

Over the Parapet:

a short study into the needs and aspirations of sex workers in Edinburgh

**For SCOT-PEP
Prepared by Stephanie Sexton**

July 2009

Why 'Over the Parapet'?

All those who work with people be that in the voluntary or public sectors are very familiar with the terms user involvement or stakeholder engagement. User involvement in service planning and in service scrutiny is a key theme in Government thinking.

We need to find ways to hear the voices of those who use services so that we are able to meet their needs and can respond positively to their aspirations. We need to understand what we are doing right, what we could do better, and what we need to change fundamentally.

This requires us to make space for those who use services to say what they really think, 'rather than tell us what they think we want to hear'; and to take time to understand the subtlety or complexity of the challenges service users face in their daily lives – directly and indirectly related to their presenting issue.

Those who use our services often feel powerless to affect change. Some feel anxiety that to challenge will be construed as negative criticism and may affect the way services are provided in the future.

Sex workers operate in an environment, which is hostile; rarely valued for who they are; they experience explicit and implicit messages that reduce them to people who represent parts of society that we would rather keep hidden or lose altogether. The implicit message is for them to keep hidden or stop work altogether.

Against this backdrop, women are loath to put their head above the parapet, to talk directly about their needs and aspirations; to talk about their concerns about services and policing; about friendship and family; or about their children.

This study has been commissioned as a step towards that being achieved. It is a first step, but a courageous one. The expectation is that no one cares, will take notice, or will say 'we are doing all this already', or say 'do something else'. We hope that this attempt to stand up and make themselves vulnerable so that others can hear their voices will be respected – as they should be respected, and that the issues and ideas expressed will be considered with a willingness to take steps to meet their overriding need – that to be treated with dignity and respect.

A note from the author by way of acknowledgement

I have been privileged to be involved with SCOT-PEP since its early days. It has always sought to keep faith with its founding principles; that the aspirations as well as needs of the sex workers with whom it has worked would be the driving force of its work – both in terms of what it does and how it operates.

A review undertaken in 1998 focusing on the organisation (rather than on the women themselves) identified a range of challenges that could impede its ability to operate whilst maintaining its integrity. It is to the credit of staff, trustees and the Project Manager that SCOT-PEP was able to maintain and develop its work over the 10 years that followed that review. It is with great regret for me at least that this document reflects the last from SCOT-PEP as an organisation that both provides services and seeks to influence the environment in which women work in the sex industry. On a more positive note, they will seek to continue to influence the environment in which sex workers exist and I hope that this study provides a platform from which women who work in various parts of the sex industry will be driving the agenda.

During the course of this research, I came across the motto for Leith, *Persevere*. The women who work in this industry certainly have and continue to do exactly that, for this is undoubtedly one of the hardest of professions. Women work in a hostile political, legislative and social environment. Many face challenges directly as a result of those issues in addition to the challenges of the work itself.

In such an environment, people are often loath to take time to talk about their lives and the challenges they face with a researcher. However, on this as on other occasions many women were willing not only to tell me the headline facts of their lives, but were also willing to sit with me, talk about the issues underneath the headlines and from time to time laugh with me. All asked not to be named so it is not possible to say special thanks to individuals. For now a big 'thank you' to all the women who took time with me during this study.

Thanks also to those who work in provider organisations in the City who gave their time, perspective and insight with openness and humour.

Last, but not least, thanks to the staff of SCOT-PEP who during a difficult time for them, were generous in the time and thought given to make this work both real and accessible.

Stephanie Sexton
July 2009

Introduction to the Document

In preparing this document, we were aware that there would be different audiences for different parts. The commissioning organisation, SCOT-PEP, would of course have the whole document, and will determine how it can best serve the needs of women working in the sex industry in Edinburgh.

There are several audiences. In no particular order they are:

- Those who work in the sex industry in Edinburgh – particularly those who will be willing in some way shape or form to take issues forward. This is not to suggest that women will want necessarily to become a public face for the issues, rather that they will work to inform and support any lobbying or campaign work that takes place;
- That leads to the second audience – the new form SCOT-PEP which in its changed role is intended will reflect the issues of sex workers in Scotland to those who design and provide services and those who shape the regulatory and legislative context in which they operate;
- Providers of services - although this audience was not a primary focus of the research and this document, co-operative work between agencies relies on a shared view of what the issues are; it is also aided by working to outcomes (i.e. those relating to impact) that are shared to some extent but certainly understood by most, if not all. In addition, when service providers engage with women who work in the sex industry, they most usually do that as clients or service users. This study provides an opportunity to listen to the voices of women beyond their limited role as 'service user'; and
- Those who commission or plan work in this area – it is the soft intelligence; the soft outputs – alongside the more tangible activity and data – that creates effective service delivery and, indeed, can change lives.

The paper therefore has four parts:

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| Part One: | Information about the commission, the methodology |
| Part Two: | Fieldwork findings and commentary |
| Part Three: | Manifesto for women working in the sex industry |
| Part Four: | Taking the issues forward |

The whole study has been prepared for SCOT-PEP as the commissioner of the work. It has been written in such a way that it can be circulated either in full or in part – so that audiences receive that part which is most relevant to their own work.

Part One is primarily for SCOT-PEP as the commissioner of the research. As it includes the methodology, it is likely that SCOT-PEP will wish to make the study available to those who shape policy or strategy. In addition to the brief and methodology, etc. it has commentary about issues that are thought to be important but which fall outside the brief.

Part Two is primarily intended for commissioners, other providers and others who would like or need some evidence or commentary to inform their own work. This part of the document contains a longer background section than is usual in papers of this kind. It was felt important to put the findings in the context of history as well as the more immediate political and cultural situation.

Part Three is primarily for women in the sex industry who want to work to take issues forward but do not have the inclination to read the full document, the main body of which seeks to articulate their stories.

Part Four is for those who have a role to play in making the goals of sex workers become a reality if not for all, all of the time, then for many, most of the time. That includes those who commission services; those provide them and not least women themselves and those who can advocate on their behalf.

There are no recommendations as such, rather a range of areas which women have identified as being important to their ability to survive and thrive, both as sex workers and as women with many facets to their lives.

This document is an attempt to express the ideas, hopes and aspirations of women whose work it is hoped this study reflects.

Part I: The commission and methodology

1. Purpose and Scope of this Section

This paper reports on work undertaken from December 2008 to March 2009 with women working in various parts of the sex industry in Edinburgh. It is set out in three parts – the intention being that the second and third parts can be used as stand alone documents if that is required.

This part of the document sets out the aims, objectives and methodology of the commission. It includes some of the difficulties and constraints experienced during the research phase as this provides some of the context for the study, and perhaps more importantly will aid those in future commissions of this nature.

2. The Brief

The purpose of the needs assessment among female sex workers in Edinburgh was set out in a commissioning letter from SCOT-PEP in December 2008, and had two core components:

- To create an advocacy and lobbying tool that highlights the vulnerabilities, strengths and aspirations of female sex workers in both the street and indoor (establishment, agency, and internet based) sex industries in Edinburgh; and
- To provide a benchmark against which to comment on the situation of sex workers as SCOT-PEP develops its advocacy and campaigning role in the future.

3. Methodology

As the brief required that the assessment should focus exclusively on the views and perspective of sex workers in Edinburgh, face to face interviews were conducted with women working in various parts of the sex industry including street based sex workers, and those working in flats and saunas. Telephone interviews were used to gain the views of those working for agencies and over the internet as well as with those who usually work in Edinburgh but were out of town during the fieldwork.

Fieldwork

Fieldwork was undertaken between late December 2008 and mid March 2009, and involved:

Street-based sex work

Attendance with the SCOT-PEP mobile unit and outreach team and one with Streetwork. In addition, a notice board was put up in the mobile unit to stimulate discussion with staff and volunteers when the researcher was not present. The details of these conversations were reported to the researcher.

This work was supplemented by interviews with individual members of Street Based Workers Practitioners' Forum (providers of services and police liaison) as well as attendance at two Forum meetings. That provided an opportunity to explore, in more depth, some of the issues raised by women. There were no issues raised by services, which were not raised directly by the women themselves.

Indoor-based sex work

Establishments: included interviews with women working in licensed and unlicensed establishments

Escorts: included telephone interviews with women working for agencies and over the Internet

An overview and insight into key issues for women involved in various parts of the sex industry was gained through semi-structured interviews with SCOT-PEP Project Workers.

Approach

As indicated, interviews took place with women both face to face – at their place of work or in their own homes – or on the telephone. The interviews were semi-structured to provide an opportunity for women to talk about issues that were important to them and which would go beyond those immediately associated with women working in the sex industry i.e. relating to sexual health, and drug use.

At each interview, a short explanation was given of the purpose of the research. The opening question was intended to help them focus on their own experience of life as a sex worker rather than to any particular aspect of it. A usual opening question was along the lines of: 'If you were on the TV being interviewed about what the big issues are for you as a sex worker, what would be the top 3-5 things you'd say?'

It was agreed with each woman that their views would not be attributable – enabling them to be more frank than they may have felt possible if they felt their views could be traced back to them.

Staff at SCOT-PEP were actively involved throughout the fieldwork stage to enable street based sex workers to be involved in the research, as many

indicated an interest in participating in the research but were unable to give time during their work hours. Meetings were set up with women and transport offered to help them attend an interview at the SCOT-PEP offices.

Addressing constraints

Despite the best efforts of SCOT-PEP staff, none of those with whom appointments were made was able to keep their appointment. A range of reasons were given for this, including attendance at urgent meetings relating to their housing situation, or requirement to attend police stations.

Interviews with women working in the street based sex industry did prove problematic, perhaps reflecting that:

- Much of the fieldwork took place in a particularly cold and blustery December and January; and/or
- Kerb crawling legislation appears to have had a significant impact on the working patterns of women involved in street prostitution. This is explored further below. For now, as potential clients run the risk of prosecution when looking for women, alternative arrangements are being made e.g. giving out mobile telephone numbers, arranging to meet at pre-designated places or, on occasion, in the woman's own home. Such arrangements mean that fewer women are present at any one time in the area known as the beat.

In addition to those practical realities, women had just been informed that SCOT-PEP as a service providing agency was about to close. The role of SCOT-PEP as honest broker when setting up arrangements to meet women has always proved invaluable. On this occasion, however, it worked less well and it is likely that there was a feeling from street based sex workers that there was little to be gained from the investment of their time. This is of course only surmise, but probably necessary to say at this point in the document.

Having said that, the conversations with those street based sex workers with whom interviews took place were fulsome. As indicated, where staff were able to speak with women about the research, their findings were reported back and were then explored further with other women and/or provider organisations.

Attendance and discussion with women working in saunas and flats was easier to arrange in that they were at work and time was taken to discuss the issues that most impact upon them – as sex workers and women. However, such meetings also presented challenges particularly where more than one woman was present and appeared inhibited from talking by others present. The offer to make contact with the researcher after such meetings, either on the telephone or by email, was taken up by a number of women.

4. Commentary

As will be seen in Part II, the issues they raised, in addition to those about safety, condom provision and other issues directly relating to their work, are complicated and often related to a) social isolation and b) child care (this was also raised by some women working outdoors).

Whilst appreciating that mention of children raises the thorny issue of child protection, the issue is explored in Section II as it appears to be a problem for a number of women who work in whatever setting, but is clearly exacerbated for women working in the sex industry and was raised by a significant proportion of those who took part in the research.

The timing of this research has been alluded to. It began at the point when women were told of SCOT-PEP's closure as a service provider and of course of staff working through their redundancy period. It is not known to what extent this had an impact on either the women's willingness to talk or what they said, except of course where women identified a) access to condoms and equipment used in their work or their drug use, or b) issues of trust associated with transfer to another agency. The help provided by SCOT-PEP staff was invaluable. However, the focus of their attention was, inevitably, elsewhere which had not occurred on previous occasions, and may have affected the possibilities for women to participate where this was not straightforward for them.

A comment about 'the sense on the street', by which is meant the sense of all aspects of the industry excluding escorts. It may have been the weather, the time of year, the impact of SCOT-PEP's closure as a service provider, the recession, the impact of legislation, or whatever. The sense was that many of the women (indoor as well as street based) felt under siege. There was a general depression, which had its early seeds at the time of the last needs assessment some 6 years ago. Part II explores the issue of social isolation raised by both women and those who work with them.

A number of the service provider organisations talked about '*working with the whole woman*', the need to '*start from where the individual is*' etc (not specifically reported as this fell outside the brief, but included where raised by women themselves). It may be the case that this message has been heard and taken to heart by those agencies that can do it. However, where this was mentioned, it was also noted that funding is hard to maintain where soft outcomes are the ones that matter, i.e. those relating to self esteem etc.

In addition, a number of ideas were discussed by providers (both individually during the research and within the Forum) that raise a range of concerns:

More agencies are engaging with street sex workers which on one level is to be applauded – different styles, different days could mean that more women had at least some access to services. However, there is the potential for those

that provide services to vie for supremacy. As this fell outwith the brief, this was not explored in any detail. However, whilst there is a need for co-ordination and for a coherent approach, there appeared to be at least some jockeying for position – certainly among those that are publicly funded, while those that are not, have no reason (levered by funding anyway), other than an interest in co-operative working, to play their part in providing a consistent service. The use of the language of ‘co-operative’ rather than ‘co-ordinated’ work is used deliberately. It is relatively easy to think about co-ordination when thinking about diaries i.e. who goes out on what night. The difficulty is what agencies do when they go out, where they go, if they go and how they individually and collectively present to women.

This area is clearly the province of the Forum, and not for exploration within a document of this nature. However, if there is any reality in the perception that women are hunkering down, becoming increasingly isolated anyway, that a sense of an incoherent (and possibly uncoordinated) approach by service providers will exacerbate this; women will not access any but the most survival-based provision. This is perhaps something that needs to be championed, in some way.

5. Towards the Findings

As indicated, the brief required that the focus of the research should be on women themselves rather than through agencies that work with them or their advocates. There were few, if any, issues raised by staff working in service providing agencies or SCOT-PEP, that were not raised by the women themselves. Any differences related to the priority given to issues by women and to the explanation given that underpinned those issues.

Part II, Fieldwork Findings, does not include any issues raised by and about other services as this fell outside the brief.

Part II: Fieldwork findings and commentary

1. The Nature and Scope of Part II

As the document has been written in such a way that its component parts can be circulated separately, we have taken the opportunity to think about the potential audiences of the Paper, and who might take the issues forward.

It is usual in a commission of this kind to prepare the report, or in this case a tool, to aid campaigning work, specifically for the client (SCOT-PEP), as it will be that organisation which champions the report. However, as SCOT-PEP will have ceased to function as a service provider and thus lost many of the resources that might normally be used to promote this Paper's findings, it is to be hoped that others, particularly service provider organisations and those in a position of influence, will take up the issues raised in this section.

It is a statement of what women working in various parts of the sex industry in Edinburgh identified as important to them – as sex workers, as women, as humans – at a particular time. As the issues identified by the women involved many aspects of their lives (and the way these aspects inter-relate) it is hoped that they will be addressed by any organisation – statutory or voluntary developing and commissioning provision or providing services – that can work to address them.

So, this is for those that commission and work in the health service arena; those that operate within the criminal and social justice arena; those who are concerned with addressing health and social inequalities; as well as those operating in the field of young people, parenting etc.

But it is also for the women working in the sex industries – outdoor, licensed and unlicensed premises and escorts. This is not as 'an also ran', but as key players in working together to inform and affect change in both the nature of provision and the way services are provided. And here is a caveat. The world of sex work is one where those involved are vulnerable to profound stigma and discrimination. Many women involved in the research leading to this Manifesto, whilst willing to talk about issues or help in many ways, were unwilling to 'raise their heads above the parapet' for their own security, but more specifically for the safety and well-being of their friends and families.

A range of challenges are presented to those who work with women in the sex industry. Such challenges require a strategic as well as service development response and it will be important to:

- Ensure that the voices of women are constantly heard; that feedback is made available to them; and that women are invited to develop their contribution to service planning and delivery;

- Ensure that duplication does not occur;
- Ensure that the intention (as well as the activity) behind a service is communicated to others so that confusion (from the perspective of women themselves) does not result.

It is expected that those who remain active under the banner of SCOT-PEP will take up many of the messages that are set out below. However, to avoid too much demand being placed on the few, it is to be hoped that this Paper could provide a platform from which co-operative action – strategic as well as operational – could occur.

2 Background

The changes that are occurring in Edinburgh were not the immediate focus for this research or indeed of this study. However, when thinking about the needs of women working in the sex industry it is important to remember the context within which those occur.

The women who participated in the research are not in a position of influence or power; they find themselves reacting to change – be that in legislation, the local environment (e.g. changes to the beat for street-based workers), or service commissioning arrangements.

The issues mentioned below are headings only; detailed consideration of the implications they suggest fell outside the brief. However, they are perhaps worth considering and it is hoped that action will be taken to address some of the areas of concern that the women involved in the research have brought to the fore.

The report '*Moving in, moving on*' (November 1998) was focused on the strategic positioning of SCOT-PEP, its direction, governance and operating arrangements. The reason for mentioning it here is that some of the issues identified at that time are a part of the picture for women working in the sex industry that present today. These are explored more fully below, and critically included:

- The anticipated greater integration of health and social care – linked with reflecting the needs of the whole person (rather than addressing particular facets) when accessing services;
- Greater emphasis on community safety and a desire to develop 'joined up solutions' with criminal justice and other areas of public administration;
- The affect of the approach to policing particularly in relation to those who work in the outdoor industry and establishment based sex work creating 'a space' for women to access services; and

- The potential political backlash as a result of the establishment of the Scottish Parliament.

A short study into the needs of women working in the sex industry in Edinburgh was undertaken in April 2003, culminating in a report '*A Stitch in Time*'. The key feature of that work was that women were not considered 'in the round' by treatment, other services and those who plan provision. Included in the issues identified during the fieldwork were the difficulties of accessing primary care provision; it suggested that work be undertaken to equip health professionals, not specialist in sexual health or drug services, to better serve the needs of women working in the industry.

Other issues identified at that stage included issues related to housing, violence, harassment, court diversion schemes and coherent provision across services in the City.

Many of those issues still apply in 2009.

In 2009, the range of contextual issues for women appears to have both broadened and deepened:

- For street based workers – the beat, the legislation, the politics – e.g. residents associations, changing in policing methods, etc;
- The use of the internet is now common place providing more opportunity to both sex workers and potential clients. At the same time, however, women may not have contact with other sex workers, thus missing an opportunity for peer support and learning. Reports indicate that many who are new to sex work may not understand sexual health and personal safety issues.
- At the time of the fieldwork, the recession had just been declared. Although in its early stages, women reported concern that they had or may soon have to reduce prices; there was concern that 'more would be done for less' as some in the industry were worried about fewer clients etc.

The ceasing of service provision by SCOT-PEP took place during the course of this research. Women in all parts of the industry expressed a range of concerns from the most practical e.g. access to condoms, through to the most complex e.g. somewhere where the service really understood the realities for women and thus provide a psychologically accessible service as well as meet practical needs. Women expressed concern that other agencies would not understand the context of their lives or work – for example in flats, it had been suggested that condoms would be delivered by couriers, making the establishment more visible. At best, it would take time for agencies new to this field of work to understand these issues; at worst women will operate in increasing isolation from service provision.

At the same time, the range of other providers has grown, particularly for women working outdoors and for establishment workers. The Street Sex Workers Practitioners' Forum comprises workers from both voluntary and statutory services. At the time of the research, a range of organisations were involved in providing outreach services to street sex workers to address immediate and short term need, and to aid access to longer term provision. However, the funding for three of the services working with women: Streetwork, Willow and LEAP has been guaranteed for only one year. Much of the work undertaken by services requires a long term commitment by both the service and the women. Further, for street based services at least women see a change of provider (from SCOT-PEP to Streetwork) and may believe that it is a service that will work with their needs into the future. None of this can be guaranteed; planning will be difficult and women may be left without any coherent provision just at the point they begin to trust it.

Those involved in providing immediate services included the Salvation Army, Streetwork Women's Service as well as NHS Lothian's Harm Reduction Team. It was thought at the time of the fieldwork that they were about to be joined by another group associated with a Baptist church, but we understand that this has not come to fruition. From the women's point of view, the 'jury was still out' about how far the Salvation Army team and Streetwork would be able to meet their needs.

The Street Sex Workers Practitioners' Forum is a part of a Partnership Development Project funded by the Community Safety Partnership, formed to develop enhanced partnership working between the wide range of agencies operating in the voluntary and statutory sectors with women street sex workers¹. Whilst the Forum does act as a conduit for information and a conduit between agencies, as well as providing an opportunity to develop and share good practice, it does not appear (thus far) to have strategic influence.

This is important in relation to this work, in so far as finding a way for issues to be addressed, which are subtle and complex – requiring both a strategic commissioning response as well as specific service provision.

¹ Partnership Development Project Mapping Report February 2009

3. The Findings

Understanding need in the context of the woman

The brief for the piece of work that leads to the range of issues, concerns and needs set out below was commissioned as a needs assessment. That is an assessment of the needs, aspirations and goals of women working in various parts of the sex industry in Edinburgh. But, and this is a big but, assessing need is a relative term – it has to be in relation to something.

The term ‘*need*’ is often used in relation to service provision – particularly health or social care service provision. In other words, *need* most usually relates to the issue that an individual presents to a professional, agency or service planner. Their role in that case is one of client or service user. Services will most usually describe their approach as recognising that individuals are multi-faceted, and as such will endeavour to address the individual as a whole person rather than as facets or presenting problems/issues.

However, when speaking with women, the issues they raised went beyond the specifics relating to the work they do, or particular health or care needs – they talked about housing, about managing as a parent, about developing and maintaining trusting and open platonic relationships with others, as well as those relating to safety, sexual health, safer drug use and drug treatment.

In addition, all those who work with people and are involved in assessing need do so over a period of time, as well as in relation to something as indicated above. Although our primary research was conducted over a relatively short period of time, the issues raised by the women had resonance with those raised by service providers and between women themselves. We feel confident, therefore, that whilst different women may look to different solutions to the issues they face, they do have many of these in common.

Issues for women working in the sex industry

What follows is an articulation of the needs, understandings and aspirations reported by sex workers in Edinburgh. It is not written in any order of priority, and for the sake of making it accessible and relevant to the identification of ‘*need*’, the key issues that emerged during the fieldwork phase of the research, it is relatively brief. To help with ordering, it begins with issues that are softer/more subtle and moves on to issues which, whilst still complex, are more usually associated with the needs of those working in the sex industry. Two headings are set out at the end of each sub section to summarise the key points:

- What is the issue?
- What is the need?

Clearly, some issues will be more relevant to some individuals rather than others. Women working in sex work are not a homogeneous whole – even within the part of the industry in which they work – and, depending on their own particular situation, will prioritise issues differently. In similar vein, the areas of discussion explored with women were not linear. As indicated in the methodology, discussions with women began by inviting them to state their top three issues, which were explored further. This inevitably led to more complex and/or subtle issues being examined.

Making services work for you: how can they, when they are not given the full picture?

There appears to be a search for integrated provision whilst protecting an individual’s privacy, and for the woman to maintain some control over the way she would be treated by services. Is that possible? This appears to raise implicit tensions, and/or ambivalence, that women experience about their use of services, which are difficult to articulate.

The way some women described their views appeared at first glance to be filled with contradiction - *‘I don’t want people to know what I do’*, at the same time as *‘People don’t understand what this work is really like’*. However, on further examination an interpretation of contradiction moved to one where perhaps ambivalence or tension might be a more appropriate construct. One woman (a street sex worker) described herself as having ‘trust issues’. She uses various health services ranging from those that relate directly to her work to psychiatric services, with which she has been involved for some time. She has not disclosed her involvement with one to the other. She is anxious that *‘because they’re all a part of the NHS (one organisation) they’ll talk to each other’* and she will be *‘judged’* if health service staff find out that she is a sex worker. Yet, this woman describes herself as feeling *‘alone’* save for the support of (identified specifically) SCOT-PEP over the years. Her situation and her work may well have an impact on her psychological health – yet the professionals involved with that aspect of her life are not privy (at least overtly) to her work and her feelings about it.

This process was echoed throughout the research. The majority of women involved stated that they did not disclose the nature of their work to one or a combination of the following:

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| Partner | Family | Friend |
| Children | GP | Social work |
| Housing | Specialist health professional – other than specialists involved with sexual health and/or drug related harm reduction | |

The reasons for this (from the women's point of view) were straightforward: fear of discrimination; the potential for their children (or others close to them) being victimised by peers or neighbours; worries about loss of services e.g. housing; or fear that children could be lost to the care system.

Those who could and had disclosed to one or more family member or friend, reported being able to call on them to help with for example baby/child sitting, and being able to be open and not *'tell lies and keep secrets'*.

The issue: Social Isolation

- Few people to talk with openly and honestly;
- Street based women talked about the loneliness of their work: *'It's difficult to say you've had a shit day at work'*;
- Difficult not being able to congregate/be in a safe space – a chance to talk for a moment with peers/banding together when difficulties arise, e.g. frozen eggs being thrown;
- Women working in flats and saunas said they talk with each other;
- The majority of women do not feel comfortable talking about their daily frustrations and worries (if they were also to talk of their work) with families or friends;
- A sense of isolation was specifically mentioned by some.

The need:

Peer support, but only for those who want it and around particular issues.

An independent vehicle to use to express the issues that they face whilst protecting individual anonymity

Parenting: Being a Mum – not having access to support that many take for granted

This is of course a thorny area. It is raised here because women in various parts of the industry identified it as important during the research.

All the women who raised this issue were concerned about their children coping with the stigma associated with their mother's work. In common with all working mothers, the women who spoke about this described the difficulty of juggling work with child care. In addition (and echoing the issues identified above) women described the additional pressures of not being able to be open with others:

- Not being able to speak openly when meeting other mothers at the school gate, when invariably conversation moves to *'What do you do?'* (in relation to work)

- The worry about remembering what you have told one person and not another;
- The concern about when your child is invited to a party, deciding whether or not to let them go, wondering if either one of the parents or other children 'know' or have guessed – potentially leaving children not being allowed to socialise in their own locality; and
- Difficulties associated with baby/child sitting. If a friend or family member knows of the woman's work and is able to help, that can be a boon. However, when their involvement is not possible, women find difficulty getting baby sitters with whom they can have a relationship of trust.

When a woman decides to tell her child, they need to consider at what point/age and how to tell them. One woman described her situation in which she has a 12 year old who she hasn't told yet, but probably would in the future as the daughter begins to ask questions of her mother. This particular woman suggested it would be helpful to learn how others did it, to gain some support from others; what the issues would be and how to manage them; and if there were resources available to help. For example, a book targeted at children and published in Spain introduces the concept of sex work in a child-appropriate way, enabling a conversation between child and parent. We understand that no such publication is available in the UK. When mentioned to women, it was thought that a similar publication would be very valuable.

Another woman said: *'I'd wish anything rather than people know.'* Even in light of that, she had taken the decision to tell her sons, but said *'The problem we have as a family is that we don't talk about this. No-one uses the word prostitute here. If it does get mentioned there are rows.'* The woman, and others echoed this, reported that she would value somewhere or someone where the whole family could talk about their issues *as a family*, including issues about the woman's work in an environment that was not (actually or perceived to be) judgemental. *'It would be good if we could talk with someone as a family'*.

Unusually for research of this nature, her sons were present during the interview. They both wished to be. She and her older son talked about developing strategies – what to say if something were said to him outside, about his anger, and about him having no-one to whom he could talk (over time or on a one off anonymous basis e.g. phone helpline).

The issue: Parenting

- Fear of work becoming common knowledge (if you appear in court, how to explain it);
- Managing behaviour of children – all ages;
- Concern that if children know, there is nowhere for them to turn privately;

- Concern about baby/child sitting – reliance on friends; danger that people will find out;
- Dealing with social work when having difficulties with teenage son.

The need:

Access to family support/therapy services – known to be sensitive to women working in the sex industry;

Baby sitting services – known to be sensitive to women working in the sex industry. Women would like there to be a quality assured baby/child sitting service where the woman can be open if she chooses to be without fear of losing her children simply because of her work;

Access to child support provision – known to be sensitive to those working in the sex industry.

Drugs use and Services

The issues raised by women using drugs in relation to drug services tended to focus on 'soft' areas e.g. psychological access, approach etc. It was not within the scope of the brief to examine what services are and are not able to deliver at this time.

The women did not talk about their day to day experience of drug use. Rather they focused on three areas that most impact on their lives:

- a) that when they live with a partner who is also a drug user, his needs and ability to access services had a direct impact on the woman's ability to engage with drug treatment services;
- b) that there were insufficient resources available. This contributed towards waiting lists for drug treatment being too long which, when taken with working with their partner's needs, exacerbated difficulties for women. Further, women reported an inadequate range of provision; they thought the choice was to abstain or engage in a maintenance programme; and last but not least, women reported a lack of time available to drug workers to develop trusting relationships with them. This led to in part to:
- c) that as part of a whole system, the NHS drug workers may well disclose information to colleagues in other disciplines, e.g. psychiatry, that in turn would have an impact on the relationship which could develop between the woman and that service.

In each of these areas, women gave examples which had had a direct impact on either their ability to access and follow through a treatment programme in which they had wanted to participate but felt unable to do so as, for example, their partner came into conflict with a service; and/or their

willingness to fully engage with another discipline for fear of being pre-judged on the basis of information they believed had been passed on – or might be passed on – by their drug worker.

Also of note, women reported that they knew of others who had started injecting or who had lied about their injecting in order to access treatment services from the Harm Reduction Team. We are aware that the Harm Reduction Team has a closely defined remit – that of working around injecting – thus limiting their ability to work with those who may find their approach (and access to resources) valuable. However, that women would be willing to start a practice they know to be harmful to gain access to provision should surely be a cause for concern.

The Issue: Drug Use

- When drug services do not address and support partners' needs as well as those of the individual woman, it has an impact on her ability/willingness to continue with drug treatment/drug services if her partner is not a part of a similar (concurrent) programme;
- There is a lack of confidence in drug services to maintain confidentiality within the wider NHS system. Women are concerned that when information is, or is believed to be, passed on to others, this may lead to them being pre-judged and/or that at least some part of the diagnosis of their problem will be predicated on information from other sources rather than directly from the woman herself;
- There is insufficient time to establish relationship with workers. Whilst this was noted in relation to drug services, women reported this difficulty across a range of provision;
- Women reported that they need quicker access to drug treatment services. Waiting lists are too long which create difficulties when trying to maintain a commitment to engage with treatment programmes and/or with partners (as previously expressed);
- There is insufficient range of provision. There is confusion about whether whole drug use is being addressed, or just aspects of it, e.g. belief that harm reduction services do not address crack cocaine use. Harm reduction focuses on prioritising injecting but this is perceived as drug services not addressing other aspects of drug use. For those who do not inject heroin but use other drugs, there appears to be little support available;
- Not all women inject so sometimes lie about injecting, or start injecting, to get a place with harm reduction services.
- It is worthy of note that the drug service that was specifically funded for sex workers is abstinence based. There are few, if any alternatives for those for whom this is an inappropriate intervention.

The need:

To have drug services that are sufficiently developed and flexible to address a woman's drug service needs as a 'whole person' to include:

Reflecting the type of use and the stage of her 'drug using/reducing journey a woman is on';

Addressing childcare options when women engage with treatment programmes; and

Taking cognisance of a woman's needs in relation to her partner as well as her needs as an individual

For services to be developed that meet a range of drug (including alcohol use) related needs beyond that of injecting heroin;

For services within the NHS to take cognisance of the impact of single assessments and shared recording on women's confidence that they will not be pre-judged.

Services' understanding of sex work: Concern about being judged

Linked with Making Services Work for You and the Drug Services sections above, women reported that in most circumstances they do not declare their work to services, which are not directly related to it. They report that some psychiatric services hold the view that all sex work is related to self harm and their approach to the women reflects this. This was not verified with psychiatric services. However, as that was the perception of women who use those services it is worthy of mention. It appears that there may be a blanket understanding i.e. that sex work is a means of self harming, rather than looking to the individual concerned to unravel their own story.

Women in all parts of the industry expressed concern that the demise of SCOT-PEP would leave them either without information about what services exist: '*No-one introducing us to the next service*'; what they could expect from services: '*I just want a safe pair of hands*'; and/or without a feeling of confidence that any new (to them or new provision) would be sensitive to their situation: '*What I worry about is being judged*'.

When considering what women wanted from services they identified the following criteria:

- Genuineness – genuinely offer services – do what you say;
- Continuity – same people being there and providing a link;
- Time to go at individual's pace, time to develop trust;

- Non judgemental challenge.

The Partnerships for Access to Health (PATH) Project produced a literature review of service users' views in March 2008 entitled '*What do people with multiple and complex needs want from services?*'. That document stated, in its opening paragraph of the chapter summarising conclusions from the review, that '*people with multiple and complex needs want what anyone wants. They want services that are simple to use and flexible enough to be available when they want them and for how long they need them. They want staff to be non-judgemental, sensitive to their culture and consistent*'.

If hard evidence is required to give weight to the views expressed by women working in the sex industry, then the document published by NHS Lothian and NHS Highland is a useful source to do this.

The issue: A belief that services will be judgemental until they are proved not to be

Women working in the sex industry do not engage with a new (to them) service from a basis of confidence that it will be non judgemental about their work, and staff congruent towards them. Trust in a service and its workers has to develop over a period of time, during which a woman will need to experience honesty (in terms of being able to do what the worker says they can do), consistency and time to '*go at the individual's own pace*'.

Throughout the fieldwork, providers were at pains to describe their approach to their work with sex workers as non-judgemental, '*working with the whole woman*' and so on. Those working in this sector rarely set out to be judgemental. That is not to say that they don't use their judgement, challenge and confront those using their services, when necessary. However, the odd comment or look can convey unintentional messages to people, especially sex workers who experience and fear discrimination at a very basic level. Women reported comments like '*You're worth more than this*' can be heard as '*You are skilled and able and have other choices*', but is more likely to be understood as '*What you do is not good*'. In such instances, a woman is likely to feel belittled; she will experience it as a service being judgemental about who she is as well as what she does, and is likely to undermine her work with that service – should of course she stay with them. Further, the word will go out on the street, '*That service is judgemental, think twice before using it*'.

The need

The role of an honest broker to introduce women to services and thereby imply some confidence in the approach and value system of a new service for a woman was identified by many – particularly but not exclusively, those working in the outdoor industry.

Women working in the sex industry need services to take a pro-active stance in relation to the criteria set out above, and not assume that because it is a service's intention to be non-judgemental, genuine, give time to go at the individual's pace, etc., that this is the experience of a woman herself.

Knowing what's out there / co-ordinating a package of services

Women appeared to have variable knowledge about the range of provision that exists and how to access it, including whether it is possible to self refer. During the course of the fieldwork, where more than one woman was present, the discussion that took place often led to one woman mentioning a service, which the other woman present had not heard about. This led to discussion between women present about how the service was provided – whether it was judgemental, and what it provided, where and when, thus providing an opportunity to witness the potential for peer working. The conversation ranged from basic health related provision to support for housing.

The women reported having looked to SCOT-PEP to give information about provision and expressed concern that that would no longer be available. Where women themselves are the source of any information, there was some concern that this would inevitably be based on the individual's own experience and would be unlikely to give a full picture.

Women reported that they are not always clear about their position vis-à-vis the law and look to the trusted position of the existing police liaison officer for issues that directly relate to the law e.g. what they cannot say on the telephone (when working in establishments), or if there is a warrant for them; or indirectly, e.g. if they are having difficulties with their solicitor.

In those settings where there was a consistent and long term presence (e.g. in flats) this function was often performed by those workers who were more experienced or utilising the experience of the receptionist. It is perhaps worthy of note that during the course of the research – where the owner was present – some women agreed with that person during the course of the interview and then took the opportunity to speak with or email after the interview with amended information. In other words, there appeared to be some reluctance about disagreeing with colleagues openly, limiting the opportunity for discussion and debate about the relative pros and cons of services and/or approaches.

In addition to knowing what exists, the issue of co-ordinated provision emerged. If a woman comes into contact with an agency that is not a direct service provider, and is referred or signposted to a service providing agency, there is a **hope** that that agency would be able/willing to co-ordinate a package of provision for the woman. Such a hope is predicated on agencies

being able and willing to do this. It requires both confidence in others' provision and ability (raising issues of both financial and operational capacity) to co-ordinate a service's own and others' input. As indicated, this fell outside the remit for this work. However, as it was identified during the course of the fieldwork, has been included here.

During the course of the fieldwork, some provider organisations were willing to report that they were not always confident in the work of other agencies. The competence or otherwise of service providers fell outside the brief. Further, those respondents who indicated this were not prepared to be quoted'. This is clearly a complex issue. There will be variance of values as well as style between organisations. There is also likely to be some level of competition between organisations – each prizing their own work above others. However, if there isn't confidence between agencies working within a field, it is unlikely that women will be made fully aware of what is 'out there' – pitfalls and all – and thus have to learn for themselves and make their own judgements. Or, if signposted to another agency which they learn is not as sensitive to their needs as they might have anticipated (having trusted the agency signposting) that may affect their trust in the signposting agency.

This area has direct implications for co-ordinated services, the desire to reduce duplication of assessments and the idea of operating a key worker role. On one hand, this makes complete sense – for commissioners, for service providers and for women themselves. It suggests rationality and coherence. It would reduce the frustration of those using services having to 'tell their story over and over again'.

On the other hand, this cannot be realised without both:

- the trust of women about 'who will be told', 'when will they be told' and 'how the information will be passed on'; and
- the willingness of services to be critical friends to each other to assure themselves (and others needing to know) that all provision meets certain standards in relation to work with sex workers.

The issue: Knowing what's out there / co-ordinating a package of services

There are three key issues that inter-relate concerning knowledge and uptake of services. Information about service provision between women themselves relies on them to be:

- up to date about new services or those that have developed their approach or remit;
- about women operating in units or networks that facilitate both the posing of a question that relates to a need and the passing on of information; and
- confident in the integrity of the information provider.

Discussions between women as part of group meetings, e.g. in establishments, do not always reflect the real opinions of individuals, in particular if managers/owners/ receptionists or a particularly assertive sex worker is present. It is important therefore that this approach to talking with women is flexible enough for women to make contact with the information provider individually.

Service providing agencies, particularly those working with street based sex workers via the Street Sex Workers Practitioners' Forum, will have information about services across the City and may consider themselves in a good position to pass information about other services on to their clients. The willingness of women to make use of new (to them) services is likely to be predicated on the confidence that a woman has in the worker and agency that passes on that information. And that should not be taken for granted.

The need:

Women identified the need for some form of regular communication – perhaps in the form of a newsletter, produced by a reliable source, to which they would be willing to contribute – giving information and insight/perspective about services. Such a communication could also be used to highlight issues affecting women working in various parts of the sex industry.

For service providers to have greater confidence to challenge each other's practice as part of a drive to improve standards across the range of provision in Edinburgh.

To (further) develop a co-ordinated approach between service provider agencies as part of the strategic development of provision within Edinburgh that takes account of the real and perceived problems associated with common assessment etc.

For women to be enabled to take up their role as stakeholders in services (individual services and the service sector as a whole) as part of developing a co-ordinated service sector.

Safety

Women throughout the industry valued the Ugly Mug scheme. We understand that women should continue to be able to pass on reports of potentially violent clients to service providers and that will be communicated to other women. It is intended that SCOT-PEP will continue to collect reports from all the service providers and produce briefing papers. However, we are concerned that the intention may not become the reality if agencies do not pass on reports. This concern is exacerbated by the understanding of an uncertain funding future for the service providers in the best position to facilitate the Ugly Mug scheme. Meanwhile, if there is a lack of clarity and/or

actual or perceived commitment by service providers, women will not know what to do and be left vulnerable.

It was also reported that information about medium to high risk sex offenders was made available to women by the police.

Women and police reported that crimes against sex workers were under reported. Women appreciate being given panic alarms by the police and agencies.

Women working in flats were asked to consider how they could inform others working in other flats if they were aware of a difficult client. Whilst women felt it was important that as many as possible should be made aware so that they could take precautions, the responses raised the complex area of commercial sensitivity between different flats operating in Edinburgh. Concern was expressed that if it were known that a flat was insecure then it could be to other flats' commercial advantage.

There was some support for the idea that women working in flats establish a telephone tree i.e. where each flat makes contact with one other from a previously agreed and circulated list of flats. However, those women who considered this were wary, drawing attention to commercial issues and suggesting that it would require further thought and examination. For such reasons, this has been the role of SCOT-PEP, which, as an independent body, did not inform which establishment the report came from. This has not been replaced by new working arrangements.

It was reported that kerb crawling legislation was having an effect on the way street based sex workers meet clients. Sources also reported that a number of women had begun working from their own homes and/or had regular arrangements with clients and/or were using mobiles as a means of making contact with clients. As can be seen from this, street based sex workers will be hidden from view and contact with each other and services that could protect them.

As a poignant reminder of the dangers faced by women working in the sex industry, during the time of the fieldwork women faced pelting with frozen eggs by a group of local young people. They were able to report these incidents (for there was more than one) to SCOT-PEP who in turn involved the police. The result of this was that an ASBO was put on the car that the offenders were using.

The issue: Safety

There is relatively a lot of movement in the street based sex industry. Whilst the majority of women are from Edinburgh, others work in the City and come from Glasgow, Falkirk, Stirling and elsewhere. Women may not be aware of the dangers locally or who can be called upon to help if problems arise. In addition, local women may be unfamiliar with the norms of street based sex

work in the City. This together with women trying to manage the impact of kerb crawling legislation, by finding more discreet methods of meeting clients, is likely to exacerbate the inherent dangers of street based work.

There are commercial as well as practical issues at play vis-à-vis addressing safety issues for women working in unlicensed premises, which require a subtle response.

The need:

A means by which the ugly mug scheme can be maintained and developed ensuring that information is shared among those working in the indoor as well as street based parts of the industry;

An examination of the ways in which those women who are not seen during the normal course of events can be made aware of the means to keep themselves safe and of police, and other, resources that can aid them;

The provision of panic alarms needs to be maintained.

Starting up: setting out

Linked with the issues about services and safety above, women talked about the need for information when starting up (in any part of the industry) and learning the ropes, including information about safer sexual practices, pricing and negotiating.

Once again, other women are often the source of such information. In many instances, women (working indoors) reported having been given guidance from those with more experience. They described the process as '*a steep learning curve*'.

Women working both in street based and indoor settings talked about their role in helping new comers to think again about sex work when they believed they would not be safe or able to cope with the demands of the industry. The inexperienced reader may think of this as 'reducing the competition'. However, in the examples given by the women who talked about this, their first concern was the new-comer's safety – psychological as well as practical.

There are significant soft skill issues relating to sex work as well as those that are more tangible and inevitably there will be a great deal of trial and error. When learning from others, the newcomer will need to have trust in the one with more experience that they have the best interests of the individual at heart. Where the culture of the environment in which the woman is working is one that is based on a notion of working as part of a flat or establishment rather than purely as an individual, this appears possible. However, where there is a culture which is much more based on the individual and that individual feels at threat that they may lose their place if they do not accede

to a client's demands, women working in saunas as well as street based workers reported, privately, that such advice may be mistrusted or not taken.

The issue: Starting up: setting out

Increased competition and pressure to accede to clients' demands, the hidden nature of sex work, and personal issues that some in the industry deal with, all conspire to exacerbate the difficulties involved in the steep learning curve of being involved in all parts of the industry.

The demands of the work and the skills required to be safe and achieve a level of equilibrium are many. There are practical issues too concerning basic needs e.g. access to condoms and other equipment necessary to work effectively and safely. Such issues benefit from input by those who have experience and are trusted.

Information about the law was mentioned specifically by women during the fieldwork phase of the study. Whilst this was not explored purely as part of 'starting up starting out' discussions, it seemed sensible to make note of it here.

The areas that women identified most commonly in relation to the law were:

- what to do when raided and/or detained
- what could arise as a result of not appearing in court;
- what language can be used by receptionists;
- what if any rights do women who work in unlicensed premises have and their position in law; and
- whether police have the right to break down the door in unlicensed premises

Women who had contact with the police liaison officer reported positive experiences where they had been advised in an informed and accessible way.

The need:

There is a need for different types of information provided for women at different times and in different ways. Women need to have confidence that the sources of information and support have the woman's interests at heart rather than meeting their own needs – be that of peer support or that provided by services.

Women are often anxious to stay within the law and need information and advice that enables them to do that while working.

To publicise and make available a new resource for sex workers (title to be confirmed) that has been prepared by SCOT-PEP. It is a loose leaf resource that can be easily updated and will be available on SCOT-PEP's new website to download. It will cover all aspects of sex work from sex

workers in history, in literature and films, the law, advocacy, personal safety, maximising income, safe sex, sexual health, etc.

Economic Climate

Although any comment about economic circumstances should perhaps more properly be read as part of the context for women's comments and thoughts, it is included here as it was raised during the fieldwork by women throughout the sex industry.

At the time of the fieldwork, women throughout the industry were talking about the impact of the recession. At the time, it was being discussed in the media but had yet to be declared through Parliament. Yet, women were reporting that the anxiety that it was creating was having an impact on their clients who appeared anyway to be 'shopping around for best prices'.

It should be remembered that women work for a range of reasons including:

- Working to facilitate drug/alcohol use be that their own or their partner's;
- Working to boost their income e.g. earning for a particular purpose such as holidays, Christmas, etc or to maintain a higher standard of lifestyle than otherwise open to them
- Working to pay the rent, to meet their children's needs, etc.

The economic climate does have a fairly immediate impact on women's working lives. It can affect demand; increase pressure to agree to clients' demands; or cause concern that a woman might lose her job (reported most by women working in saunas). At the same time, women still need to generate income for whatever reason.

The Issue

Women working in the sex industry are not immune from the impact of the general economic climate. In fact, they are very vulnerable to it.

The need:

To support access to benefits as a way to create space to think, to have choices or to do something else.

To support ways of maximising income generation within the sex industry

Basic Human Need: Use of emergency support

Access to Food

Particularly relating to the outdoor industry, there were reports of women needing to access emergency food parcels to aid their basic survival. This was not reported directly by women themselves. However, it was noted by various agencies, thus leading to its inclusion here.

Housing issues

The need for shelter is a basic human requirement. Women reported difficulties with tenancy arrangements for which they often had need of specialist and sensitive support. One woman reported that because of the discrimination she had experienced from neighbours, she felt unable to live in her local authority flat. That necessitated her finding alternative accommodation for which she had to find additional money to pay the rent – the local authority only being willing to support her in the flat to which she had been assigned.

Again, not reported by the women themselves but by various agencies, was the issue of women recently released from prison. It was reported that those women required particular support, not least for housing, on their release from prison.

Manner of police

Whilst connected with the issue of Safety noted above, the issue of policing is mentioned here as it relates to safety needs i.e. those of protection, security, order, law, limits, stability etc.

Women did report on the helpful support of the police liaison officer but they noted the lack of consistency amongst the force more widely. A street based sex worker wondered about police rights to conduct what she called 'enhanced searches'. She described an incident where she had been picked up by two men who said they were police officers. They had insisted on searching her. She said that she had felt humiliated but she felt she had no choice as 'things would have got worse' had she protested against the behaviour.

Other women, working in the indoor industry reported that they had felt intimidated by police when searching flats. They reported that the police used the rationale of looking for illegal immigrants when (the women believed anyway) they knew none were either present or attended the premises.

This relates to a six month operation concerning trafficking by Lothian and Borders Police. When reporting it as part of the research, the women did not mention trafficking. This may reflect their language and a lack of understanding, or a lack of clarity from the police about the purpose of the search.

Women were not clear about how to report incidents to the police, as they were not confident, if the police liaison officer were not available, of the reaction they would receive. They reported that men posing as police officers had propositioned them and they felt unsure until quite late in the proceedings whether or not they were police officers. In the instance reported, the women had told SCOT-PEP staff, who had been able to alert police to the fact.

The issue: Basic Human Needs

Echoes of Maslow's Hierarchy of Need will have been heard in the women's voices throughout the fieldwork findings section. A version of Maslow's diagram is attached at Appendix 1. As can be seen, the bottom line is that without basic life needs, those of air, food, drink, shelter, warmth, sex, sleep etc. higher needs cannot be met. Consequently, real choices for women, for example to change their drug or alcohol use, to make other choices for work, do not exist.

As women become increasingly isolated from each other, information about the availability of resources to meet their basic needs will become harder to communicate and will rely on all agencies being aware of where and how to access such provision.

The need:

Women need information and access to services that can meet emergency need, and support that can support them have the basic building bricks of life in place.

Women need to have quick access to trusted brokers i.e. those who women can inform about difficult situations, including those relating to men operating as bogus police officers and who can take the issue up quickly and straightforwardly with the appropriate body.

Sexual health services

This has been left to almost last in this Part, as it is perhaps the most obvious. Women have identified the need for a range of provision, which has hitherto been supplied by SCOT-PEP, some of which will be supplied by the Harm Reduction Team.

Women working in flats and saunas were concerned that they would not receive supplies in the future and/or that existing provision would only supply limited amounts of particular brands of condom that may not meet their needs. That would also potentially require that the women find alternative sources and may have to go the point of provision rather than receiving supplies at their place of work.

It was also suggested that the health board would make provisions available to women working in flats and saunas. There was great concern that the way supplies were delivered could draw attention to the women and their clients – particularly by those in unlicensed establishments which tend to operate in residential blocks, and that in turn could affect their business or draw the attention of the police.

Appendix 2 sets out the range of supplies hitherto supplied by SCOT-PEP and/or requested by sex workers

The Issue

Women are concerned that the full range of supplies previously made available to them continue to be provided.

Those working in unlicensed premises are particularly concerned that when deliveries are made, that is done so in a discreet manner

The Internet posting facility where questions can be posed and answered has been valuable to women and they are keen that a way is found for it to be retained in some way

Many working women do not have time to attend clinics and value on-site provision particularly for Hepatitis B vaccine. Where this occurs, it is important to remember that when attending a woman's place of work, the values and norms that operate there should be respected, and providers of services need to take cognisance of the issues raised above about the manner and approach adopted

The Need

An indoor sex worker responded to our invitation to send an email if they wanted to add anything to the interview. The need in this section can be best expressed by repeating what she said concerning the need of sex workers.

'Hep b injection at work - girls don't find time to do;

Safe, discreet delivery of essentials including, condoms, sponges, dental dams, pregnancy tests; and

Posts on boards (web based) to post questions and answer any safety questions that girls and punters ask about'.

Advocacy

Two types of advocacy were identified during the course of the research:

- For individuals with services or systems e.g. the courts; and
- Which addresses issues experienced by particular communities of interest e.g. issues re policing, basic needs etc.

The vast majority of women were keen to support some sort of community advocacy in whichever way they could. The women's fear about stigma and discrimination – particularly of their friends and families as well as for themselves, was given as the reason why women would find it difficult to 'raise a head above a parapet' i.e. to be a public voice as individuals. However, the majority of those involved in the research were keen to support any endeavour that would give voice to their concerns. Their concerns about control of their information, and the way their views are expressed by agencies contributed to their desire to have an independent vehicle that would enable them to do this.

A number of ideas were being posited in the street sex worker practitioners' forum, which would benefit from the input of those working in the sex industry, including:

- Whether, by trying to provide a co-ordinated service, women may lose confidence that the information they give will be treated confidentially and if they, the women, will lose control over the way they are treated;
- Confidentiality/anonymity often depends on how women feel about their work and that may alter depending on what is happening at any given time;
- Who will have the authority to advocate on a woman's behalf e.g. with housing?

Part III: Towards a Manifesto

This section of the document can be seen as a stand alone document. The original brief required the study to focus on the needs, goals and aspirations of women working in the sex industry. Those have been identified and considered in Part II. What follows directly leads from that; it reminds (or, if this is read as a stand alone document, informs) the reader of the issues raised and then moves towards a statement of the provision and/or approach that women would wish to see.

It is not written with a view to any particular agency taking any of the issues forward, but rather in the expectation that as this is the view of women working in the industry in 2009, that:

Agencies will each play their part in understanding the issues that the women have raised, and work in concert with others, to realise the aspirations outlined below.

The order of issues and goals of women working in the sex industry reflects that of Part II 'Fieldwork Findings', and is not in any priority.

Key Issues Identified by Sex Workers in 2009

Addressing social isolation

- There are few people both in services and social networks with whom women feel confident enough to talk with openly and honestly
- Street based women experience the loneliness of their work; 'it's difficult to say you've had a shit day at work'
- It is difficult not being able to congregate/be in a safe space – a chance to talk for a moment with peers to give and gain support especially in a hostile environment
- The majority of women do not feel comfortable talking about their daily frustrations and worries (if they were also to talk of their work) with families or friends.
- A sense of isolation was specifically mentioned by some.

The Goals of Women working in the Sex Industry

To access and offer peer support, but only for those who want to, and around particular issues.

To have an independent vehicle to use to express the issues that they face whilst protecting individual anonymity.

Parenting

- Fear of work becoming common knowledge (if you appear in court, how to explain it);
- Managing behaviour of children – all ages;
- Concern that if children know, there is no where for them to turn privately – would like there to be. Work of Place2Be, child helplines – are they sensitive? Could they be? How to access these types of services?
- Concern about baby/child sitting – reliance on friends; danger that people will find out. Would like there to be a quality assured baby/child sitting service where the woman can be open if she chooses to be without fear of losing her children simply because of her work;
- Dealing with social work when having difficulties with teenage son.

The Goals of Women Working in the Sex Industry:

To know about and have access to family support/therapy services – known to be sensitive to women working in the sex industry.

For a baby sitting service to be established, specifically for the benefit of women working either in the sex industry or which takes active steps to be sensitive to the concerns, needs and aspirations of women working in the sex industry.

To have access to child support provision that is known to be sensitive to those working in the sex industry.

Drug Use

- When drug services do not address and support partners' needs as well as of the individual woman, it has an impact on her ability/willingness to continue with drug treatment/drug services if her partner is not a part of a similar (concurrent) programme;
- There is a lack of confidence in drug services to maintain confidentiality within the wider NHS system. Women are concerned that when information is, or is believed, to be passed on to others that this may lead to them being pre-judged and/or that at least some part of the diagnosis of their problem will be predicated on information from other sources than directly from the woman themselves;
- There is insufficient time to establish relationship with workers. Whilst this was noted in relation to drug services, women reported this difficulty across a range of provision;

- Women reported that they need quicker access to drug treatment services. Waiting lists are too long which create difficulties when trying to maintain a commitment to engage with treatment programmes and/or with partners (as previously expressed);
- There is insufficient range of provision. There is confusion about whether whole drug use addressed or just aspects of it e.g. belief that harm reduction services do not address crack cocaine use. Harm reduction focuses on prioritising injecting but this is experienced as drug services not addressing other aspects of drug use. For those who do not inject heroin but use other drugs, there appears to be little available;
- Not all women inject so sometimes lie about injecting or start injecting to get a place with harm reduction services.

The Goals of Women Working in the Sex Industry:

To have drug services that are sufficiently developed and flexible to meet the needs of 'the whole woman' particularly in relation to addressing the needs of the partnership – as well as the individual.

For services to be developed that meet a range of drug (including alcohol use) related needs beyond that of injecting heroin.

For services within the NHS to take cognisance of the impact of common assessments and common recording on women's confidence that they will not be pre-judged.

A belief that services will be judgemental until they are proved not to be

Women working in the sex industry do not engage with a new (to them) service from the basis of confidence that it will be non judgemental about their work, and staff congruent in their behaviour towards them. Trust in a service and its workers has to develop over a period of time, during which a woman will need to experience honesty (in terms of being able to do what the worker says they can do), consistency and time to 'go at the individual's own pace'.

The Goals of Women Working in the Sex Industry

The role of an honest broker to introduce women to services and thereby imply some confidence in the approach and value system of a new service for a woman was identified by many – particularly but not exclusively those working in the outdoor industry.

For services to take a pro-active stance in relation to the criteria set out above and not assume that because it is a service's intention to be non-judgemental, genuine, give time to go at the individual's pace, etc that this is the experience of a woman herself.

Knowing what's out there / co-ordinating a package of services.

There are three key issues that inter-relate concerning knowledge and uptake of services.

Information about service provision between women themselves relies on them to be:

- up to date about new services or those that have developed their approach or remit;
- about women operating in units or networks that facilitate both the posing of a question that relates to a need and the passing on of information; and
- confident in the integrity of the information provider.

Discussions between women as part of group meetings e.g. in establishments do not always reflect the real opinions of individuals in particular if managers/owners/ receptionists or a particularly assertive sex worker is present. It is important therefore that this approach to talking with women is flexible enough for women to make contact with the information provider individually.

Service-providing agencies, particularly those working with street based sex workers via the Street Sex Workers Practitioners' Forum, will have information about services across the City and may consider themselves in a good position to pass information about other services on to their clients. The willingness of women to make use of new (to them) services is likely to be based on the confidence that a woman has in the worker and agency that passes on that information. And that should not be taken for granted.

The Goals of Women Working in the Sex Industry:

The need for some form of regular communication – perhaps in the form of a newsletter, produced by a reliable source, to which women would be willing to contribute – giving information and insight/perspective about services. Such a communication could also be used to highlight issues affecting women working in various parts of the sex industry.

For service providers to have greater confidence to challenge each other's practice as part of a drive to improve standards across the range of provision in Edinburgh.

To (further) develop a co-ordinated approach between service provider agencies as part of the strategic development of provision within Edinburgh.

Safety

There is relatively a lot of movement in the street based sex industry. Whilst the majority of women are from Edinburgh, others work in the City and come from Glasgow, Falkirk, Stirling and elsewhere. Women may not be aware of the dangers locally or who can be called upon to help if problems arise. In addition, local women may be unfamiliar with the norms of street based sex work in the City. This, together with women trying to manage the impact of kerb crawling legislation by removing themselves from 'the beat', is likely to exacerbate the inherent dangers of street based work.

There are commercial as well as practical issues at play in respect of addressing safety issues for women working in unlicensed premises, which require a subtle response.

The Goals of Women Working in the Sex Industry:

To maintain the ugly mug scheme ensuring that information is passed to those working in the indoor as well as street based parts of the industry.

To look at the ways in which those women who are not seen during the normal course of events can be made aware of the means to keep themselves safe and of police, and other, resources that can aid them.

To ensure that the provision of panic alarms is maintained.

Starting up: setting out

Increased competition and pressure to accede to client's demands, the hidden nature of sex work, and personal issues that some in the industry deal with, all add to the difficulties of addressing the steep learning curve of becoming involved in all parts of the industry.

The demands of the work and the skills required to be safe and achieve a level of equilibrium are many. There are practical issues too concerning basic

needs e.g. access to condoms and other equipment necessary to work effectively and safely. Such issues benefit from input by those who have experience and are trusted.

The Goals of Women Working in the Sex Industry

There is a need for different types of information provided for women at different times and in different ways. Women need to have confidence that the sources of information and support have the woman’s interests at heart rather than meeting their own needs – be that of peer support or that provided by services.

Women are often anxious to stay within the law and need information and advice that enables them to do that while working. The new resource for women in the sex industry should be publicised and made available to women

Economic Climate

Women working in the sex industry are not immune from the impact of the general economic climate. In fact, they are very vulnerable to it.

The Goals of Women Working in the Sex Industry:

To have access to benefits as a way to create space – to think, to choose and/or to do something else.

To find ways of maximising income generation within the sex industry

Basic Human Needs

Echoes of Maslow’s Hierarchy of Need have been heard in the women’s voices throughout the fieldwork findings section. A version of Maslow’s diagram is attached as an Appendix. As can be seen the bottom line is that without basic life needs, those of air, food, drink, shelter, warmth, sex, sleep etc. higher needs cannot be met. Consequently, real choices for women, for example to change their drug or alcohol use, to make other choices for work, do not exist.

As women become increasingly isolated from each other, information about the availability of resources to meet their basic needs will become harder to communicate and will rely on all agencies being aware of where and how to access such provision.

The Goals of Women Working in the Sex Industry:

Women need information and access to services that can meet emergency need, and support that can help them have the basic building bricks of life in place.

Women need to have quick access to trusted brokers i.e. those who women can inform about difficult situations, including those relating to men operating as bogus police officers, and who can take the issue up quickly and straightforwardly with the appropriate body.

Sexual Health

Women are concerned that the full range of supplies previously made available to them continue to be provided.

Those working in unlicensed premises are particularly concerned that when deliveries are made, that is done so in a discreet manner

The web-based posting facility where questions can be posed and answered has been valuable to women and they are keen that a way is found for it to be retained in some way

Many working women do not have time to attend clinics and value on-site provision particularly for Hepatitis B vaccine. Where this occurs, it is important to remember that when attending a woman's place of work, the values and norms that operate there should be respected, and providers of services need to take cognisance of the issues raised above about the manner and approach adopted

The Goals of Women working in the Sex Industry

For vaccine programme to be provided at places of work

Delivery of supplies including, condoms sponges, dental dams, pregnancy tests should be done in a discreet manner

A web-based message board to be provided where women can post questions and have accurate responses.

Part IV: Taking the issues forward

The reader may notice that nothing specifically relates to legislation or a call for decriminalisation or any challenge to recent legislation that has impacted on sex workers' lives. Key characteristic of the women who participated in this research was their pragmatism – just getting on with it. They talked about working and living in a hostile world, where they face discrimination generally and through their comments about 'judgemental services', their experience that services are on occasion discriminatory themselves.

One of the features of SCOT-PEP has been its relationship with women in the sex industry - that of a user of their services. The term 'service user' is often used by different types of agency in both the statutory and voluntary sector. However, the term means different things to different agencies. In some, it has replaced the word 'client' to take account of the power differential issues that word raises. And in some of those agencies, it is only the word for someone who uses its services that has changed rather than its view about the power relationship between service user and the organisation.

In a way, it doesn't matter. What does matter is that those providing services recognise the power relationship between them and the person who uses their service and take steps to work in an honest way.

All agencies in Edinburgh would say that they do this, but that is not the experience of many women who use their services. Their focus is on the activities that comprise their service; in this case the specifics of a woman's sex work – for that is the basis of their existence and funding, and *that* in the eyes of women who use their service, can mean that the woman does not experience the service as focusing on them as an individual.

As the reader will have noted, women talked about the manner of policing – not the law itself although as one can see between the lines, there is a loud call for work to be done that challenges the fundamental discrimination they experience.

Women reported on the 3 bottom lines of Maslow – with consistency and clarity. Without those in place, any notion of choice does not exist – whether that choice be about changing their drug use, domestic situation, or the nature of their work. It is fundamental. That is known in theory, and has been my experience of the practice within SCOT-PEP. It needs to be understood by those commissioning and providing services to women in Edinburgh in 2009/10.

The PATH document was offered to the research as a way to check sex workers' experience and need against some well researched criteria. The document addresses multiple and complex needs. It is clear that many women working in the sex industry do have multiple and complex needs. The document does, therefore, provide a basis of evidence of why service providers need to understand and address the psychological access issues of those who use their services.

On a personal note, the views and needs of services expressed in the document are not new and all one would hope would say that they adopt best practice in their work. To pick at random, users want:

- Non-judgemental workers with whom they could have an open and honest relationship; or
- Good treatment information; or
- Accessible and appropriate services that are culturally sensitive, and so on...

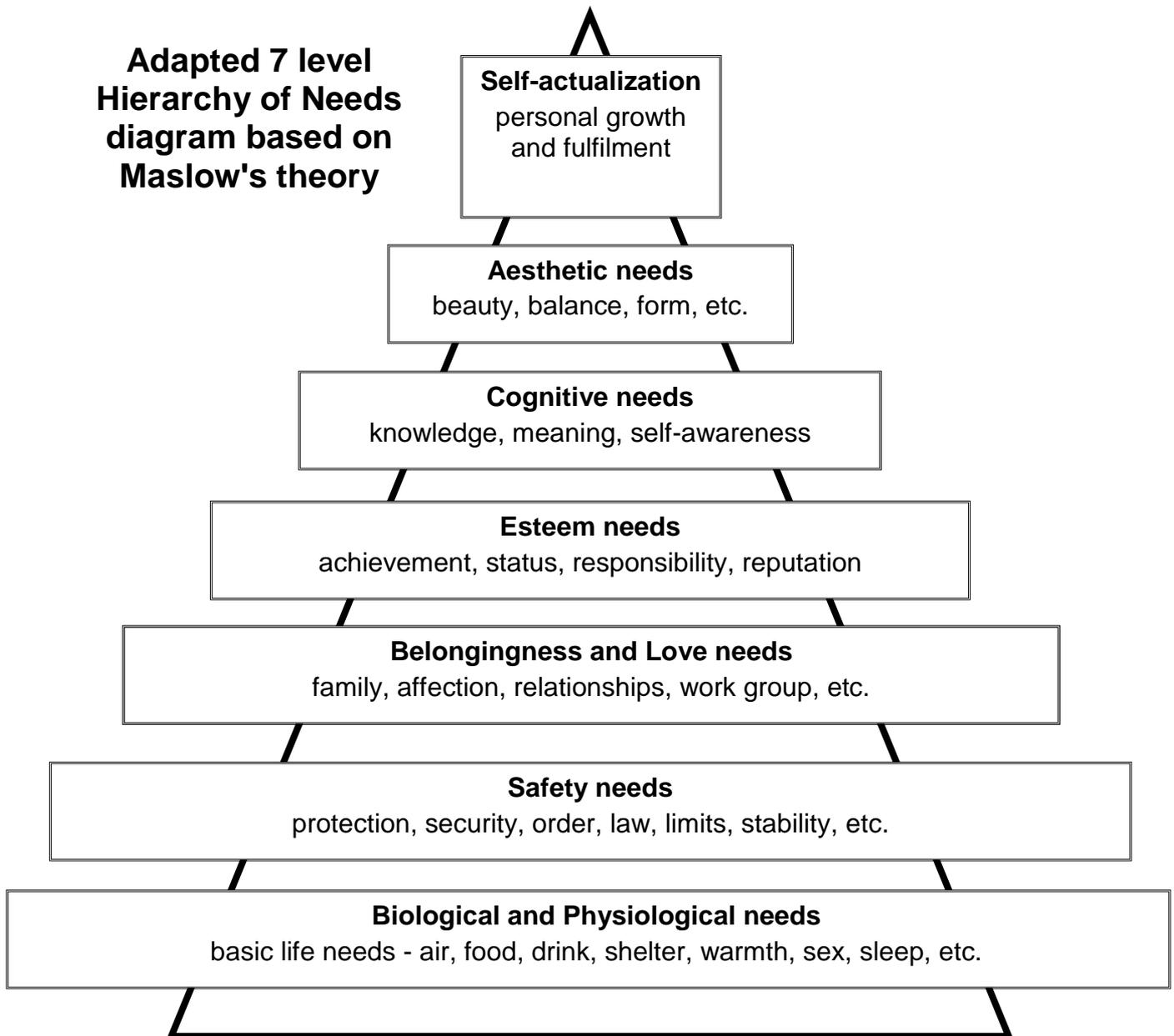
My fear is that if the key findings in this document are not being delivered as a matter of course, then what chance do sex workers have of being treated with dignity and respect bearing in mind the place that sex workers occupy in service planning, provision and practice?

The task of advocating for this community of interest is crucial. It is incumbent on all those who work with and within the industry to take something from this document and do something about it within their own sphere of influence at least, and take up the central issues at best.

Women want to be a part of something that will help to make their voices heard, but are nervous about putting their heads above parapets (due to discrimination and fear) – so who/what can be called upon to do that without the resources to support that.

APPENDIX 1

Adapted 7 level Hierarchy of Needs diagram based on Maslow's theory



© Design Alan Chapman 2001-7 - adapted by persons unknown based on [Maslow's Hierarchy of Needs](#)
Not to be sold or published. More free online training resources are at www.businessballs.com. Sole risk with user.
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APPENDIX 2: Supplies

Condoms

- Durex Extra Safe – extra strong condom. Very popular.
- Pasante Naturelle – basic condom. NHS will supply. Although popular, there have been reports of irritation and breakages.
- Pasante Sensitive – a condom made from thinner latex, used indoors but not hugely popular. NHS will supply.
- Pasante Extra – extra strong condoms. Some women like to use them for everything because they feel safer, but they're also very popular for anal sex. NHS will supply.
- Flavoured – for oral, or chocolate for hiding menstrual blood. Used indoors, but nothing like the demand on the street. NHS will supply.
- Pasante Large – Most women like to have a few on hand. NHS will supply.
- Pasante Trim – most women like to have a few on hand. NHS will supply.
- Pasante Unique (non-latex) – for people with latex allergies (men and women). They are comparatively expensive. Not sure if NHS will supply.
- Durex Avanti (non-latex) – another non-latex condom. NHS will not supply.
- Pasante Femidom (non-latex) – the female condom for which there is no demand. Not sure if NHS will supply.

Lube

- Aquagel tube – lube in a tube. It is very popular because it is cheap, and free at the moment. Available from the NHS.
- Pasante TLC 100ml pump – water and silicone opaque lube. Despite being Pasante, it has not been available using the NHS budget.
- Pasante Light Lube 100ml pump – water based clear lube. Despite being Pasante, it has not been available using the NHS budget.
- Durex Sensilube 40ml tube – clear water based lube. NHS will not supply.

Other

- Canestan Cream – for yeast infection.
- Dental Dams – not hugely popular because they're expensive and can easily be made from condoms, latex gloves or non-microwaveable cling film.
- Latex gloves.
- Gynotex
- Attack Alarms