I asked the GP for a contraceptive implant they asked 'have you told your boyfriend? But it's my decision.'*

One woman told us she saw a different GP every time she went and felt *'fobbed off'* when she tried to discuss her mental health issues. She felt judged because of her drug use and this made it difficult to get support. Eventually the GP told her to self-refer for a mental health assessment. Other women at the meeting recommended she registered with Greenhouse, an open access GP practice for homeless residents.

Sex workers who received primary care via Greenhouse, generally had a more positive experience.

'I have been with Greenhouse for years and I wouldn't change, I wouldn't be with a GP if there was no Greenhouse.'

Women who had experienced rape or sexual violence were particularly uncomfortable about using mainstream primary care services.

'When I go to the dentist and he like pushes me back... I was raped before. You get



me? They don't understand what that does to you. They don't understand that trauma. GPs are not trauma informed.'

Most street sex workers we spoke used advocacy and support to connect with health services, through fear of stigma or lack of confidence and trust in professionals.

Open Doors had played a key role ensuring they registered with a GP and helping to arrange appointments, text reminders and accompanying them to appointments.

'I get support from Open Doors who attend my GP appointments with me.'

'The nurse at Open Doors helped me to register at the GP; this really helped me with being more confident. At first, it was difficult to register because I had unstable immigration status and didn't have a fixed address. I was without a GP for two years. If I had any problems I went to A&E, there are real problems for people without proof of address as you get sent all over the place.'

This male sex worker said he was angry no one had signposted him to the Greenhouse surgery during the two years he was homeless and had tried register with a doctor. *'No-one, not the clinics or anyone, told me. Open Doors were the only ones.'*

Access to mental health services

According to the City and Hackney JSNA, around 9% of sex workers case-worked by Open Doors have severe mental health problems such as schizophrenia, bi-polar and personality disorders.

Many of these clients also have substance misuse and dependency needs, which make them particularly vulnerable and hard to reach. Depression was common



among the sex workers we met. At least one of women we spoke to had learning disabilities. Open Doors had supported this client to leave an abusive relationship.

Often the sex workers connect to mental health services only after making contact with the specialist service through street outreach. Several sex workers told us about suicide attempts, depression, having PTSD and bi-polar disorder.

Many spoke of being 'in a dark place' or hiding from services. Others had positive stories about how Open Doors had provided a lifeline to help them.

'After speaking to someone at [the community mental health team] I felt suicidal. She told me that that I was worthless because I am abusing my body by smoking crack and prostituting myself. After that I left [the community mental health team] and got an Open Doors counsellor. I felt good about myself after the first session. I felt I could do anything.'

'I suffer with depression and I go to the doctors and they want to give me pills. I don't want pills, understand me? I need to talk and I need to say something sometime but you say certain things they are a bit judging. They don't know what I do.'

'I attempted suicide twice and I was supported through it by Open Doors. They don't judge you, they take you as you are and I have become an ambassador for them.'

Several people in the discussion group said it was common for GPs and mental health professional to dismiss their mental and physical health needs because of their drug use.

'I have mental health and physical health problems. I have been under mental health locality teams and it has taken me years to get the right support. At [named community mental health community team], my psychiatrist was still blaming my mental health problems on drugs misuse even though I wasn't taking any drugs. Now I have an excellent GP at [name of practice], I am getting the support. I feel like my practice puts your health first and treats you equally.'



'I wouldn't be with a GP if there was no Greenhouse. I OD'd. I have finally been diagnosed with bi-polar; they arranged all the psychiatric reports. I am 59 and I am starting feel like I know myself for the first time. Open Doors literally picked me up off the street...'

Access to sexual health services

According to the City and Hackney JSNA, women sex workers are likely to have at least one sexually transmitted infection (STI) during the time they are in contact with the Open Doors service 38% have had one or more STI.

In 2005, a syphilis outbreak in Hackney led to 22 local street sex workers being diagnosed with primary syphilis. None was registered with a GP and all were unconnected with health services. Open Doors carried out intense outreach to ensure the women were treated. The manager said this involved working hard to 'build confidence' with women who were instinctively distrustful of sexual health services because they 'had been treated badly at clinics and hospitals in the past.' During 2010/11 there was a surge in HIV and tuberculosis co-infection in Hackney, Open Doors supported 12 street-based sex workers to engage with HIV care and supporting women diagnosed with TB to access treatment.

Sex workers reported poor experiences of using mainstream sexual health services including clinics and general practice. There was a view these services did not understand their needs sufficiently or judged them for the work they did.



'I went to the Ivy Centre. I had an STI. They were a bit...not aggressive...but cold. I never told them I was a sex worker. The environment did not feel open. It is not set up for sex workers and they don't understand our struggles. They were not happy with me. They told me: 'If you don't want an STI, don't have sex.'

Sex workers we spoke to were universally happy with Open Doors' sexual health service and condom outreach. The following comments were typical:

'I get my sex test every three months at Open Doors. They take everything. I feel safe with them. Just them.'

'I get support from Open Doors who attend my GP appointments with me. I also take my sexual health tests at Open Doors and feel safe.'

A male sex worker told us he took Pre-Exposure Prophylaxis (PrEP), a new preventative medication to prevent him contracting HIV from clients who did not want to use a condom. He said he went from clinic to clinic to make sure he had enough PrEP. He said he had also joined the campaign to make it more widely available.

'We cannot put our lives at risk.'

Drug and alcohol use

Many of the women who spoke to us had the dual problems of addiction and mental health needs. They felt services were not designed to meet their needs, underlining the need for specialist services like Open Doors within the NHS.

According to the City and Hackney JSNA, almost a quarter of Open Doors' service users are poly drug users (including heroin, crack cocaine and alcohol). A third use crack cocaine and a quarter abuse both crack cocaine and alcohol, which carries an increased risk of cardio-vascular damage. Few users reported no problematic drug



use. The JSNA report added: *'These women present with complex social problems exacerbated by extreme poverty and the many consequences of selling sex.'*

The most harrowing story we heard was from an extremely vulnerable woman with mental health needs and drug and drink dependency. Now in her 30s, she told us she was placed in care as child following family abuse, only to be raped by a care worker at the home. After leaving care, she was passed around people who sexually exploited her and she developed a crack-cocaine habit.

The woman struggled to express herself but was keen to show us a letter from the Crown Prosecution Service dated 2011 that she carries in her bag. The letter was a witness subpoena to give evidence at the trial of her rapist from the care home. The rapist was jailed but due her chaotic lifestyle this woman was never able to attend. The lack of closure is clearly source of profound distress to her. For her, Open Doors is a 'constant', even at her most chaotic.

She told us: *'I've got lots of issues and I hide but they don't give up. They call me a million times. Even if I am in a crack house giving a bloke a shine, working for a crumb, I get a text from them in Open Doors. I have to answer.'*

Another former worker, now drug free and in full-time work, credited Open Doors with getting her to the door drug and alcohol services.

'They do so many good things, the needle exchange and condoms. Open Doors got me to Lifeline [drug recovery service] where I did a rehab course...I developed chronic addiction after my dad passed.'



Homelessness and health of Hackney sex workers

Almost all the sex workers we spoke to had experienced long periods of homelessness. Homelessness is associated with poor health and high risk of exposure to communicable diseases like tuberculosis as well as violence. Some sex workers we spoke to were currently homeless. Everyone in the discussion group agreed that access to accommodation was the first step to getting off the streets and 'getting clean'.

One woman told us she had lost her flat when she fell into crack addiction. *'I was a crack addict, using drugs. I had a flat but I was deeply in it and got evicted.'* Open Doors helped me get me into St Mungo's [homeless hostel].'

Sex workers who are still homeless rely on the weekly drop-in for food, advice and support. One client told us how Open Doors found her *'literally sleeping on the grass in Finsbury Park.*

'She said we are going to the housing place right now. I got a bed, everything you take for granted – a pillow and pyjamas. When I got outside of the housing, I cried and she said: 'If you had come sooner you wouldn't have been sleeping on the grass.'

Housing – the first step toward better health

Staff at the project said emergency housing was the first step in stabilising clients. Several women talked of stable accommodation being the turning point in their lives

'Open Doors literally picked me up off the street... I was homeless and smoking [crack] like a monster. I got my family back. My son just got six GCSEs and my daughter is working. I've got a flat and two cats.'



Another woman explained how access to housing had helped her to 'get clean'. *'Within two weeks of meeting the outreach team, I had a flat... Open Doors helped me with my arrears and keeping my accommodation. I have been clean for a year and a half and I don't work the streets. I work from home now and have select clients. Now I'm not smoking crack, I can pick and choose when I work.'*

As one manager put it: *'If you don't know where they are, then you can't begin to help them'*. She said a long term service level agreement with the council's homeless unit had helped fast track street sex workers into emergency accommodation and start the process of stabilisation and recovery. But this arrangement had become harder to ensure over the last two years partly due to changing personnel in the housing department and partly to changes in local hostel and temporary accommodation availability.

'Staff in the homeless unit we had known for ages are now gone and the new officers don't recognise the memorandum of understanding around the complexity of sex workers. They ask certain questions they should not be ask like asking someone who has been up all night 'when was the last time you were raped?''

Another outreach worker said the only negative service she had encountered in Hackney was assertive outreach. She said the staff were *'not exactly accommodating'*, forcing her clients to wait a long time to access emergency accommodation when they were 'clucking' [withdrawing from heroin] without any appreciation of the complexity of their needs. A manager said their clients could be complex tenants and often needed help to manage arrears and keep their accommodation.

The Care Act 2014 identifies housing as a health related function to prevent, delay or reduce care and support needs. The Council's 2015-18 homeless strategy also states that their Housing Advice Service will have 'significant input into the care plans and safeguarding of vulnerable adults.' Local and national data and feedback



suggests sex workers should be categorised as ‘vulnerable for the purpose of housing.

Recommendation 6

The long-term health and wellbeing of street sex workers depends on their access to stable emergency accommodation at the point of crisis. Hackney Council should enforce the service level agreement between Open Doors and the homeless unit to restore agreed protocols. This would ensure that street sex workers are treated as highly vulnerable residents and ensure their timely access to emergency accommodation.

Recommendation 7

Hackney Council should ensure that all staff likely to work with sex workers are trained to deal sensitively with this vulnerable group



A word about off-street sex workers in Hackney

This report has focussed primarily on the health and wellbeing of street sex workers. During the focus group, we also spoke to two off-street sex workers. Off street sex workers work mainly from bedsits or in saunas and use Open Doors' sexual health services. They told us they uncomfortable using mainstream sexual health services due to fear of being judged and their migration status.

In 2012/13 Open Doors supported 258 off-street sex workers with condoms and health promotion advice. 165 of these sex workers received a comprehensive sexual health service from the Open Doors outreach team. According to the City and

Hackney JSNA, numbers of off street sex workers receiving support from Open Doors have remained stable. Most are from East European countries.

Frontline staff told us the women and men who work from bed sits and other off-street settings present with a different set of vulnerabilities. They said these sex workers were 'invisible' and almost always migrant. They avoided mainstream health services because they were often anxious about their right to remain.



Conclusion and recommendations

Healthwatch Hackney believes the current open access NHS service for Hackney sex workers has proved extremely effective. The service is successful because it is non-judgemental, open access, holistic and person centred. It recognises the incredibly complex and intersecting health, care and support needs of this highly marginalised group of residents and works sensitively to build their trust in local health services.

We are very concerned recent changes to local policing priorities in Hackney poses a significant risk to the health, wellbeing and safety of sex workers. We fear proposed cuts to the Open Doors service and new processes that require sex workers' personal information to be shared with local police will deter sex workers from reporting of crime and drive them further from away service that can help them stabilise and access support.

This is not just Healthwatch Hackney's position. After reviewing the available evidence, the Home Affairs select committee inquiry came out firmly against use of enforcement to control prostitution because it created barriers to women exiting sex work and contributed to their health burden.

We believe London Borough of Hackney should continue its support for Open Doors services for on and off street sex workers. It should also cease its support for enforcement against sex workers in the borough and implement the following recommendations:



Recommendation 1

Hackney Council's public health team should update the City and Hackney Joint Strategic Needs Assessment (JSNA) to include a specific section on the current health and care needs of sex workers in City and Hackney, and amend the Mental Health and Substance Misuse chapter accordingly.

Recommendation 2

Hackney Council's public health department should carry out a equality impact assessment (EIA) to assess the impact of any proposed or planned changes to the service and this EIA should include a consultation with Open Doors service users

Recommendation 3

Public Health should continue to commission and fully fund this excellent service to ensure some of Hackney's most vulnerable and marginalised residents are appropriately supported and enabled to live safer lives, and where possible move into healthier work and life styles.

Recommendation 4

The Hackney Council should terminate support for police use of dispersal orders against sex workers. Evidence shows that criminalisation adds to the health burden of these already excluded residents.

Recommendation 5

The council should end the local requirement for vulnerable sex workers' personal information to be with shared with the SUOM panel before police and other agencies can refer sex workers to specialist services like Open Doors. We believe this gate-keeping puts sex workers at high risk, creating barriers that will prevent sex workers from reporting crimes and/or engaging with services.



Recommendation 6

The long-term health and wellbeing of street sex workers depends on their access to stable emergency accommodation at the point of crisis. Hackney Council should enforce the service level agreement between Open Doors and the homeless unit to restore agreed protocols. This would ensure that street sex workers are treated as highly vulnerable residents and ensure their timely access to emergency accommodation.

Recommendation 7

Hackney Council should ensure that all staff likely to work with sex workers are trained to deal sensitively with this vulnerable group.

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