MASH - Manchester Action on Street Health

Women & Sex Work in Greater Manchester

Research into the prevalence, intersectional needs and gaps in service provision

Final Report

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Acknowledgements

The research team would like to thank everyone who helped contribute to this project through sharing their views and experiences via the surveys and through the interviews.

1. Introduction

In March 2021, Manchester Action on Street Health (MASH) commissioned Julie Wrigley, Fiona Weir and Kerry Swain (a group of independent researchers) to undertake a short-term research project focussing on women[1] and sex work in Greater Manchester (GM), with a specific focus on the prevalence of sex work, intersectional needs of women and gaps in service provision.

1.1 Research aims and objectives

The **main aims** of the research were to:

- help MASH understand the context they are operating in and what they need to prioritise as we recover from the Covid-19 pandemic
- understand the needs of women who are sex working across Greater Manchester, including the intersectional needs of different groups of women
- identify the gaps in services or lack of specialist provision across Greater Manchester

There were **4 key research questions** – namely:

1. What different cohorts of women are sex working in Greater Manchester? (Including women experiencing racial inequalities, trans women and non-binary people etc…)
2. What is the prevalence of women sex working across the Greater Manchester boroughs?
3. What are the intersectional needs of these different communities of women?
4. How are services in Greater Manchester meeting the needs of women who sex work? And, where are there gaps in service provision or a lack of specialist provision?

2. Background Context

2.1 About MASH

MASH is a charity that provides free and confidential support for women who are sex working in Greater Manchester. They first started out with a street outreach van 30 years ago in response to the HIV/AIDS epidemic. Since then, they have continued to support women who are sex working in Greater Manchester to stay safe, healthy and feel more in control of their lives. Whilst the nature of sex work, the context in which MASH operate, and the support provided has changed significantly since 1991, this absolutely remains their mission.

MASH continues to support some of the most marginalised women in the city region; women who fall through the gaps in mainstream services, and who face stigma, discrimination and multiple barriers to accessing the support they need. The women supported by MASH are on the sharpest end of social & health inequalities, and are amongst the hardest hit by the Covid-19 pandemic.

With a strong focus on choice and empowerment, MASH meet women where they are at, and provide a range of person centred, non-judgemental, confidential, and trauma informed advice and support services. They focus on the reality of women's lives, and how to work with the women to create the change that works for them.

[1] Throughout the research we define women as anyone identifying as a woman.

Much of MASH's work crosses multiple social boundaries – geographical, different forms of sex work, and many areas that are normally siloed and stigmatised, including homelessness, mental health, substance misuse, criminal justice, asylum and immigration, domestic and sexual abuse, exploitation, trafficking and poverty. This is a deliberate approach as well as a reflection of women's' lives, intended to ensure women receive holistic, joined up support. MASH work in partnership to tackle and address the root causes of the challenging issues faced by many of the women who use the services, always aiming to amplify their voices, experiences and ideas for change.

3. Methodology

We undertook this research between March and November 2021.

Given the sensitive and complex nature of this research project, we adopted a multi-method approach, which was constantly reviewed and adapted as the project evolved (see section 3.6 for more details). Due to Covid-19 restrictions in place during the research period, safety was considered when we designed the project.

3.1 Rapid research review

As a first step, we carried out a rapid research review of 46 key policy and academic documents. We wished to provide insight that would inform both the fieldwork and the final conclusions of this research, building on what was already known rather than replicating it.

A rapid research review enables us to look at a large quantity of information in a short space of time, to glean key points. It uses a framework and themes, so that different sources can be compared, and so that it is possible to examine different perspectives on the same themes. It is systematic and is a robust tool and very useful in practice-based research.

Frameworks for understanding need

Understanding the needs of sex workers is difficult, when so much sex work is hidden, stigmatised and/or affected by other complex factors in their lives. Analysis of needs is only one way of understanding sex work and sex workers' experiences. We look at another radically different perspective in Part 4 - the potential of strength-based approaches.

However, agencies with statutory or commissioned responsibilities for sex workers as vulnerable adults, or those who make value-driven commitments to support or reduce harm, must identify needs in order to try to meet them. Academic and practice-based research can help, by developing evidence-based frameworks for understanding needs. Frameworks enable us to use themes and key words/terms to unpick complexities and make sense of them, and to identify common and shared experiences.

There are disadvantages to using a framework analysis, notably that focusing on the chosen structure and categories may make it more likely that we miss findings that fall outside these. For example, this rapid research review told us very little about women's intersectional needs or about changes in needs due to COVID-19, which were of interest. However, the advantages outweigh the disadvantages, and overall a framework analysis is a robust way of reviewing a large amount of information. Nevertheless, we include a section at the end of Part 2 which discusses some 'known-unknowns' – i.e. some needs we know this analysis has not shown us.

Existing frameworks

A large-scale Home Office review in 2018/19 developed a general framework for understanding the nature and prevalence of sex work (Hester et al. 2019). This has 6 key themes:

- Identifying as sex worker;
- Social identifies and inequalities;
- Patterns of engagement;
- Advertising payment & 3rd parties;
- Risk, harm & safety;
- Buyers and buying.

Additionally, Umbrella Lane developed a practice-based framework for understanding needs, centred on the lived experience of sex workers (Umbrella Lane/Ahearne et al. 2020). This was developed after a small-scale mixed-methods needs analysis and the key themes identified were:

- Stigma, especially as a barrier to accessing services and support;
- Increased digital/online working, with new problems;
- The importance of peer support and a 'sex worker community', to share experiences and ideas about safer working practices;
- Developing personal business strategies, and changing these in response to Covid-19;
- Risk management strategies, including changing locations, sexual screening, buddying;
- Concerns about language;
- Issues relating to trafficking and migrant workers, including 'crack-downs' on trafficking used as a 'cover' for removing all sex workers, and 'rescuer' narratives;
- The law, and related confusion and complexity;
- Policing, with some evidence of a positive shift in practice, but still many negative experiences.

Our rapid research review also identified some more limited frameworks, used to help understand particular aspects of sex work or sex workers' experiences; see below:

- A framework for harm reduction in policing: the 'compass model' (Sanders et al 2020);
- A framework for understanding crimes against sex workers (Connolly 2021);
- Frameworks for understanding health needs and health inequalities (Putnis and Burr 2019; Irving and Laing 2013);
- Frameworks for understanding sex work as employment (Scopula et al 2019; Rand 2019);
- A framework for understanding online sex work (Giommoni et al 2020).

Our framework for analysis

We derived our own simple framework for this analysis, based on the existing frameworks we reviewed – see table 1.

Table 1 - Our framework for analysis

Dimensions of need	Areas of need	Specific needs
Scale of risk		
Experiences and types of harm (including for different groups of sex workers)	A. Safety and safeguarding	Violence
		Other safety issues
	B. Health and wellbeing	Trauma
		Mental ill-health
		Drug and alcohol misuse
		Sexual health
		Pain
		Other health issues
	C. Economic and employment	Financial difficulty
		Survival sex work
		Sex work as employment
		Economic value of sex work
	D. Other	-
Responses to need (including services' and sex workers' own responses)		

As the review progressed, some gaps in existing knowledge became clear, so we also briefly considered some of these, including 'known unknowns' and asset-based approaches to working with women sex workers.

You can find the full rapid research review report in Appendices. However, there are large sections woven through this report within the findings section.

3.2 About language, definitions and categories

3.2.1 Language and definitions: what is sex work? *From the rapid research review*

Choice of language is important in research and policy relating to sex work, and can be difficult. We use the terms 'sex work' and 'sex workers' in this report because most sources and many women themselves prefer them to alternatives. 'Prostitution' can be considered 'old fashioned' or 'seedy' (e.g. Changing Lives 2016), and the phrase 'sexual exploitation' makes assumptions that may be inaccurate for some women involved in selling sex who may not feel exploited (e.g. Irving and Laing 2013). However, we also need to be aware of what we read into the term 'sex work', since it is generally different from other forms of paid and unpaid work, with fewer legal protections, more exploitation and often much greater risk (e.g. Scopula et al 2019; Rand 2019; Cunningham et al 2018).

3.2.2. About intersectionality

We have reviewed several sources[2] to arrive at a working definition of intersectionality and intersectional needs, for the purposes of this study.

Intersectionality is a concept that originated in academia, coined by lawyer and leading scholar of critical race theory, Kimberlé Williams Crenshaw in 1989. It has since become used a little more widely, particularly among those campaigning and working for social justice.

Intersectionality is a framework or perspective for understanding that aspects of a person's identity combine to create multiple factors of [advantage and] disadvantage. The term entered the Oxford Dictionary in 2015 with the definition:

> "The interconnected nature of social categorisations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage."

These factors or categorisations could include, but not be limited to: race, ethnicity, gender, sexual orientation, socioeconomic status, faith, disability, citizenship status, homelessness, having a long-term or complex health condition, ageing, having low or no income, past or current sex work, rural or remote background, neurodiversity (e.g., autism spectrum), substance addiction, being a care leaver and having spent time in the criminal justice system.

3.3 Engagement with organisational stakeholders

In order to better understand the needs of women who are / may be undertaking sex work in Greater Manchester, we aimed to engage with as many organisations, agencies and institutions as possible who are working with and supporting these women.

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[2] *Intersectionality* - Wikipedia;
Bowleg L. (2012). *The problem with the phrase women and minorities: intersectionality-an important theoretical framework for public health*. American journal of public health, 102(7), 1267–1273. https://doi.org/10.2105/AJPH.2012.300750;
https://www.hcnsw.org.au/partners-projects-campaigns/intersectional-needs-explained/;
https://www.vox.com/the-highlight/2019/5/20/18542843/intersectionality-conservatism-law-race-gender-discrimination

3.3.1 Survey of organisational stakeholders – quantitative approach

We used an online survey of organisational stakeholders from across Greater Manchester (using SmartSurvey as a platform), to gather quantitative data from this group. The research team created a database, combining MASH's known contacts with a selection of voluntary organisations and statutory agencies, along with educational establishments via an internet trawl undertaken by the research team.

We designed a short questionnaire which was approved by MASH leads. This centred on capturing information around the **research aims and 4 key questions** (see section 1.1)

In total, the database held approximately **200 contacts**. The research team or MASH (in cases of a pre-existing connection) sent an online link to the survey to all contacts. In addition, we encouraged organisational stakeholders to share this link amongst their colleagues and others working in this field to allow us to engage with as many relevant people as possible, including front line workers.

A total of **56 organisational stakeholders** responded to the survey, providing a strong response rate of around 28%.

Table 2 shows the boroughs where the organisational stakeholders work. Some respondents worked in more than one borough, including over one in four (29%) who worked Greater Manchester-wide. All boroughs were covered, with half of organisational stakeholders working in Manchester (the city authority), making it the most popular individual local authority area.

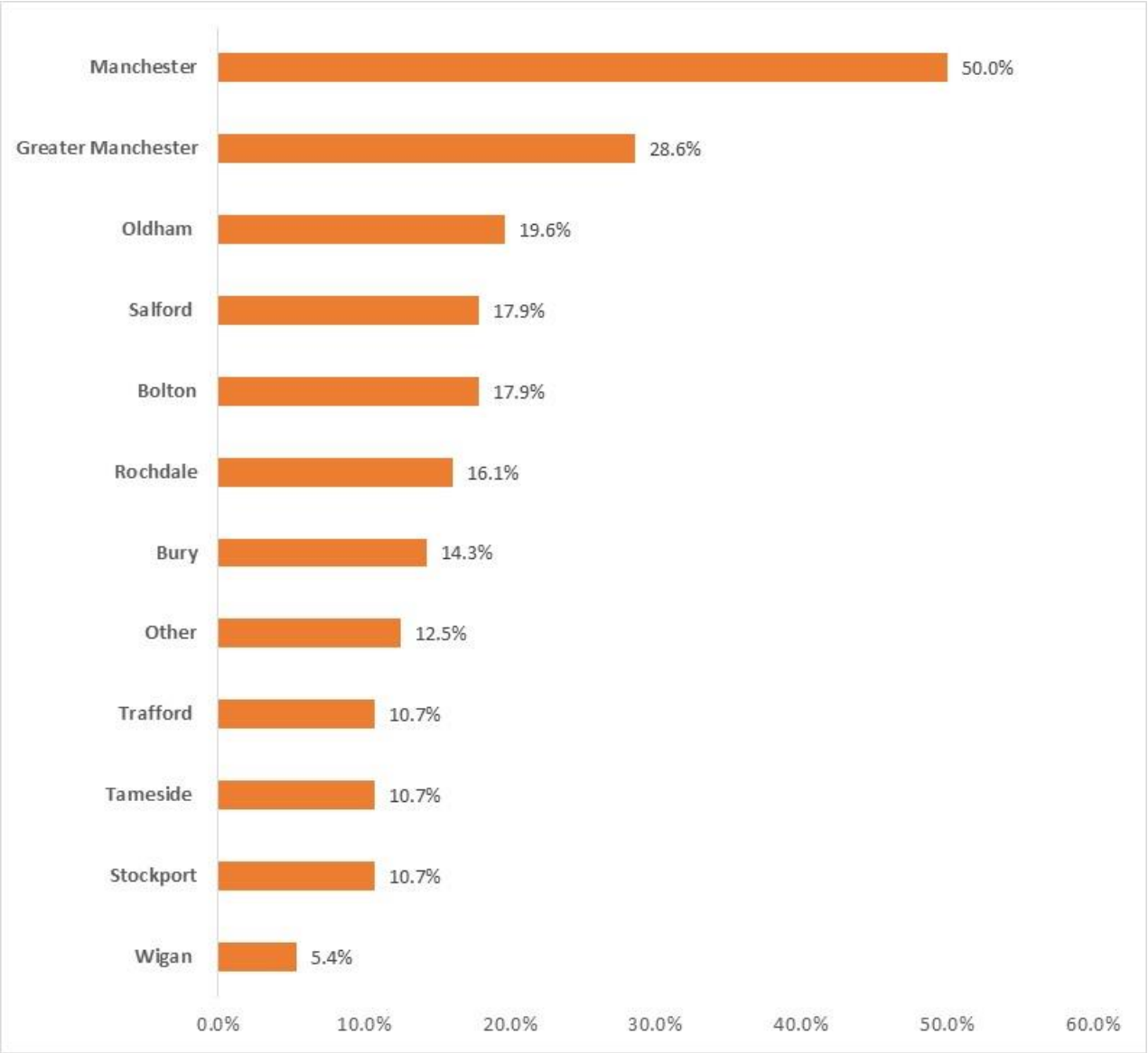
Of the 56 respondents, over half (55%) said they were providers of services; with one in four (25%) working to commission services. 39 unique organisations were represented by the 56 respondents.

Table 2 – Organisational stakeholder respondents, by borough

Borough	Stakeholder Respondents	
	No.	%
Bolton	10	17.9
Bury	8	14.3
Oldham	11	19.6
Rochdale	9	16.1
Stockport	6	10.7
Tameside	6	10.7
Trafford	6	10.7
Wigan	3	5.4
Manchester	28	50
Salford	10	17.9
Greater Manchester	16	28.6
Other	7	12.5

MASH Organisational Stakeholders' survey 2021: Base = 56 (multiple response question, figures may not add up to 100%)

Figure 1 - Organisational stakeholder respondents, by borough



MASH Organisational Stakeholders' survey 2021: Base = 56 (multiple response question, figures may not add up to 100%)

3.3.2 Depth interviews with selection of organisational stakeholders – qualitative approach

To explore some of the contextual issues in more detail, we selected **4 organisational stakeholders** for depth interview who were working with specific groups of women sex workers. These organisations were working predominantly in the following areas / or with specific cohorts of women.

- Crime prevention and safety
- Supporting Black African women
- Addressing poverty, homelessness and supporting sex workers
- Homelessness at the Greater Manchester Combined Authority level

We devised a script around the key themes covered in the survey, but the discussions were very much tailored around the individuals and their areas of work. The interviews lasted between 30-45 minutes in length and were audio recorded to ensure accuracy during the analysis process.

3.4 Engagement with women

3.4.1 Involvement from SUAP (Service User Advisory Panel) at MASH

The MASH Service User Advisory Panel (SUAP) is a group made up of MASH service users past and present. The group is part of MASH's governance structure, feeding directly into the Trustee Board about all strategic and operational decisions. The SUAP is consulted to ensure that MASH's services are designed, developed and scrutinised by women with lived experience of sex work and of using their services.

From the outset, MASH leads and the research team worked with the SUAP group in decisions about the method and approaches used to engage women as well as to gain their feedback on the tools and materials to ensure the tools and the language used were appropriate and fit for purpose.

We held a Zoom meeting with representatives from the SUAP panel early on in the research process and regular updates and opportunities to comment on tools were offered throughout the project.

We also took advice from SUAP regarding types of wording to choose to consider sensitivities and intentionally did not define the terms "sex work" and "sex working", leaving them to be interpreted by the women taking part in the research.

3.4.2 Survey of women – quantitative approach

We conducted a survey of women who are currently /or have undertaken sex work in the past. This was circulated in various forms via a number of routes to reach women across the whole of Greater Manchester, with the aim to include different cohorts of women with multiple needs.

An incentive of a **£15 High Street Voucher** was offered to each participant to recognise their time, knowledge, experience and input into the research.

We designed a short (5-10 min) questionnaire with input from SUAP and approval by MASH. It contained mainly closed questions covering: the types of sex work women were involved in, the impact Covid-19 had on their work, their experiences of accessing help and support in the past and their current support needs going forward. Included at the end of the questionnaire was a range of demographic questions. In addition, because the rapid research review also highlighted a lack of asset-based questions in research amongst women who are sex working, several open-ended questions were included asking about future hopes, aspirations and wishes.

We created online and paper versions of the questionnaire; then **distributed them via the organisational stakeholders** (contained in the database created) and via parlours known to MASH. In addition, MASH outreach case workers took paper copies of the questionnaire to complete with on-street sex workers, to encourage participation and help support the completion of surveys. MASH's outreach services cover the beats in Manchester, however for the purposes of this research the beats in Oldham and Rochdale were also visited to collect responses to the survey.

Organisations and key workers were asked to support women (where necessary) in enabling them to complete the questionnaire. Later conversations with women and workers suggested this approach worked well, to help overcome barriers such as digital exclusion, literacy and language barriers through, for example: providing access to PCs, assisting completion and providing translators.

In total, **151 women** completed questionnaires – **118 via the online link** and **33 via paper copies.** This is a large number of responses for mix-methods participatory research, especially given that this population is often hidden, and makes this study larger than most of the previous studies covered within the rapid research review. However, we still are unable to know for certain whether this is a representative sample of sex workers in Greater Manchester – see limitations section for more details.

Women's survey respondent profiles

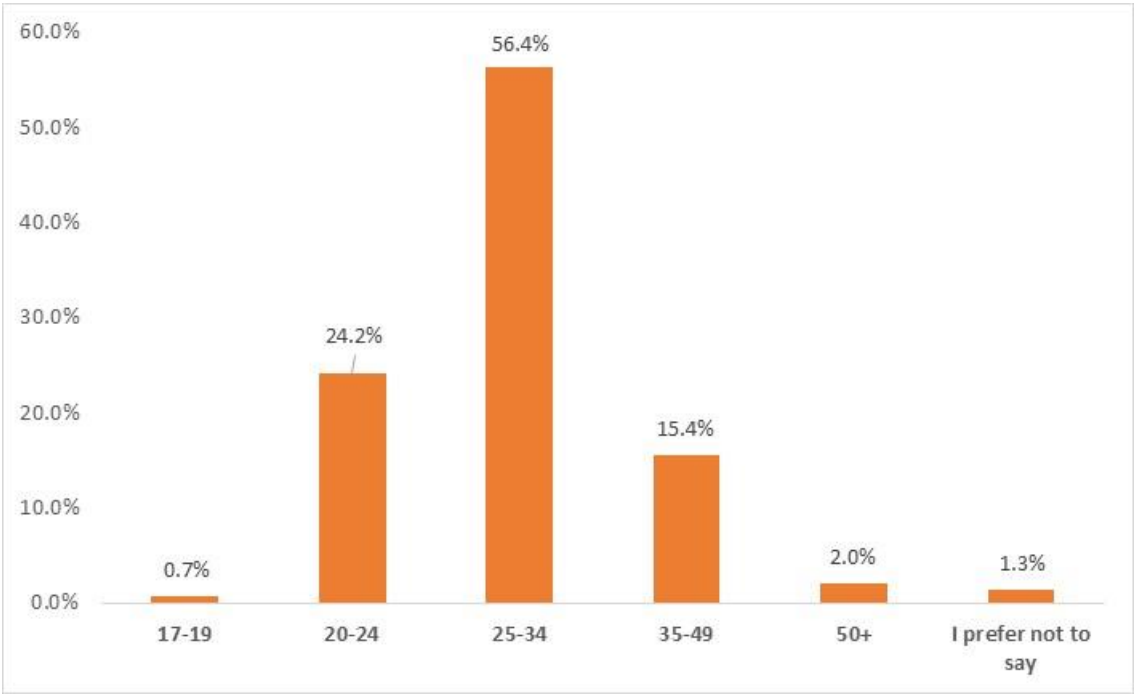
Within the survey we asked women a range of demographic and identity questions to obtain as clear a picture of the cohorts working in GM as possible. Overall, most of the 151 survey participants said they were female – two identified as being non-binary and one as transgender. Three said they preferred not to say.

The majority, 91% of women were heterosexual, 7% were bi-sexual and just over 1% were lesbian / gay.

Around one in five women (21%) said they had a long-term health condition (physical or mental).

The women spanned a range of ages from 17 years of age upwards, though the majority (56%) were aged 25-34 years old as illustrated in the chart below.

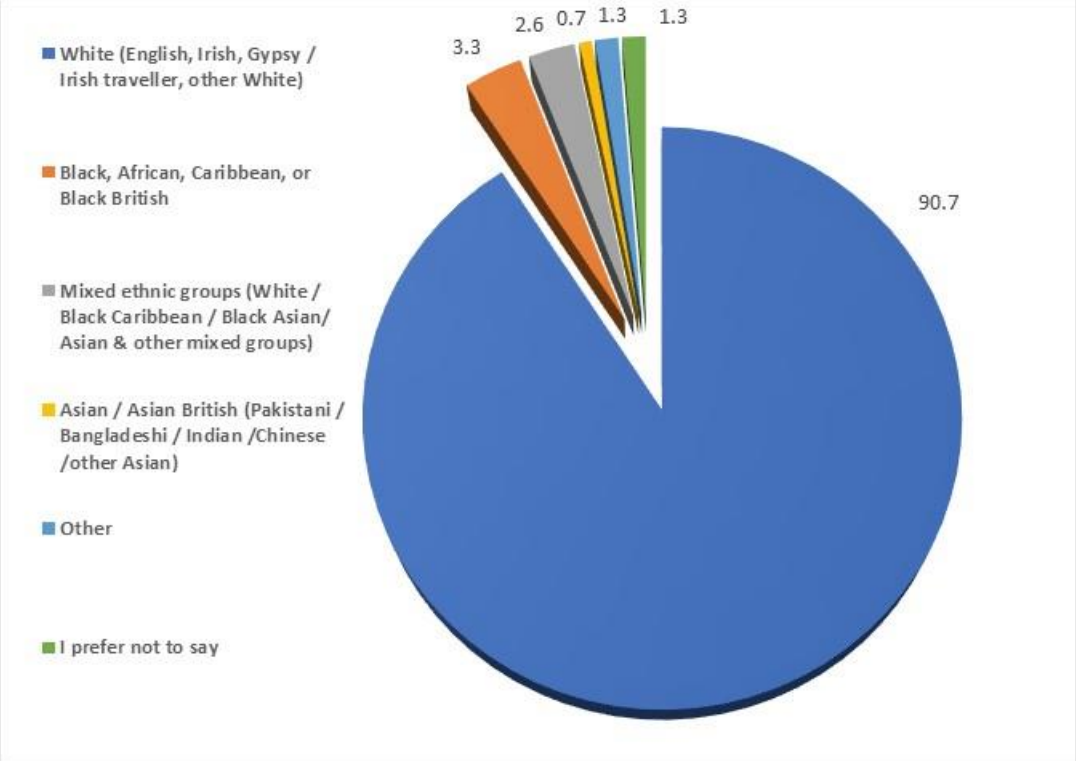
Figure 2 - Age of women surveyed



MASH Women's survey 2021: Base – 151

In terms of ethnicity the majority 91% of women stated they were white, just over 3% stated they were black and just under 3% mixed ethnicity. Two women said 'other' adding they were Hungarian, whilst one woman identified as Asian.

Figure 3 - Ethnicity



MASH Women's survey 2021: Base – 151

These percentages differ from those found in previous studies, referenced in the rapid research review[3]. However, as those studies were also tentative insights with small sample sizes into a hidden population, it is difficult to make absolute comparisons.

3.4.3 Depth interviews with women – qualitative approach

In order to support the survey findings with rich data about women's realities and priorities, we also adopted a qualitative approach.

Initially, we planned to undertake focus groups and telephone depth interviews with women. However, once recruitment commenced, it was evident that women preferred to give their views on a one-to-one basis. Therefore, we pursued depth interviews only.

We designed a script using the themes explored in the survey, but allowing for more open discussion with the women about their individual experiences, support needs, hopes and desires for the future. The interviews lasted approximately 30+ minutes each.

The respondents were reassured their **responses would remain anonymous** and, prior to interview, were sent Participant Information sheets explaining the research in more detail and how their

[3] For example, sources sampling sex worker populations in different areas suggest that: 70-75% of sex workers are white British (lower than the general population); 67-72% are women/cis women (higher than the general population); 14-17.5% identify as transgender, gender fluid, non-binary or agender (higher than the general population); 56-62% are aged 18-35 (younger on average than the general adult population). Sources: Bowen at al 2021; Umbrella Lane 2020; Changing Lives 2020.

information would be used. Where this was not possible, for example where no email address was provided, we gave a verbal explanation at the beginning of each interview and verbal consent was obtained from participants.

In order to help increase participation and as a recognition of their time and input into the research, MASH provided a **£50 High Street voucher** to those who were interviewed. Researchers offered information about the support services provided by MASH and how to access them.

We recruited the women for the telephone depths using the following methods:

- By adding a question within the survey asking for interest in further research (women were re-contacted via text, email and phone to seek their interest)
- Via MASH case workers
- Via the MASH drop-in centre

Women Interviewee Profiles

In total, we interviewed **10 women** over the phone. Table 3 shows the demographic breakdown of the **10 women** who took part in depth interviews.

Table 3 - Women interviewees – by key demographic data

ID	Type of sex work (N=now, P= past)	Age range	Sexuality ~	Ethnicity #	Gender identity ^	Long term health conditions
1	N – in own home P- parlour, in exchange, opportunist	50+	Heterosexual	White	Trans-gender	Yes
2	N – street P – street	35-19	Heterosexual	White / Eastern European*	Female	Yes
3	N – street P – street	35-49	Heterosexual	White	Female	Yes
4	N – street P – parlour	35-49	Heterosexual	Asian	Female	Yes
5	N- not working P – street	25-34	Heterosexual	Mixed ethnic group	Female	Yes
6	N – street P – street, online, sauna / parlour, escort, in own home, in exchange, opportunist	35 - 49	Bisexual	White	Female	Yes
7	N – street, sauna / parlour P – street, online, sauna / parlour, in exchange, opportunist	25 - 34	Bisexual	Mixed ethnic groups	Female	Yes
8	N – street, in exchange P – street, sauna / parlour, escort, in own home, in exchange, opportunist	35 - 49	Bisexual	White	Female	Yes
9	N – none P – *unknown*	35 - 49	*Unknown*	*Unknown*	*Unknown*	Yes
10	N – street P – street	25 - 34	*Unknown*	*Unknown*	*Unknown*	Yes

NOTES – Profile questions were asked within the survey in the following ways.

***~** Question included the following options: Lesbian/Gay; Bisexual; Heterosexual/straight; I prefer to self-describe (please say how you self-describe); I don't know; I prefer not to say*
***#** Question included the following options: White (English, Irish, Gypsy / Irish traveller, other White); Mixed / multiple ethnic groups (White / Black Caribbean / Black Asian/ Asian and other mixed / multiple ethnic groups); Asian / Asian British (Pakistani / Bangladeshi / Indian /Chinese / any other Asian); Black, African, Caribbean, or Black British; Other; I prefer not to say*
***^** Question included the following options: Female; Male; Non-binary; Transgender; Intersex; I prefer to self-describe (please say how you self-describe); I prefer not to say*
****Interpreter used to assist***

3.5 Data analysis

We analysed the quantitative data from both surveys to produce data tables, graphs and charts which illustrated the data visually. We reviewed the comments provided via open questions, prior to coding them, and analysing them thematically.

We audio recorded the depth interviews (with prior permission sought) to ensure accurate write ups and extraction of verbatim quotations for use in the report. We designed a thematic framework to aid the analysis of this qualitative data from the depth interviews and the free text responses provided within the surveys.

Please note, qualitative methods aim to identify and represent diverse experiences and views that **may not be representative** of those views within a given community of interest.

3.6 Data collection challenges and data limitations

There are **widely accepted challenges in researching a hidden population**, such as sex workers.[4] This arises in part from the covert nature of sex work and unwillingness of those involved to come forward to identify themselves. Where sex work is connected to situations of criminality, women may be even more reluctant to take part in research or seek help from services.

We chose a variety of data collection methods in an attempt to be accessible to a wide range of women. However, it is possible some women may have been excluded from taking part due to literacy or language challenges or lack of access to digital devices and internet connections.

As with any **self-completion method** (online and paper) there are a **number of challenges** to obtaining reliable, complete and accurate data, due to an element of human error. Within this study, in particular, we faced challenges in being able to verify the identity of respondents and ensure that they fitted the criteria for the study, because a decision was taken not to enforce the provision of full contact details, and thus to ensure anonymity for participants.

We quality checked the survey data and carried out the following actions:

- Removed duplicate completions
- Reviewed partial completions to agree whether to retain the data, on the basis of the amount of meaningful information provided
- Reviewed the full set of responses in cases where it appeared that a number of surveys had been completed exceptionally quickly. We assessed the validity of the data provided and decided whether to retain or exclude the records from the final analysis

The research team recognised that a number of women within this cohort may have multiple, complex needs and additional challenges. As we settled on a one-to-one approach, this had the benefits that we could adapt the conversations accordingly to each woman's experience and priorities, while still addressing the research questions. This could have proved more challenging or impossible to achieve within a group setting.

As is the case with many research projects, there are **limitations to the data** captured.

We do not know the total number of women who are sex working in Greater Manchester; also, this number is likely to be fluctuating. Similarly, we do not know the exact number of stakeholder organisations operating across GM. Therefore, it is not possible for us to calculate or report that findings found from these samples, or from sub-groups within them, are statistically significant.

Where respondents skipped questions, or were routed past certain questions, we have re-based the data in the tables and charts to reflect this, showing the total number of responses achieved for each question.

We present data by both actual numbers and percentages to aid the reader and allow for transparency. Where relevant, we have cross-tabulated the data by other questions and reported on results where that may be of interest.

[4] *Home Affairs Committee on prostitution*, House of Commons, 2016-17; *& The nature and prevalence of prostitution and sex work in England and Wales Today*, Professor Marianne Hester et al, University of Bristol, 2019

4. Key findings

The key findings section has been mainly structured **around the key questions of interest** as detailed in the original research brief and are broken down as follows:

Section 4.1 – is a joint section about the **cohorts** and **prevalence** of women who are sex working in Greater Manchester.

Section 4.2 & 4.3 are separate sections reporting findings related to questions 3 and 4 on **needs / experiences of the women** and on **services**.

Section 4.4 – is an additional section which we added following the rapid research review (see 3.1 above) which explores **women's assets, hopes and aspirations** and the potential of future asset-based approaches.

4.1 Understanding the different cohorts and prevalence of women who are sex working in Greater Manchester

4.1.1 Prevalence and cohorts: what is known about sex work and sex workers in the UK and Greater Manchester – *from the rapid research review*

Greater Manchester area overview

Greater Manchester is a metropolitan county and combined authority area in North West England. There are 10 local authority areas (LAs) within it: Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan. These LAs join forces in the Greater Manchester Combined Authority (GMCA), led by an elected Mayor (Andy Burnham), and planning many strategies and services together:

> "Our vision is to make Greater Manchester one of the best places in the world to grow up, get on and grow old. We're getting there through a combination of economic growth, and the reform of public services".

2.78 million people live in Greater Manchester, in 1.19 million households, and 1.78 million are of working age (16-64). The population is growing, up by 7.7% between 2006 and 2016 and still rising. Manchester LA saw its population grow by 16.7% in the same period (GMCA 2017).

There is significant deprivation in parts of Greater Manchester: Manchester City ranks as the 2nd most deprived local authority in England, with Oldham, Salford and Rochdale also in bottom 20. In Manchester City, 43.3% of lower super output areas (LSOAs) – i.e. local neighbourhoods within each council area – are among the 10% most deprived in the country. In Oldham, Salford and Rochdale around 30% of neighbourhoods are among the 10% most deprived. This deprivation shows itself in a range of poorer outcomes for people: for example, lower incomes, higher unemployment, poorer health and higher levels of crime. Life expectancy is lower than the national average in most Greater Manchester LAs, and significantly lower in Manchester. (ONS 2019)

Prevalence and cohorts: what is known about sex work and sex workers in the UK and Greater Manchester?

There are no reliable figures about the numbers of women involved in sex work in Manchester or the UK as a whole:

> "Currently in the UK, no source of data allows for the production of representative population estimates for this group. Stigma, the private and hidden nature of the sex industry, and the transience of activities mean that estimating prevalence is challenging… Systematic review of potential data sources suggests UK estimates from 73,000 to 105,000". (Hester et al 2019).

Small scale surveys of sex workers that collected demographic information do provide some very tentative insights into the nature of this hidden population. For example, sources sampling sex worker populations in different areas provide similar figures, suggesting that:

- 70-75% of sex workers are white British (lower than the general population);
- 67-72% are women/cis women (higher than the general population);
- 14-17.5% identify as transgender, gender fluid, non-binary or agender (higher than the general population);
- 56-62% are aged 18-35 (younger on average than the general adult population).

(Sources: Bowen at al 2021; Umbrella Lane 2020; Changing Lives 2020)

The most reliable and comprehensive database of sex workers, run by National Ugly Mugs (NUM) reaches only a fraction of sex workers (6436 individuals), but nevertheless provides some further useful insights:

> "With respect to employment, schooling and other pursuits, 48% of respondents did not have other work, 35% held other jobs and 19% were active students who did sex work alongside school and other work. We wanted to get an idea of sex workers' family responsibilities. Of the 77 people who answered this question, 36% had children or were responsible for other family members. This question was posed as gender neutral, but evidence demonstrates that women tend to be responsible for the primary care of children and other family members… The majority of NUM members work in major cities… Seventy-seven percent (77%) of our members are off-street independent workers, only 6% work exclusively on-street and the balance work in multiple locations or did not disclose this information". (Bowen et al 2021).

(NB: The 2021 NUM figure of 77% off-street sex workers contrast strikingly with MASH's own 2013 survey, which showed around three quarters of respondents were on-street workers (MASH 2013). MASH predominantly reach street workers and only began targeted work with online workers around 2020; but numbers are also likely to be different because online work has become much more prevalent since 2013).

Many sex workers have complex lives, and Manchester recognises this by including sex workers in its joint strategic needs assessment (JSNA) of adults with complex lives. They are therefore more likely than average to experience mental ill-health, drug or alcohol dependency, homelessness, long-term illness or disability, learning difficulty, to be victims of crime especially violent crime, and/or to have experiences within the criminal justice system themselves.

Finally, we know there are gaps in the available data: for example, migrant sex workers are under-represented in survey data (Bowen et al 2021) and women who have low contact with support services and/or low trust in them are unlikely to be reached. We can therefore conclude that we only have an incomplete picture of the prevalence and nature of sex work, even nationally.

Unfortunately, is not possible to estimate reliably the number of sex workers in Greater Manchester based on the national figures. We do know, however, that sex work is concentrated in larger cities and more deprived communities, and so Manchester Combined Authority – and particularly Manchester local authority area – are likely to have a significant proportion of the UK's total population of sex workers. Anecdotally (personal communication, MASH) most known sex work happens in the Manchester local authority area, closest to the city centre; however, much sex work is unknown. There are also published **reports** of sex work in Salford, and because of the link between sex work and deprivation, we would expect it to be taking place in Oldham and Rochdale too. It is less likely in the more rural areas of Greater Manchester, but MASH is working with women from all Greater Manchester areas, and some are also known to travel into the city to sell sex (Manchester Sex Worker Strategy, p5).

Categories: what is sex work?

Women's experiences of sex work vary significantly, depending on many different factors, and particularly on the level of autonomy or control they have over their own activity. Several sources therefore describe different types or categories of sex work; the most commonly-used ones (e.g. Mulvihill 2019, Irving and Laing 2013; Campbell et al 2019) are outlined below. However, these categories are not necessarily exclusive, and "*Women do not necessarily fall into one of the defined categories and cannot, over the course of their engagement in sexual exchanges, be classified as existing permanently within one of the above definitions*" (Changing Lives 2016, p7).

Survival sex work: Defined by perceived motivation. Undertaken to survive, often for food, accommodation, drugs or other basic needs rather than for money. Lower control and higher risk than other types of sex work.

Street sex work: Defined by location. Often overlaps with survival sex work. Undertaken in public places or other spaces not controlled by women, such as men's cars. Lower control and higher risk than many other types of sex work, although there is some evidence (eg: Campbell et al 2019) that street work may be safer than independent indoor sex work.

Opportunistic sex work: Defined by perceived motivation. Undertaken when needed or when an opportunity arises, sometimes unplanned or semi-planned, for example after a night out.

Escort sex work: Defined by the sex worker's relationship with the client. Includes a range of contact and non-contact activities. Perceived by many as employment and sometimes officially recognised (e.g. through taxation). Generally higher control than other types of sex work, and with a different pattern of risks, notably less risk of experiencing violence.

Indoor sex work: Defined by location – i.e. work in massage parlours and saunas. Women usually work in groups and establishments are run like businesses.

Online sex work: Defined by location/medium. Includes activities that are non-contact and carried out entirely online, such as 'web-camming' and also some face-to-face activities that are arranged or mediated online. Risks and control not fully understood yet, but work that takes place entirely online is apparently less risky than any contact sex work.

Independent sex work: Defined by the sex worker's relationship with the client and others. May overlap with escort, online, or other types of sex work. The sex worker is a 'lone worker', which may offer both increased control and flexibility, and increased risks.

Sexual exploitation: Defined by the individual's lack of control. Includes those who have been trafficked or sold in modern slavery, and child sexual exploitation. Women who have been sexually exploited are not 'workers' in any legitimate sense, although they may be described this way by the people who are exploiting them. Women who have been groomed, or are vulnerable for other reasons, may not recognise their own exploitation. All children are by definition sexually exploited because they cannot legally consent, and also some vulnerable adults where consent is in question, especially those aged 18-21. A significant minority of sex workers previously experienced child sexual exploitation (perhaps around a third; Changing Lives 2016).

Other studies (e.g. Hester et al. 2019) describe the settings and types of sex work in more detail, including for example 'sugar arrangements', 'pop-up brothels' and bondage/domination/sadism/masochism (BDSM).

It may be useful to use any or all of these categories to group women's experiences of sex work. However, it may sometimes be more useful to consider the different *aspects* of sex workers' experiences which can be identified within these definitions, as outlined below in Table 4. This enables us to see easily that different women will have different experiences at different times, even if they usually do one particular type of sex work.

Table 4 - aspects of sex workers' experiences

Aspect	**Opposing experiences** *(These may be seen as opposites or the ends of a scale)*	
Control	Higher control	Lower control
Risk	Higher risk	Lower risk
Place	Indoors	Outdoors
Privacy	Public	Private
Company	Alone	With others
Medium	Online	Face-to-face
Contact	Contact activities	Non-contact activities
Pay	Paid	Unpaid

4.1.2 Prevalence and cohorts of sex working across Greater Manchester – from the primary research

Summary, demographics and other identities

The demographic and other identity profiles of the survey respondents were:

- 91% were White; 8% were BAME
- 81% were young women aged 20-34 years old
- 21% reported suffering from long-term health conditions
- 91% reported they were heterosexual; 8% reported they were bisexual or lesbian / gay
- 2% reported they were trans-gender

Boroughs where women live and work

The table below shows which boroughs across Greater Manchester the women surveyed lived in compared to where they undertook sex work. As illustrated, women from each of the Manchester boroughs were represented in the research, though a larger percentage (23%) lived in Manchester. In terms of locations - **a number of women said they worked in more than one area** – sometimes several locations. Again, the majority worked in Manchester (66%), followed by those working across Greater Manchester (49%). Almost one in five women surveyed said they worked in Tameside, Stockport and Trafford.

Table 5 - Borough(s) where women live and work

Borough	Live		Work	
	No.	%	No.	%
Bolton	7	4.8	12	7.9
Bury	3	2.1	17	11.3
Oldham	17	11.7	25	16.6
Rochdale	17	11.7	19	12.6
Stockport	10	6.9	27	17.9
Tameside	12	8.3	28	18.5
Trafford	14	9.7	27	17.9
Wigan	9	6.2	25	16.6
Manchester	34	23.4	100	66.2
Salford	7	4.8	26	17.2
Greater Manchester	14	9.7	74	49.0
Elsewhere not in GM	1	0.7	3	2.0
I am not currently housed / I am homeless	1	0.7	-	-

MASH Women's survey 2021: Base - Live = 145, work 151 (multiple response questions, figures may not add up to 100)

When we explored this further it was clear that the women believed there to be more work opportunities in Manchester – particularly for on-street sex work. A couple also said they chose to work in Manchester because they felt safer on the streets there due to a greater camera and more 'supportive' police presence and agencies such as MASH on hand.

> *"you're logged [by MASH], if I disappeared it wouldn't take long for them [police] to find out what happened as they'd be able to find me on camera"*
> **- Woman, street sex worker**

Conversely, for women working in parlours / saunas located in areas outside of where they lived (such as Bury and Stockport) it meant they regularly travelled from their home town / borough, to these areas to undertake this kind of sex work.

Moreover, some women also actively chose to work in an area outside of where they lived, because they didn't want to be 'spotted' by people they knew, particularly family members.

One Eastern European woman described a distressing situation when working in a borough outside of Manchester where she said the police were not as supportive (as in Manchester) of street sex workers as they had threatened to arrest and deport her.

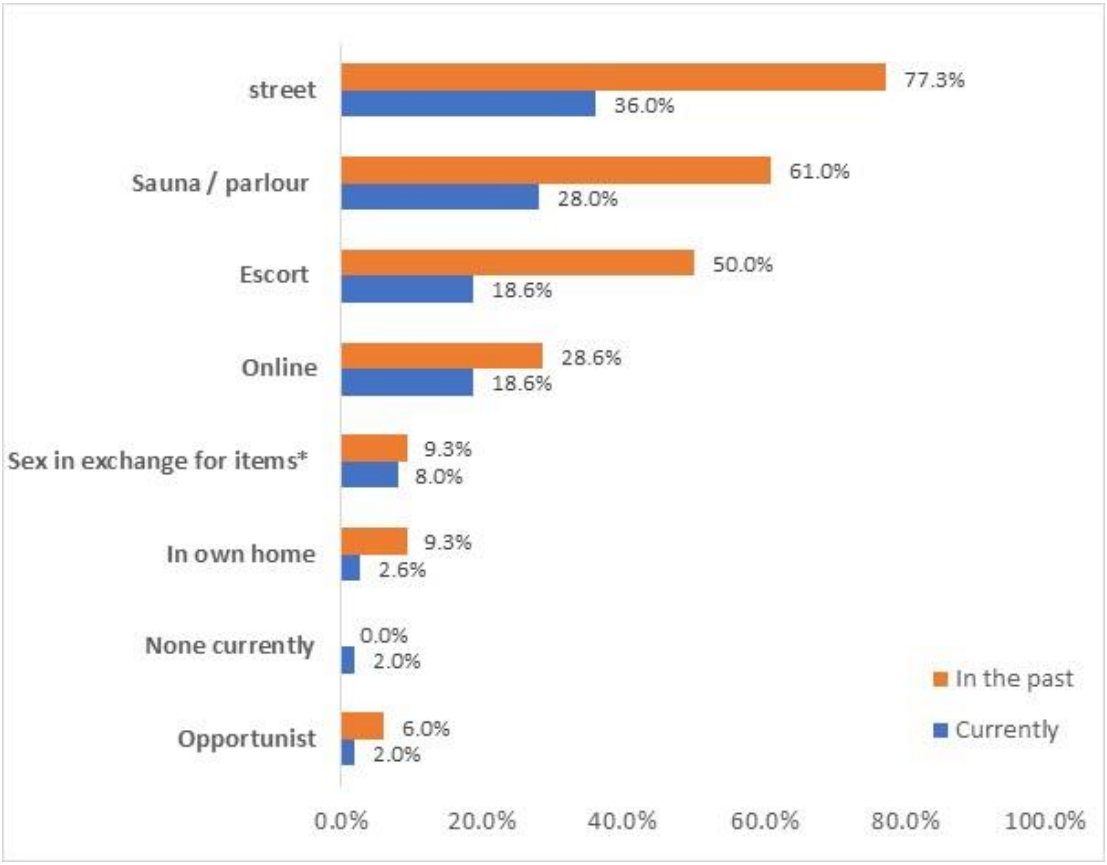
> *"I work in Manchester…I don't want my family to see me out on the street* [in area where I live]*"*
> **- Woman, street sex worker**

Type(s) of sex work undertaken

The survey asked women about the kinds of sex work they were currently involved in or had undertaken in the past. **Street sex work was the most common** - currently undertaken by 36% of the women surveyed, followed by 28% working in saunas / parlours and one in five (19%) doing online sex work or escort work.

The trends for the types of sex work undertaken in the past were the same, but the figures were much higher. Over three quarters of women surveyed had undertaken street sex work at some point, suggesting that the sex work fluctuates and changes with women moving between different types at different times. This is also explored further in the section below - when focussing on the impact of Covid-19 and Section 4.2.2 when exploring women's needs and reasons for sex working.

Figure 4 - Types of sex work, current and in the past



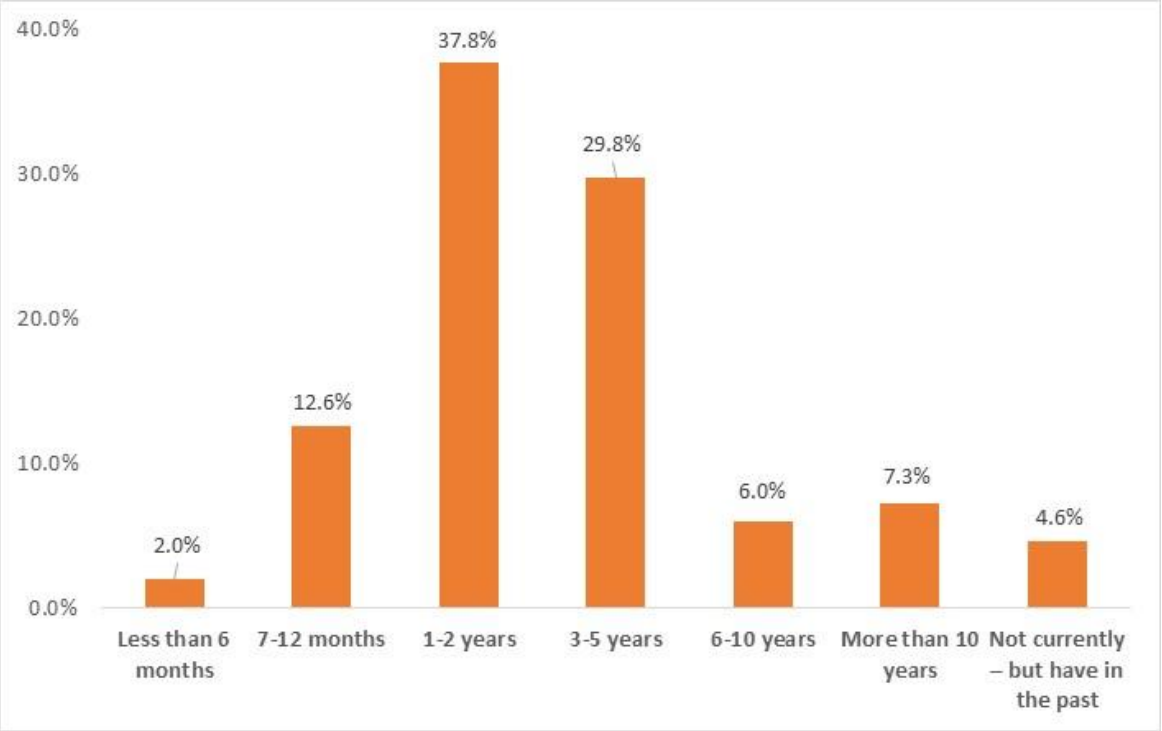
MASH Women's survey 2021: Base – 150 (multiple response questions, figures may not add up to 100)

Some women highlighted that the amount or type of sex work was also affected by their demographics. Several women said they felt there had been a reduction in the amount of street work they were able to obtain – due to their age – mainly expressed by women aged 40+. Whilst one transgender sex worker explained how they wanted to do escort work, but said *"nobody wants to know me, they only want to know if you're a woman"* and so they had no choice but to do in-home sex work instead.

Length of time women have been undertaking sex work

The survey asked the women how long they had been sex working. As the chart below shows in the majority of cases, they had been sex working for more than a year – with over one in ten (13%) having been sex working for more than 5 years.

Figure 5 - Length of time women have been sex working



MASH Women's survey 2021: Base – 151

During the interviews women talked further about their experiences of sex work and it was clear that many had found themselves **in a situation that was 'hard to get out of'** even over a period of several years. Those that were still working had been doing so for longer than five years and in one case for as long as 20 years. One woman stated the longer a woman worked in the profession – particularly undertaking street sex work, the more likely they were to have been seriously ill or to have died.

"…different to when I first started [21 years ago] cos those girls have now died cos of a drug overdose or pneumonia from being on the streets…"
– Woman, street sex worker

In many cases, women had shifted the types of sex work they did **over a period of time.**

"Am doing less street than before. Partner said I can't do it no more. Went back to working in parlours when he was in jail…"
– Woman, street and parlour sex worker

It was apparent that for the women who had been sex working for **more than 10 years**, there was a desire to reduce the amount of this type of work. One account was given, nevertheless, of a woman who found it difficult to keep reducing her sex working. When circumstances changed, this influenced the amount and type of sex work she undertook, which fluctuated, as a result.

There was a similar range of experiences among those **working for between 5 and 10 years**, with an attempt to stabilise or reduce the types and amount of sex work, for some. In the past, some had undertaken a range of types of sex work (saunas, escorting and including informal types, such as in-home and in exchange for drugs), while now they only worked on street. There was a description from one woman, who was attempting to transition into other forms of paid work (cleaning and at take-aways).

"To be honest, I would like a different kind of work… I don't like it and I'm a certain age, so I really don't want to be doing this."
– Woman, street sex worker

"Now, it is every day without failure. I am worn out. I am working every day to survive. It is pissing me off."
– Woman, survival sex worker

Unfortunately, for one woman, a large amount of sex working on street was still a matter of urgent survival as she was currently homeless, rough sleeping in a tent on the street and yet to receive any benefits.

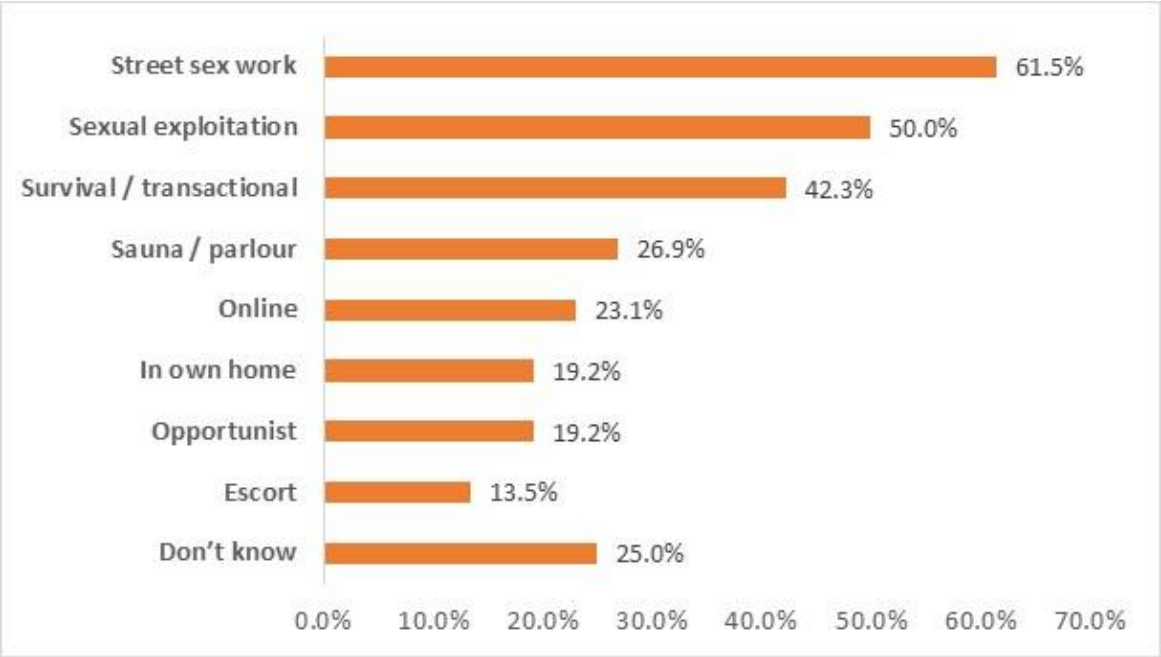
Some accounts were provided by women who had previously done sex work for several years but who **no longer sex worked**. One had been prompted to stop following an attack. Another credited a wide range of support from MASH.

If I didn't have MASH in my life, I wouldn't have stopped doing it."
– Woman, street sex worker

Organisational Stakeholders' perspectives on types of sex work, cohorts and prevalence in Greater Manchester

We asked organisational stakeholders about the kinds of sex work their service users were involved in. One quarter (25%) did not know, with some providing comments explaining that sex working would not always be disclosed. Street sex work was believed to be the most common type, identified by 61% of stakeholders. A high proportion of organisational stakeholders (50% and 42%) also identified 'sexual exploitation' and 'survival / transactional' sex work being undertaken by their service users.

Figure 6 - Types of sex work, reported by stakeholders



MASH Organisational Stakeholders' survey 2021: Base = 52 (multiple response question, figures may not add up to 100%)

Some of the organisational stakeholders offered further views and understanding of the different cohorts and prevalence of women undertaking sex work across Greater Manchester. Although sometimes limited to their area of work (expertise or specialism) as well as geographical location, they provided some further useful insight.

Organisational stakeholders perceived that **sex work in general was on the increase** across the board – with Covid-19 playing a large part and that there were different types of sex work being undertaken – sometimes by different cohorts and / or for different reasons (explored in more detail in section 4.3). These stakeholders also recognised that it was often the case that women moved between different types of sex work at different times.

One organisational stakeholder working mainly in inner city Manchester with street sex workers, provided an **overview of their understanding** of the landscape across Greater Manchester.

- **Street sex working** – the majority (90%) is undertaken by British women, aged late 20s – mid 40s *"these women are entrenched in addiction"*. Also, a small cohort of Eastern European women who are not users but are working to provide money for their families.
- **Pop-up brothels -** are on the increase particularly in Salford and Bolton, but these are not as prevalent as in the city centre. Often women are *"guest starring using Airbnb's for a short period of time then move onto another City… They'll have loads of clients because they are so new".*
- **Online –** sex work is on the increase - particularly amongst young people (including students) *"it's seen as a quick and easy way to make money"*

Other **specialist organisations** provided further anecdotal evidence relating to prevalence and cohorts of women sex working:

"We have encountered some young women who have disclosed to us that they have participated in online and survival sex work"
- Stakeholder, working with young people & LGBT community

"Some of the women we are currently supporting have had children by opportunist landlords this is because they have no recourse to public funds… and some are failed Asylum Seekers - undocumented women who have to survive and provide for their children"
- Stakeholder, working with BAME women

*"Approximately 15% of our current service users are **trans women**. Most of the women we support have complex lives with high levels of substance misuse. Most of the women we work with provide a mixed range of services and are in and out of work. We see very little street-based work among our trans clients, most work is mediated through social media (Grindr, Instagram etc.) and dedicated web sites (onlyfans, viva street etc.)"*
- Stakeholder, working with sex-workers & trans women

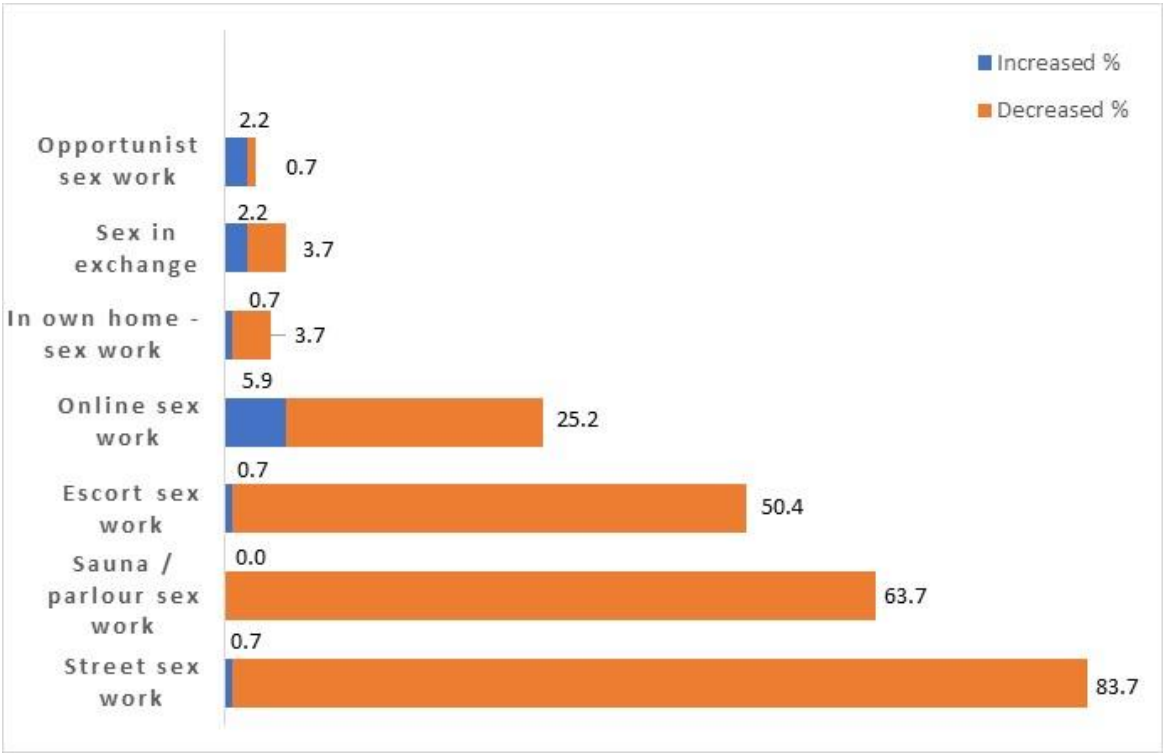
Impact of Covid-19 on sex working

Over three quarters of the women we surveyed (76%) said Covid-19 had impacted on their sex work – either changing the type or affecting the amount of sex work.

In the majority of cases, women said it had negatively impacted on them – **decreasing the amount of work they were able to find** and ultimately affecting their income. Covid-19 had been particularly difficult for those undertaking 'in person' sex work and although a percentage of women undertaking online sex work also reported a decrease in work – the impact wasn't as great as those working on street, in parlours / saunas or escorting.

On the other hand, a small number of women undertaking online sex work (8 in total) reported an increase in their sex work during the pandemic. Figure 7 below summarises these responses.

Figure 7 - Impact of Covid-19 on women's sex work



MASH Women's survey 2021: Base = 135, 16 skipped (multiple response question, figures may not add up to 100%)

The survey asked the women to provide supporting comments, which suggest that the main reasons for a decline or change in sex work during the pandemic were:

- There were fewer 'punters' around, so less work
- People were scared of getting the virus (both women and punters)
- Some women felt unsafe on the streets due to less street presence – so stopped working for a while or changed the type of sex work they were doing, providing more 'in home' sex work.

One online sex worker also reported *"due to covid my adult work account company stopped allowing bookings, therefore I didn't receive as many emails"*

Within the depth interviews we explored women's experience of Covid-19 in more detail. It appeared that although initially Covid-19 had impacted quite significantly on their sex work – it was short lived and things have started returning 'to normal'. And, for some women, they had little choice but to continue sex working throughout the pandemic.

"People are not able to 'rob' like they used to and there are so many cameras around"
- Woman, street sex worker

*"I worked parlours…I was on the street then…with Covid it was a strange feeling…it was like a ghost town. But when you've got a heroin addiction, you don't give 2 f***s about it, but it was really scary."*
- Woman, sex worker

One woman also believed the **number of women** sex workers **had increased due to Covid-19**, because other means of making money had declined, such as: 'begging' and 'shop lifting' with less footfall and shops being closed.

Organisational stakeholder perspectives of impact of Covid-19

Within the survey, organisational stakeholders were generally unclear about the impact Covid-19 had on the amount and types of sex work. Only a small proportion were able to offer an opinion (n=17). Of those, a majority reported that some 'informal' types had increased during Covid-19: particularly sexual exploitation (76%) and survival / transactional (71%), with smaller proportions also believing that opportunist (29%) and in own home (24%) types of sex work had increased.

Through our interviews, stakeholders appeared more certain about the effects of Covid-19. **They echoed the women's viewpoint** that as other sources of income (and support) had dried up, more people had been forced to rely on sex working for their incomes.

"In Covid, we saw women return to the streets to work because everything else was closed down…access to other means of income, begging stopped…difficult to access treatment…a lot less face-to-face service"
- Stakeholder, working with sex workers & homeless people

"People who had manual jobs and could be paid cash in hand, they are not paid any more, so they [women] have to think of other ways of earning a living [in home, transactional sex] ...Men are taking advantage of this situation…"
- Stakeholder, working with BAME women

4.1.3 Understanding the different cohorts and prevalence of women who are working in Greater Manchester – summary conclusions

We know that sex workers are a hidden population and that information about cohorts is hard to obtain and confirm. However, assuming that the distribution of sex workers in Greater Manchester is similar to in the UK, we may estimate there are around 4,565 sex workers in this region.

Women sex workers are resident and working in all Greater Manchester boroughs. 91% of those sex workers surveyed in this study were white British. 81% were young women aged 20-34 years old. Around one fifth (21%) of the women we surveyed reported suffering from long-term health conditions (including mental health). There were small cohorts included within this research of BAME women (8%), reporting as bisexual or lesbian / gay (8%) and non-binary or trans-gender (2%).

In 2021 National Ugly mugs reported that 77% of members undertook off-street independent sex work, with only 6% working exclusively on-street. However, in this study, street sex work was the most common type undertaken (36%), followed by those working in sauna /parlours (28%), then those engaged in online and escort work (both by 19%). Street sex work was concentrated around inner-city Manchester.

4.2 The intersectional needs and experiences of the different communities of women

4.2.1 Understanding women's needs and experiences – *from the rapid research review*

Safety and safeguarding needs

Sex work is often unsafe. The sources we reviewed were particularly focused on sex workers' experiences of crime, and the responses of the police, other agencies and the women themselves.

Scale of risk

Most sex workers experience violence at some point: research by Connolly (2021), based on secondary analysis of crime data and interviews with sex workers, showed that 63-80% of women sex workers had experienced violence. A global research review by Deering et al. (2014) showed that violence over a lifetime was recorded by 45-75% of all (known) sex workers and that 32-55% had experienced violence in the last year. Women sex workers are much more likely to experience violence than men (Campbell et al 2019).

The risk of death (mortality) is far higher for sex workers than for the general population, especially for women. According to official police figures, female sex workers are 12 times more likely to be murdered than other women, and 5 times more likely to be murdered than women in bar work – the next-most risky occupation (NPCC 2019). 110 sex workers were murdered in the UK between 2009-2016 (Cunningham et al 2018).

The risk of harm to sex workers appears to be increasing. According to National Ugly Mugs (NUM):

> "Reports of harm to on- and off-street and online workers sex workers have steadily increased from receiving a total of 166 reports in 2013 to nearly 1,000 in 2019. In 2020, reports declined due to pandemic-related full and tiered lockdowns throughout the UK; however, many sex workers were forced to continue work during lockdown due to poverty and destitution. We received 603 reports in 2020 that contained 723 accounts of harm to sex workers: 41% (295 reports) were of physical violence including rape, attempted rape, sexual assault, and condom removal; 24% (171 reports) were fraud and robbery; and 23% (165 reports) were stalking and harassment. The balance of reports comprised a series of other harms". (Bowen et al 2021).

In Manchester specifically, there have been 339 reports of violence or other crimes to National Ugly Mugs between 2012-2019 by people who sex work in Greater Manchester. However, "this figure is likely to be lower than the number of actual incidents that have occurred" (Manchester Sex Work Strategy p5).

Experiences and types of harm

Other types of violence frequently experienced by sex workers include: Online Harassment 57% (n=45); Sexual Harassment 47% (n=37); Sexual Assault 46% (n=36); Stalking 41% (n=32); the sharing of intimate images without consent 30% (n=24); Cyber-flashing 29% (n=23); 22% (n=17) experienced rape; and 11% (n=9) experienced domestic violence. Other forms of violence and abuse that sex workers experience include: experiences of partners extorting money; nonconsensual filming; being outed; being excluded from services; verbal harassment; revenge porn; threats with weapons; and Female Genital Mutilation. (Bowen et al 2021).

The types of harm that are most likely to be experienced appear to depend (at least partly) on where women work. Some internet-based sex workers report no violence at all, which "provides evidence that working through online methods can be safer" (Campbell et al 2019, p8). This may be because some online sex workers such as 'web-campers' have no personal contact at all. However, working online exposes sex workers to new types of harassment and crime including unwanted texts, online stalking, 'outing' and 'doxxing'. These new risks for online sex workers are not yet fully understood.

The framework of analysis proposed by Connolly (2021), based on a secondary analysis on over 2000 crime reports submitted via NUM, helps us better understand the types and settings of crimes against sex workers. This analysis suggests that some crimes are more likely to be experienced by different groups and in different settings: violence is most likely to be experienced by those working outdoors; theft by those working in brothels and other establishments; stalking and harassment by independent sex workers; hate crime by those working for agencies. However, the most serious crimes - including rape, attempted rape and sexual assault – occur in all contexts.

The GMCA Gender Based Violence Strategy identifies violence against sex workers as one of the main forms of gender-based violence in Greater Manchester (GMCA 2021a).

It is clear that violence is not just a safety and safeguarding issue for sex workers, but also has other effects, particularly on physical and mental health. We explore this further in sections below.

Sex workers' own responses to managing harm and safety

Sex workers are not passive victims of crime. There is good evidence (e.g. Umbrella Lane/Ahearn et al. 2020; Campbell et al 2019; Goldring et al 2017; Changing Lives 2016) that sex workers are using a range of risk management strategies to avoid, minimise and manage risk of harm – usually a personal 'blend' of strategies. Actions include using a buddy system, using taxis/drivers, controlling the time and place of contact (as far as possible), changing locations, keeping a phone close at hand, avoiding night work, seeing regulars, avoiding drugs and alcohol, sexual health screening, and carrying weapons including tear spray.

A small scale study by Changing Lives (2016) showed that all but one of the women involved in 'survival' or 'opportunistic' sex work had such plans. Online sex workers in another study (Campbell et al. 2019) report an overlapping but different range of strategies, include screening and research into clients, using photographs, accessing online information about safety, using pseudonyms or remaining anonymous, using website safety features, using CCTV and alarms, enabling networking with other sex workers, using written 'business information' to clarify negotiations and avoid disputes, and avoiding in-person contact altogether. Moving online may be a risk management strategy in itself, since generally, internet-based sex work appears to reduce risks for women (Campbell et al. 2019).

Service responses to harm

It is striking that, on the whole, women sex workers did not include 'involving the police' in their personal risk management strategies. Police guidance notes that although 80% of sex workers have experienced crime in the past five years, only 23% of these have reported it (NPCC 2019). National Ugly Mugs (Bowen et al 2021) report that sex workers are now much less willing to report incidents to police, than they were in 2012 – down from 28% to 7.7. – and even to share information about crimes anonymously – down from 95% to 69%. NUM comment:

> "We asked our members why, and among the reasons they indicate a fear of or experience of increased criminalisation, fear of stigmatization and discrimination and lack of trust in police" (Bowen et al. 2021, p9).

Sex workers often report difficult relationships with police. Peer-led research, particularly, provides insight into some unpleasant, discriminatory and even violent experiences that sex workers have had with police (Changing Lives, Umbrella Lane). There is widespread consensus that the law against brothel keeping compromises safety, and this also has an effect. Where sex workers have trusted relationships with named officers, this can help. However, NUM conclude:

> "There is an underreporting of violence among this population [due to the brothel-keeping legislation], that isolates and disempowers victims, and works in concert with sex work stigma to reduce sex workers' access to police as a protective force. Instead, most sex workers experience police as enforcers and not as public servants. The lack of police protection is more pronounced among workers of colour and some migrant workers who historically experience racism throughout public services when they are working as sex workers (due to symbolic stigma) and in their private lives" (Bowen et al. 2021, p11).

Stuart and Grenfell (2020) found increased levels of policing during the 2020 COVID-19 'lockdown'. Women on-street sex workers in East London reported: increased use and threat of dispersal orders and anti-social behaviour orders; more frequent arrest and charging; some harsh, verbally abusive and unfair treatment; some breaches of protocol including officers not wearing masks; and women sent to prison for very short periods of time – 4-8 days – which thereby increased their risk of COVID-19 infection.

Stuart and Grenfell observe that criminalisation increases risks for women sex workers, because it simultaneously increases the likelihood that they will be victims of crime and reduces the likelihood that they will report crime or ask for help. As one interviewee put it vividly:

> "I don't know how you could make it safer for girls when we ain't supposed to be doing it. — Helen" (p22)

The international review carried out by Platt et al. (2018) also concluded that criminalisation of sex work causes harm:

> "Together, the qualitative and quantitative evidence demonstrate the extensive harms associated with criminalisation of sex work, including laws and enforcement targeting the sale and purchase of sex, and activities relating to sex work organisation. There is an urgent need to reform sex-work-related laws and institutional practices so as to reduce harms and barriers to the realisation of health".

As well as problems with the police, women sex workers report problems with getting the support they need from other services, often because of judgement, discrimination or 'conditional' services which required them to give up sex work before they can access support (Bowen et al 2021; see also the section on access to services below for further discussion). Changing Lives (2016) – a small scale study of women engaged in survival or opportunistic sex – also showed that 11/14 women had had ***no*** explicit support. This is despite the fact that statutory services have a legal duty under the Care Act 2014 to safeguard any woman or girl who is identified as exploited, as well as those sex workers who are vulnerable due to multiple or complex needs.

Some sex workers have contact with children's services relating to child protection concerns, and some have children removed – an experience which is "almost always devastating" (Changing Lives, 2016; see section on 'Other needs' for further discussion of parenting).

Although there are "in excess of 2000 organisations in Greater Manchester working to protect people from gender-based abuse" (GMCA 2021a), a consultation to shape the recommissioning of services for women in Manchester - including but not only services for sex workers - found that the majority experienced problems getting the support they needed: for example, 83% needed support with mental health problems but 69% did not get it or experienced significant delays; 60% needed support due to family breakdown, but 51% did not get it or experienced significant delays. Also, the same study, concluded "some services in the city-region are not reaching Black, Asian and Minority Ethnic (BAME) women as well as they should… [and] some services are less accessible to people from sexual minorities, trans and gender-queer people, older people, disabled people, and those with learning difficulties" (GMCA 2020c). Stuart and Grenfell (2020) observed that recommissioning of specialist services for sex workers had led to a loss of relationships between organisations, and as a result services had lost their engagement with women – a issue that is also likely to have arisen elsewhere:

> "The new service was commissioned in an apparent effort to "amalgamate various support services that already existed in Newham… [into] one provider offering support around… domestic abuse, sexual violence and sex working" (Service Provider). However, women selling sex on the street were left with very little access to support over at least a five-month period, a concern that we were told had even been raised by police locally" (p8).

Generally, as the Changing Lives (2016) report concludes, although services often talk about 'hidden' needs, many of the women instead feel 'not seen'.

There are signs of positive change, however. The 'compass model' provides a critique of past policing and a new framework for harm reduction, which supports police (and others) to identify the types of harm and degree of autonomy for each sex worker, and plan a response which takes account of public health, safeguarding and support needs as well as enforcement (Sanders et al 2020).

Health and wellbeing needs

Sex work is associated with poorer health and wellbeing, and particularly with poor mental ill-health. Many of our sources described sex workers' health and wellbeing needs, and their access to services and support. Putnis and Burr (2019) and Irving and Laing (2013) provide useful frameworks for understanding health needs and health inequalities, and these have influenced our analysis here.

<u>Scale of need</u>

None of the sources we reviewed focused exclusively on health and well-being, and there is no headline data on scale of need for women sex workers. However, all studies reported some impacts: it seems likely that sex work has negative effects on the health and wellbeing of all women engaging in it, although experiences and needs vary. It also seems likely that the less control women have over their sex work activities, the more adversely their health and wellbeing is affected – which is consistent with the 'harm reduction compass' model discussed above (Sanders et al. 2020).

In this section we have included local information about health and wellbeing in the Manchester population, where it is available and where a comparison helps us to understand the likely scale of need for women sex workers locally.

Experiences and types of poor health and wellbeing

Many researchers discuss women sex workers' health and wellbeing, notably Stuart and Grenfell (2020), Voices Heard 2007, Changing Lives (2016), Irving and Laing (2013), Hester et al. (2019), Platt et al. (2019), Bowen et al (2021), and Rand (2019).

Stuart and Grenfell describe a wide range of 'extreme unmet health needs' observed in or reported by on-street sex workers, including:

- Trauma, including multigenerational trauma and childhood abuse;
- Violence in adulthood;
- Sexual health, including STDs, problems getting condoms and men refusing to wear condoms;
- Homelessness;
- Sleep deprivation;
- Drugs and addiction;
- Poor mental health;
- Poor physical health and/or chronic pain (often associated with homelessness and/or drug use);
- Lack of food/not eating, no hot food or no cooking facilities;
- Problems with accessing healthcare, including a lack of appropriate services, especially outreach;
- Services not meeting perceived not actual healthcare needs.

Cause or effect?

The recent Home Office review (Hester et al. 2019) raises an important question about the extent to which ill-health may be a cause or 'push factor' into sex work, as well as or rather than an effect of it. This seems likely to be true for at least some women, though the evidence is not conclusive.

> "Participants talked of managing long-term pain, long-term depression or a mental health diagnosis, for example, which made holding down 'mainstream' jobs difficult. These respondents talked of sex work giving them the flexibility to work when they felt well" (p12).

Experiences of trauma

Many women engaged in sex work have past experiences of trauma, and trauma is a ongoing experience for many. Sex work itself is also often traumatising, especially when women have little or no control. Irving and Laing (2013) found that 16/19 women (84%) interviewed had experienced a significant life event that they felt made it more likely that they would become involved in sex work. Patel (2020) found that all the women in the small sample of 4 met the criteria for Post Traumatic Stress Disorder, which had previously been undiagnosed. Stuart and Grenfell (2020) observed that many of the women engaged in on-street sex work had childhood experiences of trauma that were deepened by their adult experiences:

> "Interviews… revealed a strong theme of sustained, multigenerational trauma and loss, as women who had experienced trauma, violence and the care system in their childhood – and some who had not – had their own children removed from them by social services" (p10)

Changing Lives (2016) also found that trauma was a common experience for both survival sex workers and escorts, with survival sex workers more likely to be experiencing ongoing trauma than escorts. Most of the sex workers they interviewed had experienced domestic violence and sexual violence, including half of the escorts. 6/20 women (30%) had childhood experiences of abuse or sexual exploitation; some reflected on how such early experiences had shaped their expectations and choices: *"stuff happened a lot when I was younger, so I just thought it was normal"* (p21). Changing Lives conclude:

> "Childhood experiences of abuse and exploitation demonstrate the potential links between grooming, coercion and survival sex work later in life. It is therefore relevant, that the age of an individual, as well as their socio-cultural environment, may impact on that person's ability to truly 'choose' to engage in sex work" (p12).

Although less obviously traumatic than violence, abuse and exploitation, Changing Lives (2016) also found that most escorts reported feelings which were very difficult and distressing, such as isolation, 'leading double lives', 'constantly acting' and 'operating covertly'. Trauma-informed approaches (eg: Maté 2020) suggest that "Trauma isn't what happened to you, it's what happened inside you", and so women's ongoing feelings about what they are doing, as well as their experiences, may contribute to continuing trauma. Changing Lives (2020) raises the need for long-term, trauma-informed specialist support for women sex workers.

Mental ill-health

Many sex workers, especially but not only those with less autonomy, experience poor mental health, which is often untreated, under-treated or 'self-medicated' with alcohol or illegal drugs. Stuart and Grenfell (2020) found:

> "Most of the women we interviewed described untreated and often concurrent mental health issues, including depression, anxiety, panic attacks, paranoia, post-traumatic stress, personality disorder, fits and hallucinations, self-harm, and suicidal ideation and attempts. Women linked these primarily to trauma, loss, violence, and homelessness, and often described their drug use as self-medication".

Irving and Laing (2013) found that half of the sex workers they interviewed had experienced mental health difficulties. Changing Lives (2016) found that "Nine of the eleven women in this category have mental ill health, often linked to past trauma (see above). These conditions include depression and anxiety, and for one woman, has led to self-harm" (p14). Even where there is no identified mental illness, sex work may affect women's mental wellbeing and self-esteem: "When the women were asked to describe their levels of self-esteem out of ten, levels ranged from seven out of ten, at the highest, to "nil – fuck all" (p14).

Hester et al. (2019) reported some respondents identifying psychological harm, particularly where financial need or coercion meant it was not possible to pick and choose clients. Some reported self-harming while selling sex; others talked of the emotional labour involved in maintaining the fiction of being interested in, or intimate with, clients... Some cited a related risk of emotional 'numbness' and negative views towards men: something that was not always recognised until after they had left sex work completely" (p18). One woman explained: "It's traumatising to have sex with people you're disgusted by".

Bowen et al (2021) examined challenges for women needing support with mental illness:

> "Some individuals detailed accessing private therapy, whilst acknowledging this is a privileged position to be in, and that accessing mental health services through the NHS is difficult, with an additional barrier faced by sex workers: 'I would be too afraid to talk to a mental health service as I wouldn't want my profession in sex work to be kept on file and used against me'. There have been various situations of sex workers being actively excluded from mental health provisions if they refused to give up sex work all-together" (p19)

Rand (2019) observed that the loss of separation between home and workplace has particular mental wellbeing impacts on some online sex workers:

> "'For me I don't feel I get a break. My phone does not stop I get customers texting me all the time. I don't like to...' Kristy is on call all the time, perpetually waiting and responding to customers; although she may not want to, she has little choice if she wants to maintain her customer base and positive reviews. Recent media coverage suggests that other digital workers, YouTubers, are [also] experiencing poor mental health due to the pressures of constantly creating content and responding to 'fans'" (p50).

In Manchester as a whole, 17% of people have a common health problem and 15-18.7% report moderate or severe anxiety or depression, compared with 12% nationally (Manchester JSNA - Adults with complex lives 2021). Women sex workers therefore report much higher than average levels of mental ill-health.

Drug and alcohol misuse

Drug and alcohol problems are very common among women engaged in survival sex work, though less common among those with more autonomy. Irving and Laing (2013) and Changing Lives, (2016) found that all or almost all of the women they interviewed reported problems with addiction. In many cases, "women entered sex work to fund their own and/or their partner's drug use" (Changing Lives 2016, p13).

Stuart and Grenfell (2020) observed that drug use was often associated with living with past and ongoing trauma:

> "Women described long-term drug use, generally starting in their mid-teens. Thirteen of the women [out of 20] who described using addictively were homeless, 12 had grown up in care and/or had an abusive childhood, and 10 had experienced partner violence; nine had all of these experiences. They talked about their dependence on using as a coping mechanism that allowed them to function and live with longstanding and on-going trauma, homelessness and violence. They also talked about the debilitating effects that using had on their physical health, and the emotional pain of subsequently losing children and relationships." (p13)

Irving and Laing found a high proportion of the women they interviewed (N=9, 81%) were accessing drug treatment. Changing Lives 2016 concluded that although most services are not well equipped to meet women's multiple and complex needs, drug and alcohol services are among the best.

Sexual health

Women involved in sex work need to actively manage their sexual health, but are not always able to do so. On-street sex workers and those with multiple and complex needs appear to have the poorest sexual health, and are often dependent on patchy support, including condom provision from outreach services that may not always be well commissioned.

Platt et al. (2019) found that all sex workers are at increased risk of experiencing HIV infection, chlamydia and gonorrhoea. Voices Heard Group (2007) found that only 43% of women sex workers had ever visited a sexual health/GUM clinic; a quarter (24.5%) had used family planning services; and a quarter believed they had caught a sexually transmitted disease through their work. Changing Lives (2016) found that just a third of sex workers visited sexual health clinics regularly. Stuart and Grenfell (2020) observed:

> "Although 10 women described their sexual health as good or did not mention any particular symptoms or issues, few women mentioned having accessed STI check-ups in recent months, and some described the difficulty of attending fixed-site clinics… Four women mentioned that they had what they considered or suspected was an STI, two explicitly mentioning BV (bacterial vaginosis) because of what they described as an unpleasant smell. Given that no outreach in the area currently offers testing for STIs, and a number of women mentioned a lack of access to condoms since the previous specialist service's outreach had ended, there are concerns that existing conditions will worsen based on previous experiences. None of the women we interviewed talked about medication to prevent (PrEP) or treat (anti-retrovirals) HIV. For a number of women, including three of the eight women who had ever had a cervical smear test, the only time they accessed sexual healthcare was when they were in prison".

Platt et al. also identified the role of policing in increasing sexual health risks for women sex workers. Their meta-analysis of international data showed that repressive policing – including arbitrary arrest, bribery and extortion, physical and sexual violence, failure to provide access to justice and forced HIV testing – is associated with condom confiscation, with an increased likelihood that women will engage in condomless sex, and with twice the risk of HIV and other sexually transmitted infections (STIs).

The Manchester Joint Strategic Needs Assessment for sexual health notes that Manchester has the highest prevalence of HIV outside London and the South East, with higher rates of other STIs too. Women sex workers in Manchester may therefore have poorer sexual health than sex workers in most other parts of the country.

Pain

Physical pain is an issue for many women sex workers, either from violence that they experience, or because they are unable to get the help they need with other physical health conditions and injuries. Some women 'self-medicate' pain with alcohol or illegal drugs. Voices Heard (2007) observed that well over half of women (57%) reported physical pain due to violent clients. Women taking part in the Stuart and Grenfell (2020) interviews reported chronic pain associated with respiratory issues, untreated abscesses and skin ulcers, chronic health problems, old injuries, and unmet dental needs; for example:

> "Now the weather is getting colder it's not going to be good for my chest. Last year I got sharp pains in my back and chest".

> "I have a metal pin in my leg from a car crash when I was [a teenager]. The cold makes it really painful, and the other day I went to A&E. My leg was so painful I was crying".

Other health issues

Women may experience a range of other health issues, especially if they are on-street or 'survival' sex workers who are also homeless and/or using drugs and alcohol. According to Irving and Laing (2013), 'survival' sex workers have a range of physical health problems but escorts do not report poorer physical health than women who are not selling sex. Stuart and Grenfell (2020) also report that women engaged in on-street sex work generally have poor physical health; their descriptions of varying and extensive problems – collected before and during the 'first wave' COVID-19 pandemic – are worth quoting in full because of the level of detail they provide:

> "Most of the women we interviewed said their physical health was poor. Fourteen women described multiple severe conditions, some of which had been diagnosed before they became homeless, including severe osteoarthritis, Parkinson's Disease and epilepsy, while others described concerns they considered less debilitating, such as benign tumours and polycystic ovary syndrome. Just two women, both migrants who did not use any drugs except nicotine, described being in good health. A number of women reported chronic pain and/or health issues that they linked to their diet, being homeless, a lack of opportunities to wash, and drug injection, including skin ulcers, abscesses and infections, and Hepatitis C. Most women were not receiving regular treatment for these conditions... Women made frequent references to chest and respiratory issues" (p16).
>
> "A number of women had not eaten for between one and four days and – except for those in rented accommodation – many others predominantly ate snacks (such as crisps, chocolate and sweets) rather than meals. Few had access to any cooking facilities, and two women mentioned that they relied on food handed out to people experiencing homelessness by charities in Stratford. Many of the women we interviewed were very thin, and several described significant weight loss" (p17).
>
> "Similarly to the initial consultations, the majority of women we consulted with since the pandemic had begun described their physical health as poor. A number of women reported chronic pain and/or health issues that they linked to drug injection, including skin ulcers, abscesses and infections, and Hepatitis C. Eight of the women described having longstanding medical conditions, including sciatica, asthma, ADHD, Asperger's, COPD, carpal tunnel, autism, severe osteoarthritis, septic arthritis, partial blindness and heart abnormalities. Most women were not receiving regular treatment for these conditions. Women were still also experiencing ongoing respiratory issues, as highlighted of concern in the initial report, thirteen women describing symptoms they were worried about. None of the women reported having had COVID-19. However, one woman described having been told that she could not get treatment for a chronic health condition until the pandemic had passed" (p20).

<u>Service responses to health needs; access to health services and support</u>

Almost all women sex workers report problems with accessing at least some services and getting the healthcare they need, for a variety of reasons including: being unregistered; not knowing where to go; not disclosing sex work so that health professionals were unaware of some needs; life circumstances that made planning difficult; not being able to afford treatment; and – notably – stigma, conditionality and commissioning oversight. Some examples of these access problems are presented in this section; more information can be found in the original research sources.

Irving and Laing (2013) found that half of women interviewed (10) reported difficulties keeping appointments due to problems of depression and drug abuse.

Changing Lives (2016) found that only half (11/20) of 'survival' sex workers were registered with GP.

Stuart and Grenfell (2020) found on-street sex workers had problems accessing a wide range of primary and secondary health care services, including GPs, drug treatment, sexual health including problems getting condoms, dental health: "Most women did not have a dentist, could not afford to see one, but many felt that they needed [to]" (p19).

GMCA (2020c) found that women generally (not only sex workers) were most likely to seek information from family or friends, generally (74%) and as first point of call (67%), and that "Women tended only to look for information at a point of crisis and often didn't know where to start or that information can become out of date quickly" (p7).

Ahearne et al. (2020) conclude that "Stigma is a barrier for accessing health care" (p27). Women in other studies reported not wanting to access mainstream services, or not disclosing their sex work, because of judgement or fear of judgement. For example, Changing Lives (2016) found that only 2 of 11 women registered with a GP had disclosed being a sex worker.

Some services are offered conditionally – i.e. sex workers must promise to stop sex work before they can access support. This is often an unrealistic expectation, given the multiple and complex needs of many, especially for those engaged in 'survival' sex work to provide themselves with food, accommodation or drugs they are addicted to. Bowen et al. (2021) conclude "Conditional support services which require individuals to give up sex work in order to access support are ineffective", and conditional support often becomes no support at all.

Putnis and Burr (2019) carried out textual analysis of public health information, concluding that representation of sex workers in public health information is stereotyped and stigmatised, and likely to damage their health and wellbeing. They found an absence of attention to sex workers in national strategies between 2010-16. This is especially important, because if sex workers are overlooked or misrepresented in public health commissioning, then their needs are very unlikely to be met.

Economic and employment needs

We have already seen that different women's engagement with sex work can be very different, and that economic factors are significant. Hester et al (2019; p15) observed:

> "Respondents described a range of engagement patterns: some identify sex work as their only income; others are studying, doing other paid work, volunteering or are caring for others. 'Full-time' could be 2-3 clients a week for some who are paid at the higher end; others are working for as many days as they need to get by. Engagement can be intermittent, including 'end of the month'; 'touring' periods of several weeks; yo-yo-ing while trying to address substance misuse or homelessness; funding travel or study and working between or as needed; or working during stable periods of mental or physical health. Some respondents engaged in selling sex for shelter, to meet bills, for food or drugs described their engagement as 'survival sex'. NGOs and sex worker collectives reported changes in social security benefits to be a driver for many, either in returning to sex work after leaving it, or entering it for the first time. Some individuals may sell sexual services once in their lifetime; some may be involved (continuously, or on and off) for decades".

For all sex workers (but not for those being sexually exploited), sex work is an economic activity, whether it is undertaken to survive or as a business choice or something in between. Arguably, for many, sex work is a technique for self-managing financial need. Studies have tended to look separately at sex work undertaken for survival, as employment and as self-employment, because the economic status of sex workers directly affects their experiences and needs.

> “Women [in escort sex work] state that they work to supplement benefits, pay rent, travel, provide for their children or for one woman, simply as she ‘loves money’. In contrast to several of the survival sex workers, none of these women currently engage in sex work to fund their own or their partner’s drug addictions" (Changing Lives 2016).

Experiences and types of needs

Financial difficulty as an entry point to sex work

There is consensus that many sex workers begin sex work because they have financial needs they cannot meet. For example:

> “Austerity and poverty serve as key drivers in how people involved in sex work experience oppression” (Bowen et al 2021; p17).

> “These [online sex] adverts show a direct link between the financial hardship created by the pandemic and women finding themselves in an extremely vulnerable situation" (Changing Lives 2020, p5).

> “Financial difficulty characterised the entry point for many of the sellers, and those now exited" (Hester et al 2016, p12).

Survival sex work

Long-term financial difficulties keep some women in sex work for survival. The underlying reasons for long-term financial difficulties are complex and personal, and may include ill-health, disability, meeting care costs for someone else who is ill or disabled, immigration status, homelessness, losing a job, inability to get a job, debt, inability to get loans, and/or drug or alcohol use. All these experiences may be compounded by racism or other forms of discrimination – a finding which has implications for meeting intersectional needs.

> “A respondent stated that they ‘can't access disability benefit or housing benefit so have to do sex work [...] can't access diagnostic services on NHS for autism so can't apply to PIP so have to do sex work.‘ The intersections of immigration policy, poverty and marginalisation are captured in some accounts, for instance one sex worker remarked: ‘when also you are experiencing poverty this harms you as it is affecting your working conditions and the power you have to refuse things, this also is true if you do not have rights to work in the UK’” (Bowen et al. 2021,, p18)

> "A number of participants identified as higher education students (as either precipitating their entry into sex work or sex work funding a return to education) and a number identified their (legal) migrant status as constraining their options. The word ‘survival’ was used frequently" (Hester et al 2019, p13).

Recognising sex work as employment

Several recent studies focus on the experiences of women who undertake sex work as a form of self-employment, especially online (e.g. Campbell et al. 2019; Giommoni et al. 2020; Scopula et al 2019).

Rand (2019) observes that online sex work is often economically formalised – i.e. declared and taxed – in contrast to most direct sex work. Also, online platforms offer flexibility (at least ostensibly) - for

example in the number of hours worked, prices set, and whether or not meetings take place - which is appreciated by workers.

> "New modalities of sex work such as webcamming, instant messaging and telephone and text services allow customers to communicate with workers almost anywhere, at any time. The digital sex worker is enterprising, creating an online portfolio that includes a potentially constantly changing mix of direct sex services, mediated sexual services, as well as the digital cultural production of blogs, videos, photographs and, in some cases, self-branding outside of specific sex work platforms through mainstream social media. As 'sexual entrepreneurs' (Harvey and Gill, 2011, p. 52), they are part of the enterprising class, working, investing and self-managing their time and income, grounded in ideals of flexibility and choice" (p41)

Women working as escorts also often appear to view sex work as professionally rewarding: Irving and Laing (2013) found that among the women they interviewed, 12 (86%) stated they enjoyed their work and all 14 were able to identify benefits from working as an escort, including flexible working hours, financial benefits and the work being varied. However, even when sex work is chosen as a form of self-employment, it is often not economically secure: all of the women except one had had other work, and two had regular 'day jobs' in addition to escorting.

Other studies focus on the the lack of employment protections in sex work. Scopula et al. (2019) argue that online and digitally-enabled sex work creates new transactional relationships that need an approach differently focused on labour protections: for example fraud and contractual protections for web-camming. Campbell et al. 2019 argue that sex work is made especially dangerous because it is not recognised as 'work', and particularly that "Current UK policy disallows a framework for employment laws and health and safety standards to regulate sex work, leaving sex workers in the shadow economy, their safety at risk in a quasi-legal system" (p8).

Scopula et al (2019) conclude "There is a growing body of evidence to show that sex work may more productively be viewed in terms of a continuum of exploitation, similar to labour markets more generally" (p235).

Economic value

Several studies look at the economic value of sex work, not to society as a whole, but to individual sex workers. In 2016, Changing Lives reported the following 'market rates', which are notably different depending on the autonomy of individual women:

> "Escorts are able to charge set fees for the time spent with a client. These prices range from £50-60 for 30 minutes, £100- £110 for an hour and so forth, sometimes via use of an agency. Three of the women work via agencies and comment on enjoy- ing the professional approach that comes with this, despite having to pay up to 30% commission to the agency to facilitate the booking" (p16).
>
> "The most money that an opportunistic survival sex worker has been able to charge for full sex is £150. Most other women operate on a survival basis and charge a negotiable £40-60 for full sex. Several have been offered as little as £5 when 'punters' (by which name customers are most commonly referred) have noticed they are 'rattling' or, coming down off substances which they are addicted to" (p11).

Hester et al. (2019) found that payment for sex work may take many forms, including cash, online vouchers, purchases for, and exchange for survival, practical and/or dependency needs. There may

also be associated costs: some sex workers have outgoings such as premises and IT equipment; some declare income and outgoings, and pay tax.

Again, sex workers' autonomy is likely to affect the extent to which they are in control of their earnings. Changing Lives (2016) noted that survival and 'opportunistic' sex workers are likely to sent charges per service but may vary these according to market demand. Irving and Laing (2013) found that women who worked for others generally received little payment. Rand (2019) also observed that pricing and activities offered are largely determined by the market. Furthermore, self-management and self-promotion require unpaid work, create stress, blur boundaries that women had hoped to maintain, and compromise autonomy. Rand concludes that "digital sex workers [are] in a position where choices begin to look more like choices under duress" (p52).

Service responses to economic need

Support services are generally unable to help address sex workers' economic needs – an important point to note. There is little they can do beyond offering or signposting to benefits advice and/or survival support services like food-banks, which are inadequate for many people's needs. Some studies conclude that structural, social changes are needed:

> "Constrained autonomy of those involved in survival sex results from structural failings or inequalities, eg in welfare benefit system" (Sanders et al 2020 p9).
>
> "Financially, a universal basic income for all adults was identified as a means to eliminate survival sex and provide money for basic needs. This coupled with the removal of barriers faced by specific marginalised groups of people including 'trans people, disabled people, migrants, parents, people of colour' was reported. A sex worker summarises: 'Poverty creates the need for work. Give workers liveable wages and genuine exit strategies that do not look like hostels." (Bowen et al 2019, p19).

Other support needs

As we noted at the beginning of Part 2, our framework analysis is designed for a rapid review which aims to pick up key issues, and therefore may not have identified all the less prominent issues. However, the following needs were highlighted in at least one of the sources reviewed.

Criminalisation

We have discussed the criminalisation of sex work to some extent in our section on safety and safeguarding above. Further to this, Platt et al. (2019) observed how policing practices that focus on law breaking, arrest and prosecution may harm sex workers in a number of other important ways:

> "The qualitative synthesis showed that in contexts of any criminalisation, repressive policing of sex workers, their clients, and/or sex work venues disrupted sex workers' work environments, support networks, safety and risk reduction strategies, and access to health services and justice. It demonstrated how policing within all criminalisation and regulation frameworks exacerbated existing marginalisation, and how sex workers' relationships with police, access to justice, and negotiating powers with clients have improved in decriminalised contexts" (p1).

Platt et al. (2019) do not explicitly argue that women sex workers should be supported to understand and gain their legal rights, but they do observe that "The removal of criminal and

administrative sanctions for sex work is needed to improve sex workers' health and access to services and justice" (p1). Since changing the law is beyond the power of support services, and likely to take many years, it is reasonable to conclude that support to realise rights should be part of a specialist service offer for women sex workers in the meantime (see also the section on 'known-unknowns' below).

Immigration and trafficking

Bowen et al. (2021) and Hester et al. (2019) – a major review commissioned by the Home Office – noted that black, Asian and minority ethnic (BAME) and white migrant sex workers may be affected by immigration policies and practices, particularly where there is a 'hostile environment' operating, and/or where there may be questions about their own individual immigration status. Fears about immigration enforcement, and aggressive practices such as police raids, may prevent such women from accessing services, may embolden exploiters or enable exploitation, and may disrupt their own informal networks and peer support. Ahearn et al. (2020) further observed that anti-trafficking practices – though well-intended – were having negative impacts on migrant sex workers:

> "The study shows that migrant sex workers face hostility and isolation as a result of the 'anti trafficking' narratives. This results in migrant sex workers and victims of trafficking being further isolated" (p27).

Homelessness

Studies including Changing Lives (2016) and Stuart and Grenfell (2020) highlighted that many women engaged in survival sex are also homeless. These women have multiple and complex needs – such as addiction, mental illness and experiences of trauma – and it is often difficult or impossible to separate out the different factors, causes and effects of homelessness and sex work.

> "Eight [out of 11] of these women… shared that they have often experienced homelessness or unsecured housing arrangements. In addition, they have often exchanged sex for somewhere to sleep or stayed in abusive relationships at risk of becoming homeless; 'then it was a case of 'you sleep in my bed with me, or I'll sleep in the bed with you'"(Changing Lives 2016, p12).

In Manchester, the Homelessness Reduction Draft Strategy (GMCA 2021b) and the JSNA for Adults with complex lives both acknowledge links with sex work.

Parenting

We have touched on the issue of parenting in several sections already. Women engaged in on-street sex working are often mothers but are less likely to have care of their children, either because they have been taken into care, or because they are being cared for long-term by other relatives, or sometimes because of homelessness, drug issues or immigration status. Bowen et al. (2020) found that of the sex workers they interviewed, "36% had children or were responsible for other family members". Stuart and Grenfell (2020) found that 10/20 of the women they interviewed had children, but none were living with them: three Romanian sex workers had children in their home countries and the others no longer had custody.

For some sex workers living with ongoing trauma, their own experiences as children may be echoed in their current experiences as mothers:

> "Many of the women we interviewed described their and/or their children's experiences of being taken into care. They detailed how the intervention was related to violence and trauma. Six of the women we interviewed mentioned that they had themselves been through the UK care system at some point, and one woman described a traumatic adoption" (p.10).

Stuart and Grenfell (2020) also reported that some on-street sex workers had problems accessing antenatal care, which of course increases risks for the children as well as their mothers.

'Known-unknowns': some needs that this framework analysis does not show us

Since this is practice-informed research, we asked MASH front-line staff to review an early draft of this report and highlight any needs they were aware of, but which were not yet included. A summary of responses is shown below in Table 6; we call these 'known-unknown' needs, because they are known to practitioners working closely with women sex workers but are unknown to academic researchers or not clearly reflected in the academic research. Notably these 'known-unknown' needs all relate to **empowering women as active agents in their own lives**, while the research tends to focus on women as service users, as being 'in need', or as victims. This important shift in perspective shows the value of involving experienced staff in research.

Table 6 - Additional 'known-unknown' needs of women sex workers

Social and skills
- Social, non-judgmental and safe spaces – including women only spaces
- Safe accommodation, particularly single sex emergency, temporary and longer term accommodation options for women
- Women's social needs and need for connection
- Different groups, training and skills development (i.e. Back on Track model)
- The gendered impacts of trauma and coping mechanisms like eating disorders and self-harm
- Mentoring / peer mentoring /befriending (there are models in homelessness, probation services and mental health but not sex work)
Rights
- Women knowing their rights – regarding sex working and the law
- Addressing immigration-related needs – countering approaches that marginalise and make women and their families more vulnerable; addressing trauma before and after immigration
- Women feeling like they cannot exercise their rights and be active citizens
- Rights relating to Children's Services – removal of and contact with children
Influencing, power and decision making
- Lack of trauma-informed commissioning / services and staff approaches
- Planned, resourced and supported meaningful service user involvement (the balance of service agenda and needs and women's agenda and needs; addressing what women will get out of it)
- Voices and say – lack of sex worker voices and discourse and diversity of voices from women of colour, trans and disabled people etc.
- Pathways of employment in sex work services and other workplaces – i.e. women with lived experience at every level, from volunteer to paid worker, to top leadership in local government

Meeting multiple and complex needs

The multiple and complex needs of women sex workers – especially but not only those engaged in on-street or 'survival' sex work – require significant and often personalised support. The shortcomings in support described above are generally a reflection of the challenges, not of willingness.

Local authorities and the NHS have a statutory duty of care to vulnerable adults, including sex workers, and therefore provide or commission a range of specialist services. Manchester JSNA for adults with complex needs recognises that:

> "The interconnectedness of these issues [i.e. complex needs and traumatic life events] means that root causes can be difficult to separate from symptoms. Individuals are more likely to suffer from stigma and marginalisation, resulting in a negative impact on overall wellbeing and quality of life. It can also be hard for this group to access support from services and they are at risk of having poor outcomes in the long-term. Stigmatisation, difficulties with accessibility of services and inconsistent access across services can all be barriers for adults with complex lifestyles accessing the right support" (p1).

<u>What support do women sex workers want?</u>

There is local information available about the support that sex workers in Manchester want, and so this is presented here.

A service user survey carried out by MASH (2013) asked which were the top 3 most helpful services. 37 women responded; the most-wanted services were:

- Drop in (chosen by 62%);
- Health/nurse (57%);
- Case work (38%).

A smaller number of women wanted 'Framing/Education/Counselling' (19-24%); Occupational Therapy or Complementary Therapy (14%) or Art and Drama (8-11%).

It is not surprising that most women prioritise practical and crisis help over activities that would enrich or improve their lives. Maslow's hierarchy of needs (1943) tells us that, generally, people can only address the higher-level needs related to 'self actualisation' when their basic needs relating to survival are adequately met. For some sex workers, particularly 'survival' sex workers and those dealing with trauma, basic survival and psychological needs are clearly a priority.

Goldring et al. (2017) presented finding of an investigation into the support needs of online sex workers in Manchester. 22 women responded; the most-wanted services were:

- Support with online safety (76%);
- Health Services (67%);
- Professional emotional support (62%);
- Help dealing with problem clients (57%);
- Help making friends (52%);
- Web and Technology support (38%).

Perhaps not surprisingly, online workers strongly preferred the suggestion of anonymous online or telephone services to face-to-face support.

The last word goes to Bowen et al. (2021) who highlight that *how* support is provided is at least as important as *what* is offered:

> "Overarchingly, sex workers report needing non-judgmental, sex worker friendly services. Some services that aim to support workers can add to the stigma they experience, and respondents requested that they 'Stop shaming us', citing the difficulties in discussing issues with support services that hold strong ideological positions against sex work. One member remarked: 'It is impossible to talk about assault at work when someone views your work as assault'. Service provision that acknowledges the work in sex work, without resorting to discrimination is important as judgement and discrimination can be problematic. A respondent stated: 'I have experienced discrimination in mental health services for being a sex worker'. Sex workers noted that they have confidence in non-judgemental services and see these as crucial. One sex worker remarked that she chooses 'services where I know I will not be judged, where I know my choices and autonomy will be respected.'" (p19)

4.2.2 Understanding women's needs and experiences – *from the primary research*

This primary research explored a variety of needs and experiences. It is clear from our research that **sex workers are not a homogenous group** and that **their needs are dependent upon a wide range of experiences and identities** such as: type of sex work, ethnicity, immigration status, English as a second language or previous experience of abuse.

Reasons for undertaking sex work

The women's survey didn't explore reasons for sex working. However, comments added in free text boxes highlighted a few common reasons:

- Because they were trafficked / groomed into it as a child
- For money for drugs / alcohol or in exchange for drugs / alcohol
- In exchange for other items, such as food or clothes for children

Where appropriate, we explored these issues further within the depth interviews. There were commonalities amongst many of the experiences described – of **a disrupted or difficult childhood, teenage years and early adulthood**. This included situations such as growing up in care; having parents with substance misuse issues; a prior experience of being sexually abused; having experienced domestic violence or abuse; and being groomed or coerced into sex work as a child or later by an abusive partner.

A more recent crisis, such as **finding oneself homeless**, could also precipitate a woman towards considering sex working.

> *"If they are in a homeless hostel and there's girls in there that work the streets… they tend to get in people's heads and say, if you're ever skint, I can take you down to a place…all you have to do is a, b and c…so they get blagged into it…it's an easy game to get into."*
> **– Woman, street sex worker**

Continuing with sex work often appeared to go **hand in hand with drug or alcohol consumption**, even if that had not been the initial reason for starting sex work.

> *"I got introduced to crack cocaine and the streets just followed after because I thought what am I going to do to feed my addiction"*
> **– Woman, street sex worker**

On the other hand, there was a sub-group of women who had never taken drugs, rather they **were sex working purely to pay rent, household bills** and often **to support their children and families**.

> *"I have just been trying to survive...*
> **–Woman, street sex worker (Eastern European)**

In the main this sub-group of women interviewed appeared to be non-British women living in UK without legal 'rights to work' which meant they had limited options. Though it is recognised that British women are also economically motivated to undertake sex work. In some instances, there **were elements of exploitation**, with men taking advantage of the situation these women found themselves in.

> *"I Have been in this Country for a few years as an immigrant, I have no benefits or a home""*
> **– Woman, sex worker in exchange for goods (BAME)**

Women's needs

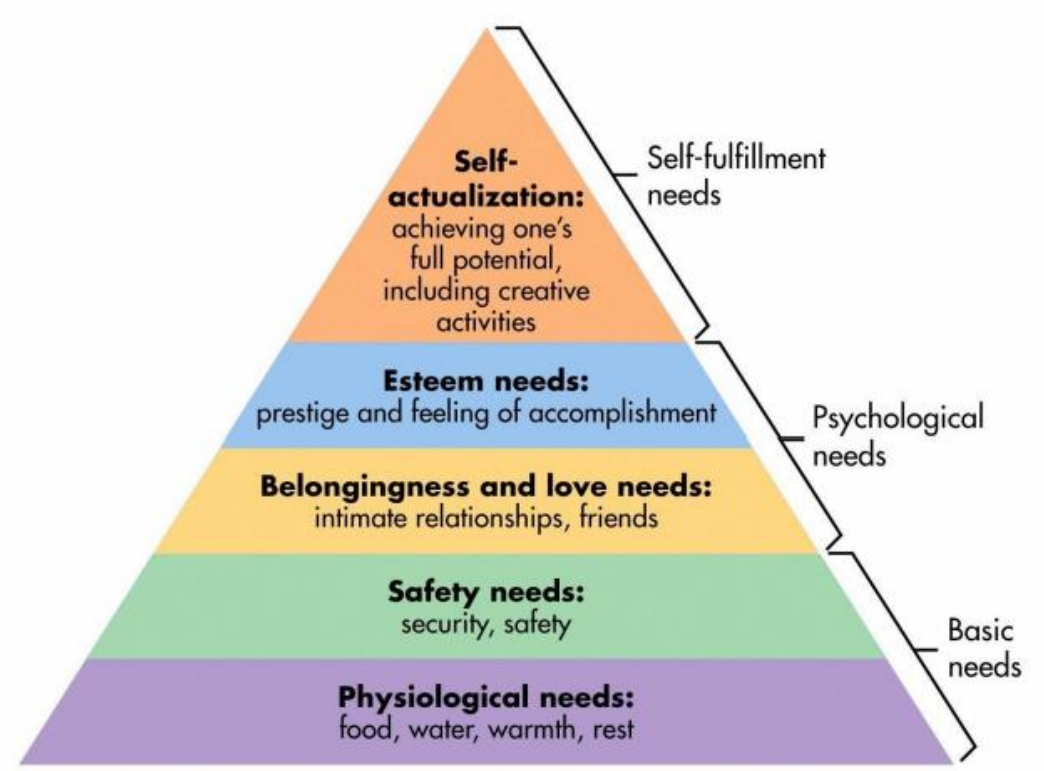
This section explores some of the women's needs highlighted by both the stakeholders and the women. The rapid research review identified several types of need experienced by women who are sex working – primarily safety and safeguarding needs; health and well-being needs; and economic and employment needs – which were also identified through our survey and interviews with women.

As can be seen from the section above, which describes the varied and complex picture of the reasons for undertaking sex work, the **women experience a range of intersectional needs that co-exist** and are related to demographic factors, life experiences, class, citizenship status, substance addiction, homelessness, poverty and more.

It became clear that there were some immediate 'survival needs' relating to health, housing, food and providing for children that needed to be addressed before the women could focus on longer term hopes and aspirations – such as education and employment.

Maslow's hierarchy of needs (see figure 8 provides us with an explanation of how and why these women may prioritise needs. This model is a concept in humanistic psychology which was developed from the mid twentieth century by Abraham Maslow. According to this model, humans have a drive to satisfy basic needs (physiological needs, such as food, water, warmth and rest along with safety needs) before being ready to attend to needs higher up the 'pyramid', such as psychological or self-fulfilment / self-actualisation needs. The model was subsequently refined to include the idea that each level of need could overlap and exist at the same time as the needs above and below; and that the journey through the levels could fluctuate over time in both directions - downwards to a lower level as well as upwards.

Figure 8 - Maslow's Hierarchy of Needs[5]



The women's survey provided 3 pre-defined lists of potential needs focusing of the following key areas;

- Health and wellbeing
- Practical matters
- Other support

All but one woman reported they had support needs. As the tables 7a-7c below show many areas of support were in high demand, but health and wellbeing needs were of most importance – particularly around; sexual health (85%), general health (78%) and needle exchange (64%). These were followed by a need for practical help to get to appointments (34%).

The majority of women cited several support needs, at an average of just over 7 items each. It is interesting to note that **the top 7 needs** (shown via shaded cells), can all be categorised as part of the lower 2 tiers of Maslow's model – **physiological needs** and **safety needs** (of which **health** is deemed to be a part).

[5] McLeod, S A (2018, May 21). *Maslow's hierarchy of needs.* Retrieved from https://www.simplypsychology.org/maslow.html

Table 7a - Health and wellbeing support needs

	No	%
Sexual health (e.g. STI tests, contraception)	127	85.2
General healthcare	116	77.9
Needle exchange	95	63.8
Disability and long-term health conditions	47	31.5
Alcohol / substance misuse	45	30.2
Dental care	38	25.5
Counselling	35	23.5
Mental health	28	18.8
Condoms	19	12.8
Pregnancy testing / termination / support during pregnancy	14	9.4

MASH Women's survey 2021: Base – 149 (2 skipped)

Table 7b - Practical matters

	No	%
Practical help (e.g. transport to appointments)	51	34.2
Hardship support (e.g. food parcels, clothes, toiletries)	39	26.2
Safety (e.g. safety alarms, dodgy punter reports)	38	25.5
Benefits	37	24.8
Debt or finance	36	24.2
Education or training	34	22.8
Employment	23	15.4
Peer support, from others in similar situation	22	14.8
Representing me or speaking up for me	21	14.1
Referrals to other organisations	21	14.1
Social activities	18	12.1
Housing or homelessness prevention	17	11.4

MASH Women's survey 2021: Base – 149 (2 skipped)

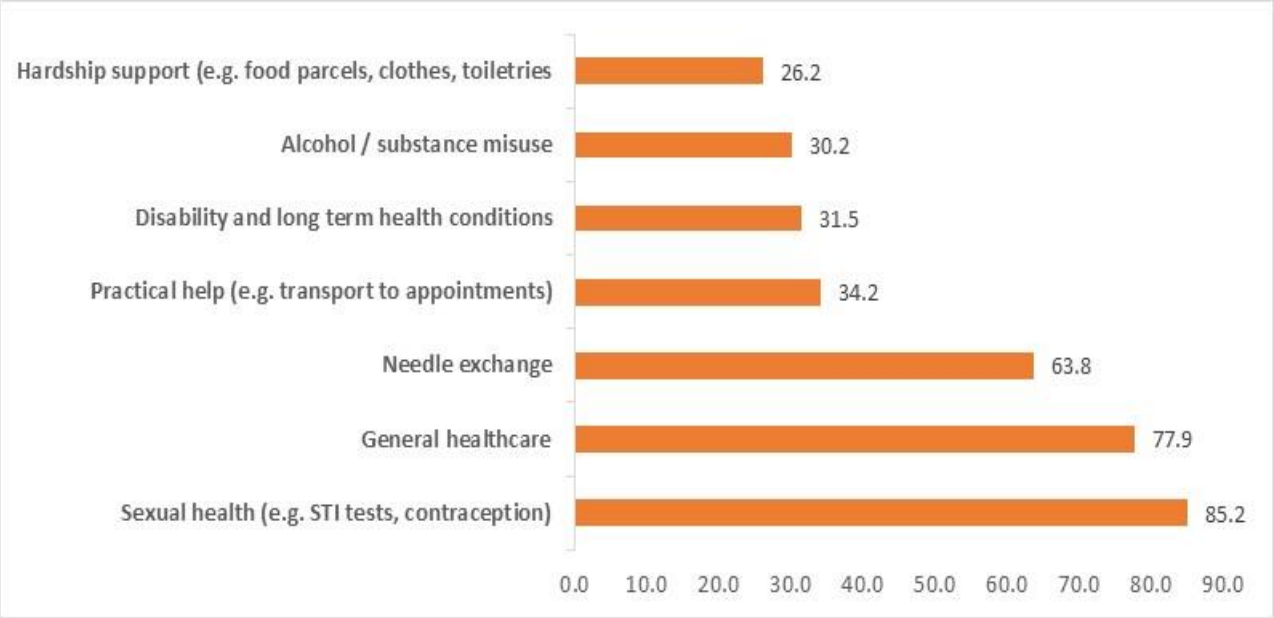
Table 7c - Other support

	No	%
Sexual abuse / assault	25	16.8
Asylum / immigration	25	16.8
Racial discrimination	25	16.8
Trafficking / modern slavery	23	15.4
Domestic abuse	17	11.4
Providing care (as a parent, to an older person, or person with a disability)	15	10.1
LGBTQ	12	8.1
Crime / criminal justice / legal issues	10	6.7

MASH Women's survey 2021: Base – 149 (2 skipped)

It is important to note that just over one quarter (27%) of women were in need of hardship support – food, clothing, toiletries. This was also highlighted within the depth interviews with women – who were in the main street sex working and, in some cases, had been or were still rough sleeping. Furthermore, as figure 4 showed, just under one in ten women surveyed had undertaken sex in exchange for items such as food, drugs or a bed for the night.

Figure 9 - Top needs

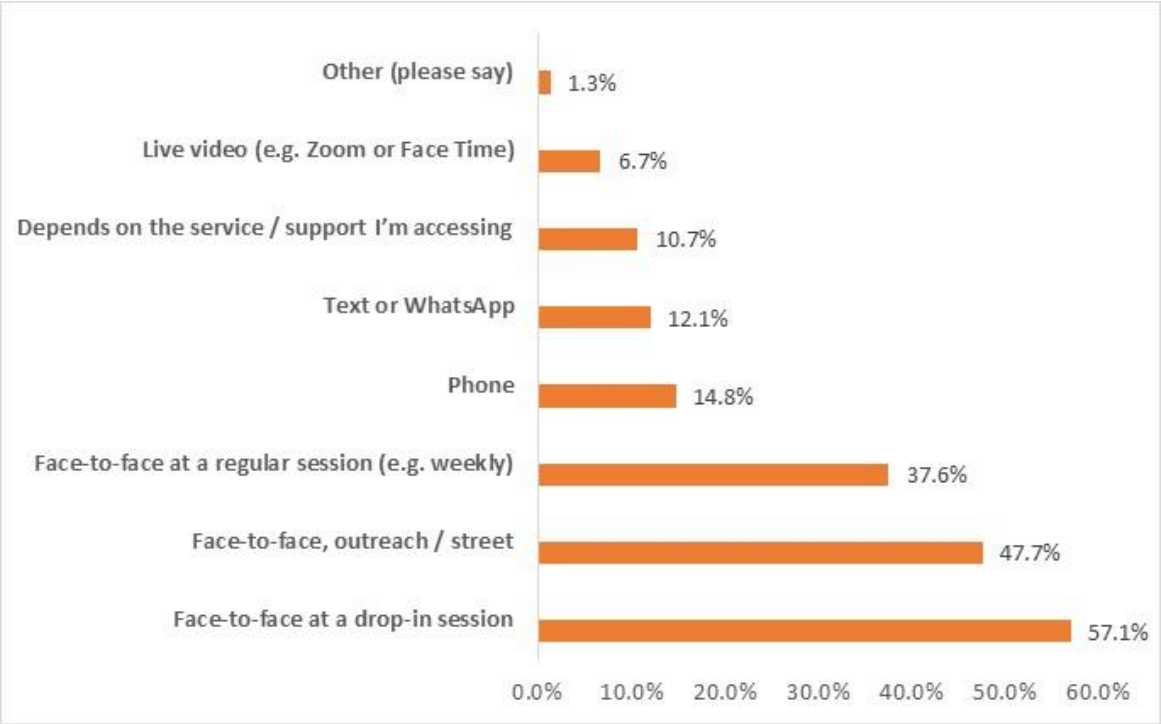


MASH Women's survey 2021: Base – 149

Women's view on how and when they would like to access services

The majority of women said they preferred to receive help and support **via face-to-face methods** and mainly via drop-ins (57%), outreach services (48%) or regular weekly sessions (38%). The use of phone, WhatsApp/ texts and Zoom calls was much less favoured/popular with under 15% of women wanting to access services in this way.

Figure 10 - How women would like to access services



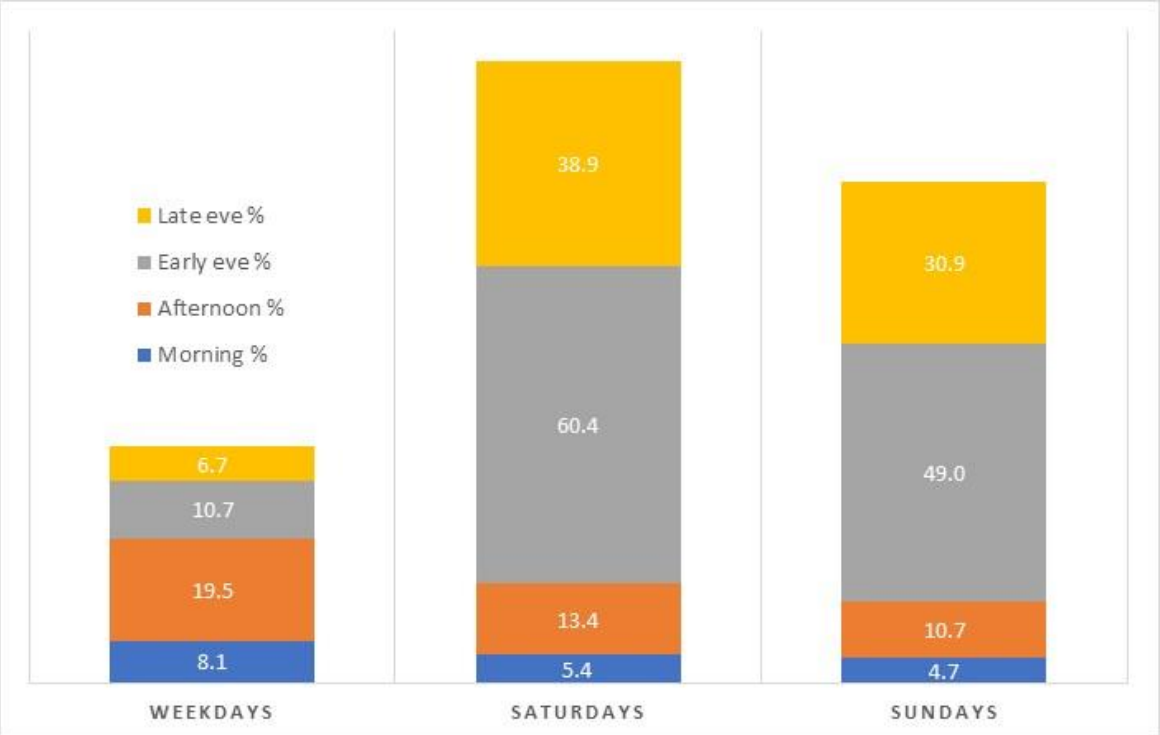
MASH Women's survey 2021: Base – 149 (2 skipped)

During the interviews women also explained further what was important to them in terms of accessing services. As well as receiving help and support via face-to-face methods, **having the 'right people'** working within organisations were critical. Of key importance were:

- Female workers
- Someone they could trust and build up a relationship with
- Not being judged

In terms of the times of days and days in the week when women would most like to access support, the majority stated weekends – with Saturday being the best day. Early or late evenings were also preferable as illustrated in the chart below.

Figure 11 - When woman would like to access services



MASH Women's survey 2021: Base – 149 (2 skipped) – multiple response figures may not add up to 100%

4.2.3 The intersectional needs and experiences of the different communities of women – summary conclusions

The rapid review identified these key areas of need for women sex workers:

Safety and safeguarding needs: Sex work is often unsafe. Most sex workers (63-80%) experience violence at some point, the risk of harm to sex workers appears to be increasing, and the risk of death (mortality) is far higher than for the general population.

Health and wellbeing needs: Sex work is associated with poorer health and wellbeing, and particularly with poor mental ill-health. All women engaging in it seem to experience negative health and wellbeing effects, although experiences and needs vary. The less control women have over their sex work activities, the more adversely their health and wellbeing seem to be affected.

Economic and employment needs: Many sex workers begin sex work because they have financial needs they cannot meet, and long-term financial difficulties keep some women in sex work, especially for survival. The underlying reasons for long-term financial difficulties are complex and personal, and may include ill-health, disability, meeting care costs for someone else who is ill or disabled, immigration status, homelessness, losing a job, inability to get a job, debt, inability to get loans, and/or drug or alcohol use. All these experiences may be compounded by racism or other forms of discrimination.

Other support needs: Women sex workers often also have multiple and complex support needs, particularly relating to criminalisation; immigration and trafficking; homelessness and parenting. They may also have further needs particularly relating to empowering women as active agents in their own lives.

Manchester City includes sex workers in its joint strategic needs assessment (JSNA) of adults with complex lives. Sex workers are more likely than average to experience mental ill-health, drug or alcohol dependency, homelessness, long-term illness or disability, learning difficulty, to be victims of crime especially violent crime, and/or to have experiences within the criminal justice system themselves. This was also true of the women we engaged in the primary research.

A couple of earlier very small-scale studies indicated which services were most wanted by women sex working in Manchester. A 2013 MASH study found that top 3 most wanted services were: drop-in (62%), health / nurse (57%) and case work (38%). Goldring et al. found that online sex workers in Manchester wanted: support with online safety (76%), health services (67%) and professional emotional support (62%).

This primary research explored a variety of needs and experiences. Women reported various reasons for undertaking sex work, but for many it was for survival and not out of free choice. Some said they undertook sex in exchange for food, drugs, a bed or provisions for their children. For a large proportion of British women - particularly those who are street sex working, addiction and homelessness played a big part. A proportion of these women had complex backgrounds, often having experienced abuse (sexual and domestic), some from childhood and others within adult relationships. Sexual exploitation played a major role for many of the women.

For some non-British women, a key driver for undertaking sex work was to provide for their families, rather than as a result of feeding addiction. They often had no other recourse to money (no benefits, rights to work in the UK), so sometimes undertook sex work in exchange rent or clothes for their children.

A large proportion, 85% of women surveyed had needs around sexual health, followed by general health care (78%) and needle exchange (64%). Other common forms of health support needed were for those with disabilities or long-term health conditions (31%); and for alcohol or substance misuse (30%); practical support was also required including transport to appointments (34%), hardship support (26%) and support around safety (25%).

4.3 How the services in Greater Manchester are meeting the needs of women who are sex working. Where the gaps are and lack of specialist provision

4.3.1 Policies, Strategies, Plans and Responses – from the rapid research review

National policies strategies and planning

Responses to sex work in Manchester are significantly influenced by three key policy and planning documents:

The nature and prevalence of prostitution and sex work in England and Wales today - Home Office commissioned report (Hester et al 2019) – A comprehensive review of the nature and prevalence of sex work in England and Wales, including a systematic research review (sources from 2000-2018), and thematic review of 1180 public survey responses including from 529 sex workers, 42 detailed follow-up surveys, and conversations with more than 90 organisations.

Policing vulnerability in sex work: the harm reduction compass model (Sanders et al 2020) - Proposes a new approach to, and vocabulary for, policing which is based on harm reduction and already becoming influential. It identifies types of harm (interpersonal, community and situational) and degrees relating to autonomy, then proposes a dynamic model for 'areas of operation' in the police response (enforcement, safeguarding, public health, support). Its key conclusions include that a harm reduction approach contributes to policing objectives, and enables police to act as allies rather than adversaries, with better effects on public health, crime and harm reduction, and improved legitimacy.

National Policing Sex Work and Prostitution Guidance 2019 – Current policing guidance, including operational principles and guidance for community managers, front-line officers and other staff. Offers practical advice to police and, as well as recognising the vulnerability of sex workers, recognises challenges and the need to balance community concerns with duties to enhance the safety of sex workers and address crimes against them. Offers a particular focus on sexual exploitation and organised criminal activity: "reducing vulnerability and criminality". Acknowledges complexity, stigma, hidden nature, vulnerability, exploitation, safeguarding and safety issues in sex work. Commits to policing based on engagement, increasing trust and confidence, building understanding, non-judgmental, reducing vulnerability and criminality, maximising safety, consistency and using 'what works' (P4).

Local strategies and planning relating to sex work in Greater Manchester

In addition to the national strategies and guidance above, there are key local strategies and plans which take account of local circumstances and needs.

Strategic planning in Greater Manchester is clearer and more joined up than in many other areas of the country because the Greater Manchester Combined Authority (GMCA) brings the 10 local authorities and other relevant public sector agencies together to collaborate and plan. Nevertheless, there are complexities: particularly, how influential and effective each plan or strategy is often depends on who has been involved in developing it and who has 'ownership' for implementing it. Generally speaking, Manchester Council leads on plans and strategies relating specifically to the city and GMCA leads on planning for the wider greater Manchester area.

Manchester Council has a dedicated Sex Worker Strategy, produced by the Manchester Community Safety Partnership and Manchester Sex Work Forum. This aims to improve the safety and life outcomes for sex workers through better collaboration. Its current priorities are to:

1. Support people who sex work to be safer, healthier and happier
2. Inform and influence policy and service design
3. Strengthen partnerships and improve information-sharing
4. Understand and respond to change.

The Sex Worker Strategy is aspirational and presents a vision for responses to sex work in Manchester, more than evidence about sex work or sex workers' support needs. The CSP and Forum are currently working on an action plan to support the strategy; as far as we know, there are no similar plans in any other Local Authority area.

Other relevant local planning documents include:
Gender Based Violence Strategy (greatermanchester-ca.gov.uk)A Greater Manchester pre-consultation draft strategy report, with 10 aspirational priorities for improvement
Joint Strategic Needs Assessment – Manchester City Council's local assessments of the needs of vulnerable populations. Includes separate assessments for adults with complex lives, sexual health, and work and health.
Commissioning with Compassion and Conviction - Report from a consultation to shape the recommissioning of services for women in Greater Manchester, especially vulnerable and marginalised women.
Greater Manchester Strategy – An aspirational vision for people and place in Greater Manchester. Includes relevant priorities for safer and stronger communities, and healthy lives.
Police and Crime Plan - Local high-level (not operational) crime and policing plan for Greater Manchester. No explicit mention of sex work but included a relevant priority of 'keeping people safe', especially vulnerable people.
Drug and Alcohol Strategy – A Greater Manchester strategy. No explicit mention of sex work, but relevant because sex workers are known to be at higher risk of drug and alcohol misuse.
GM Homelessness Prevention Strategy 21-26 (greatermanchester-ca.gov.uk) A Greater Manchester strategy. Recognises the link between sex work and homelessness.

Key services working with sex workers in Manchester

The Manchester Sex Work Forum brings together the key organisations working with sex workers in Manchester. Its members are listed here; click links to find out more about their services and support:

British Transport Police
Cheshire and Greater Manchester Community Rehabilitation Company
Greater Manchester Police
LGBT Foundation
Lifeshare
Manchester City Council
Manchester Action on Street Health (commissioners of this research)
National Ugly Mugs
The Men's Room

There are less structured arrangements to support women who are sex working in the other Greater Manchester areas than in the Manchester City area.

4.3.2 How support services in Greater Manchester are meeting the needs of women who are sex working – *from the primary research*

Women's experiences of services accessed

The women's survey asked about the support they had received in the past and their view towards those services.

Using the same pre-coded lists (as in section 4.2.2) women were asked which services they had used. As tables 8a-8c show, much fewer women had actually accessed support compared to those that would like to receive support in the future. Nonetheless, the types of support most likely to have been accessed was similar to that most required in the future namely; sexual health, general health (as expected from the inclusion of sex workers in the JSNA) and practical help to get to appointments. Again, the top 7 services accessed are shown by the **shaded cells**.

Table 8a - Health and wellbeing support accessed

	No	%
Sexual health (e.g. STI tests, contraception)	36	24.2
General healthcare	36	24.2
Needle exchange	31	20.8
Disability and long term health conditions	22	14.8
Alcohol / substance misuse	22	14.8
Dental care	21	14.1
Counselling	19	12.8
Mental health	18	12.1
Condoms	18	12.1
Pregnancy testing / termination / support during pregnancy	13	8.7

MASH Women's survey 2021: Base – 149 (2 skipped)

Table 8b - Practical support accessed

	No	%
Practical help (e.g. transport to appointments)	32	21.5
Hardship support (e.g. food parcels, clothes, toiletries)	29	19.5
Safety (e.g. safety alarms, dodgy punter reports)	27	18.1
Benefits	26	17.4
Debt or finance	25	16.8
Education or training	24	16.1
Employment	24	16.1
Peer support, from others in similar situation	21	14.1
Representing me or speaking up for me	16	10.7
Referrals to other organisations	15	10.1
Social activities	14	9.4
Housing or homelessness prevention	6	4.0

MASH Women's survey 2021: Base – 149 (2 skipped)

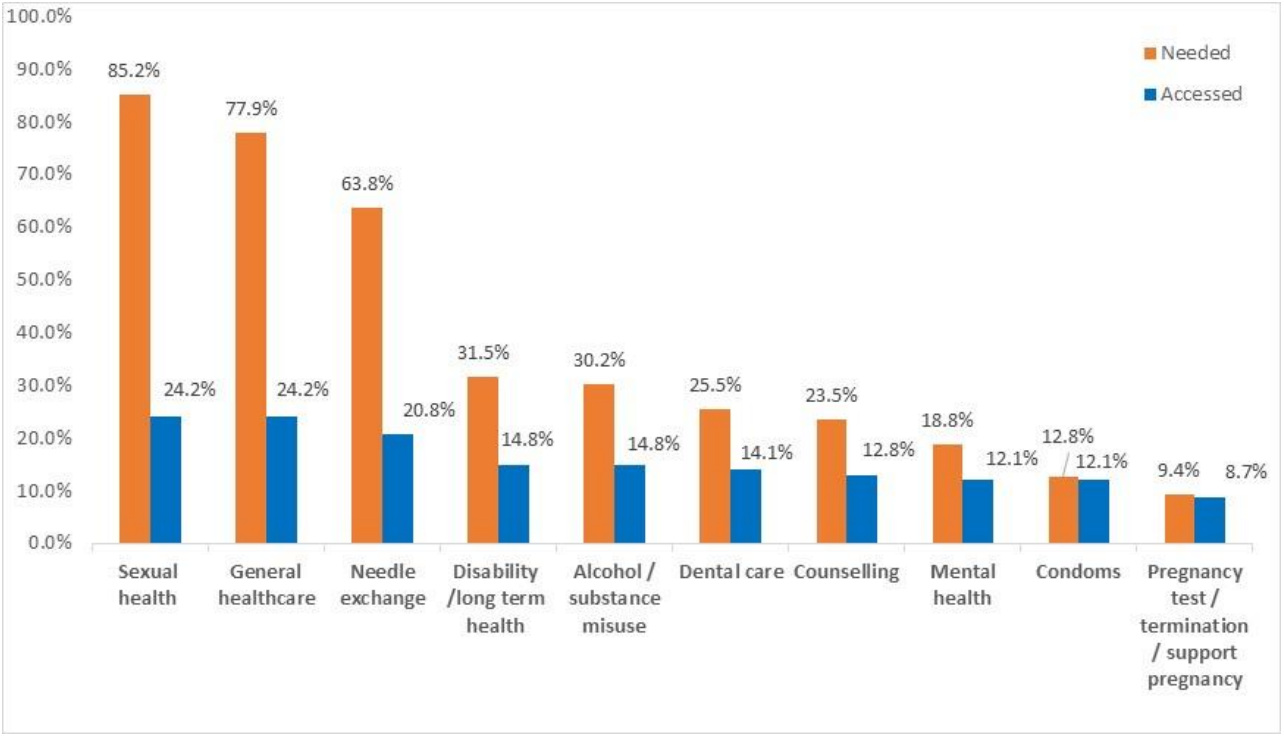
Table 8c - Other support accessed

	No	%
Sexual abuse / assault	18	12.1
Asylum / immigration	16	10.7
Racial discrimination	12	8.1
Trafficking / modern slavery	9	6.0
Domestic abuse	5	3.4
Providing care (as a parent, to an older person, or person with a disability)	4	2.7
LGBTQ	3	2.0
Crime / criminal justice / legal issues	3	2.0

MASH Women's survey 2021: Base – 149 (2 skipped)

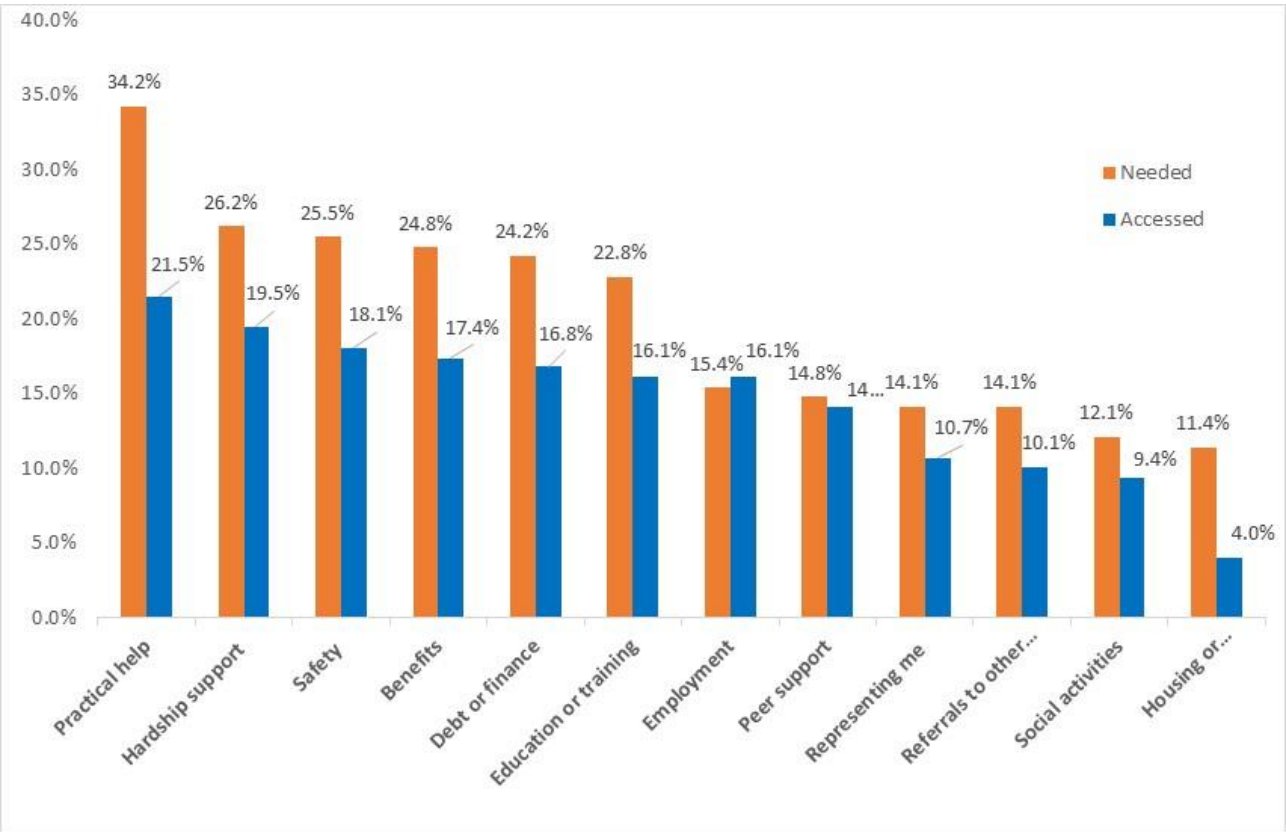
The three graphs below allow us to see the comparison between the support women would like to access against the support they would most like to receive in the future.

Figure 12a - Health and wellbeing support needed and accessed previously



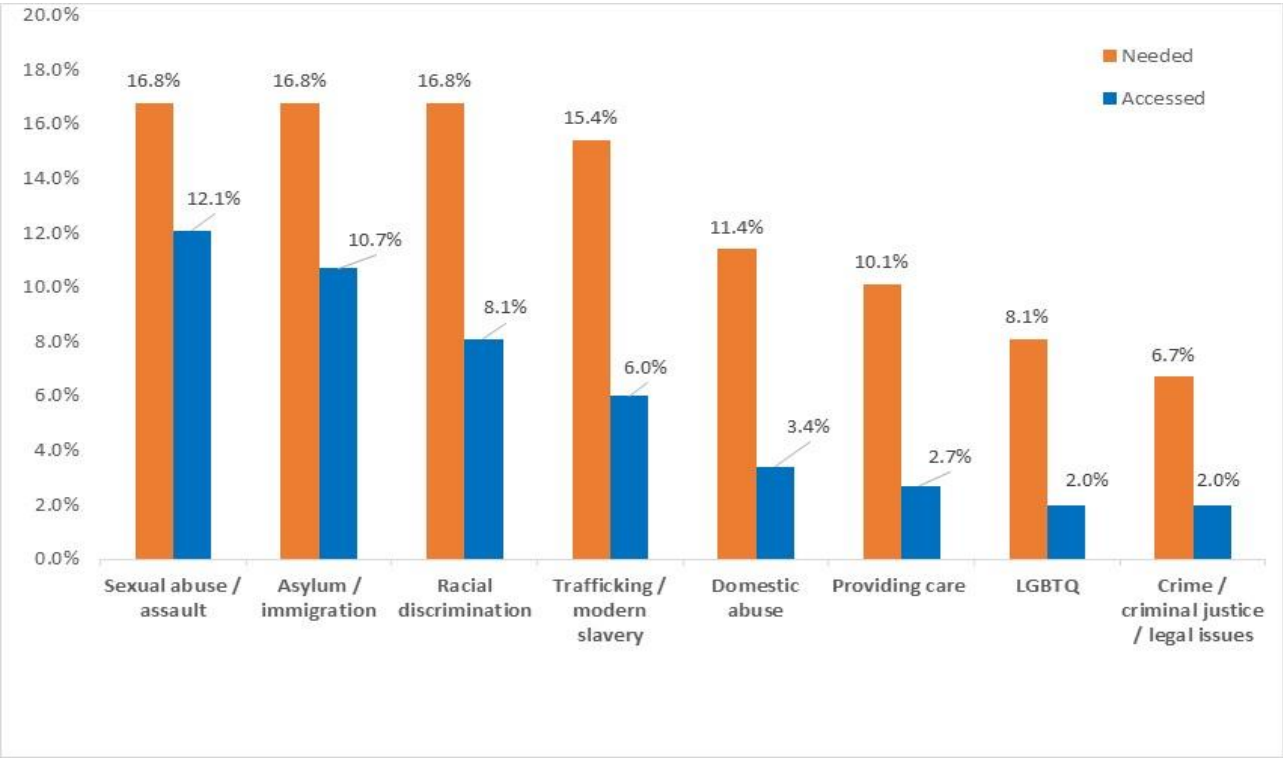
MASH Women's survey 2021: Base – 149 (2 skipped)

Figure 12b - Practical support needed and accessed previously



MASH Women's survey 2021: Base – 149 (2 skipped)

Figure 12c - Other support needed and accessed previously



MASH Women's survey 2021: Base – 149 (2 skipped)

A number of women within the survey provided additional comments about the support they'd received previously and this was also discussed in more depth in the interviews. Many talked about their experiences of accessing MASH – which is covered separately below.

In terms of **other service providers** accessed, the women had quite **mixed** experiences. Some women highlighted positive experiences with organisations and agencies, which is contrary to findings from some other studies. Agencies mentioned in a positive way included:

- Housing First
- Urban Outreach
- Mustard Tree
- Step Change
- Social services
- The police in Manchester city area – *"…support from the police when I suffered DV. Police issued a domestic violence protection order."*

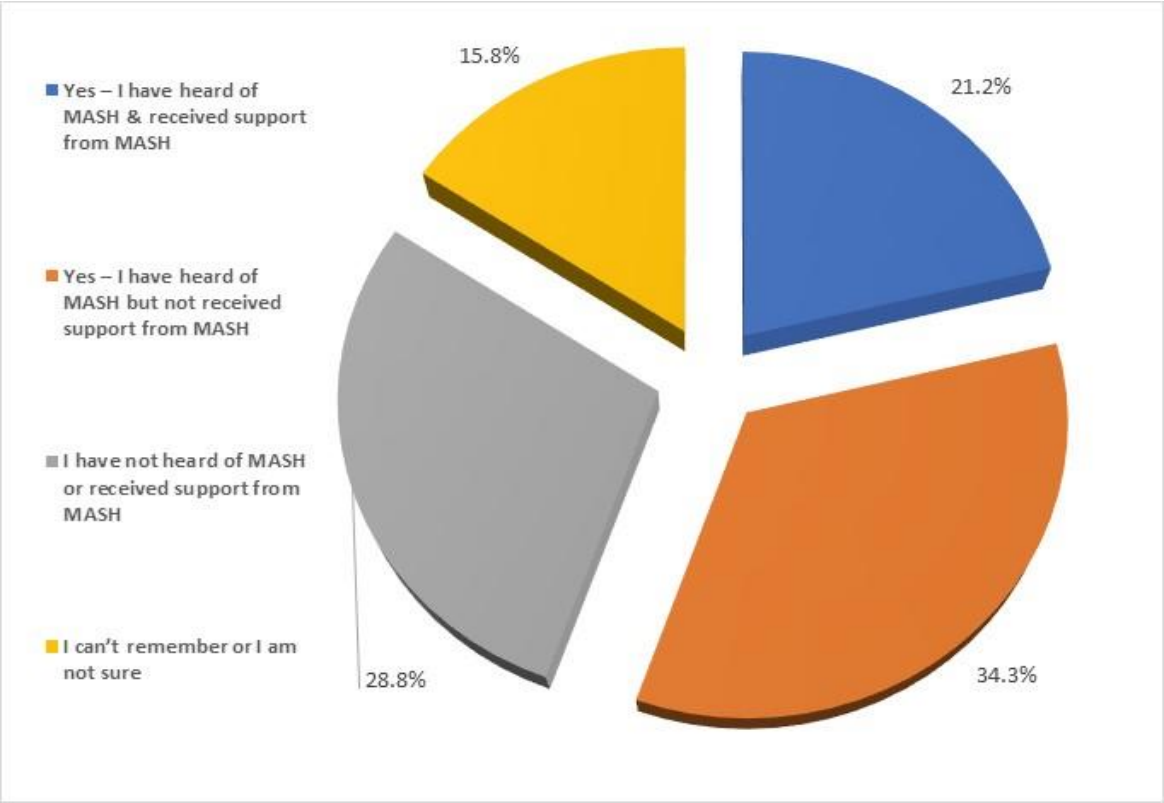
Conversely, a proportion also reported **negative experiences**. Long waiting lists for drug treatment and housing were reported, as well as some services being 'hit and miss'. Several women also talked about having been in the care system for a number of years as children and how they felt 'let down by the system', this ultimately, affected their ability in being able to 'trust' some organisations.

> *"It is wrong being put out on the street like a f***ing dog after being in the care system all my life and the abuse and neglect. And having a baby and losing a baby and being put on the street like I am nothing".*
> **–Woman, survival street sex worker**

Women's experiences of accessing MASH services

Women were asked whether they had heard of and accessed MASH previously. We reached beyond MASH's own user group – as only one in five (21%) had heard of and used MASH, 34% had heard of but not used and 29% hadn't heard of MASH at all. The rest were unsure.

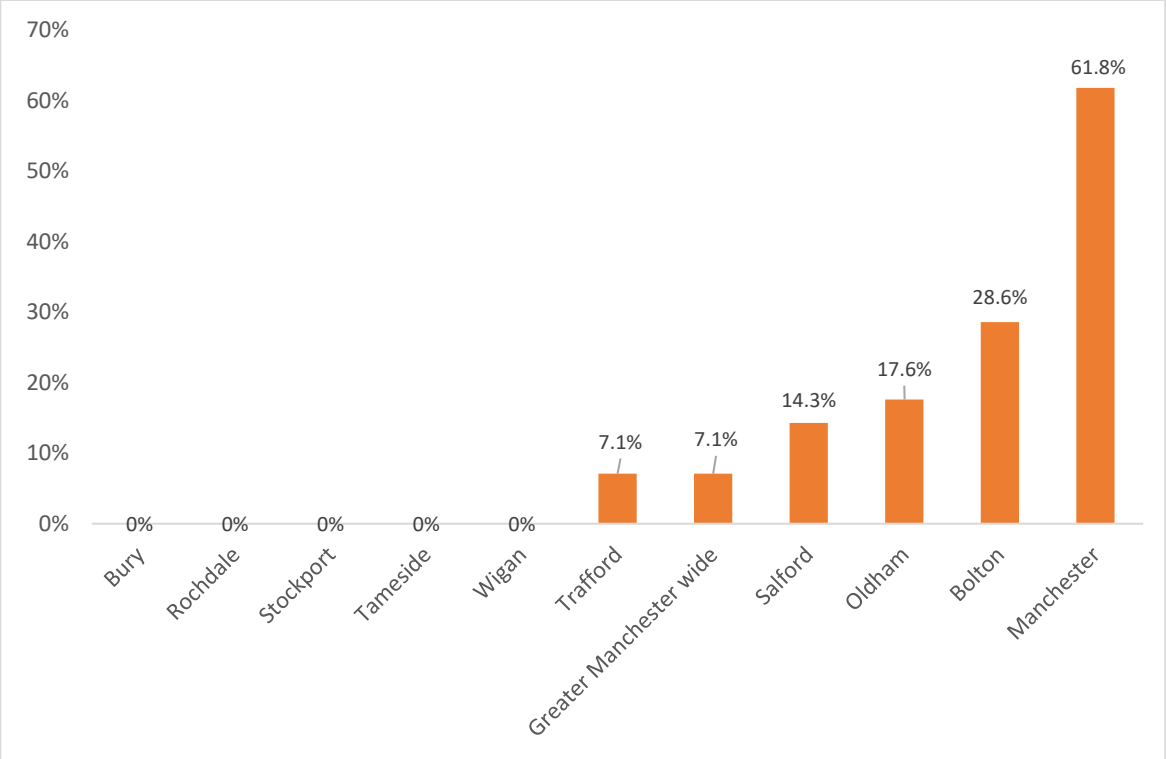
Figure 13 Awareness and use of MASH and its services



MASH Women's survey 2021: Base – 146 (5 skipped)

Further analysis of those women **who had heard of and accessed MASH services by Borough** of residence shows that the majority 62% were living in Manchester, followed by those living in Bolton (29%) and Oldham (18%). There were 5 Boroughs where no women from these areas had accessed MASH services as the graph below shows.

Figure 14 - Those who have accessed MASH services by Borough of residence.



MASH Women's survey 2021: Base – 31 (Those who have accessed MASH services)

Those women **who had accessed MASH** provided further comments about the help and support they'd received. The women were overwhelmingly positive and grateful for what MASH had done for them. For some the support had literally changed or saved their lives by helping in the following ways:

- Stopping taking drugs
- Stopping sex working
- Finding permanent housing
- Providing counselling / therapy

"Their support saved me in many ways over the years and I will be forever grateful let's put it this way without them I'd be dead by now or have a disease or something…. Like my second family and one day I hope to give back for all they have done for me"
–Woman, street sex worker

Of high importance to women accessing MASH was that it was a **women's only venue** – which is different to a lot of other services they have accessed before. It was evident the women particularly valued the staff working at MASH (paid and volunteers were mentioned). They talked about how important their relationships were, which they developed with staff and how well they'd connected. Some women talked about how **they felt cared for and listened to** for the first time in their lives.

Others also mentioned the range of support and help available including **the day-to-day practical help** and provision of:

- Food
- Clothes and bedding
- Condoms
- Needles
- Support to access other services

"I don't need any other support because MASH help with everything…I would rather just work with one person instead of lots of different agencies…I don't know where I'd be without them"
–Woman, ex- street sex worker

"[MASH worker] went out today and bought me a waterproof jacket from Decathlon. She bought me a new bigger tent, a sleeping bag and airbed."
-Woman, survival street sex worker (homeless)

As highlighted earlier having **MASH presence on the street** on an evening also provided the women with reassurance and a sense of safety.

"I just sitting there and having a brew and a chat"
–Woman, ex- street sex worker

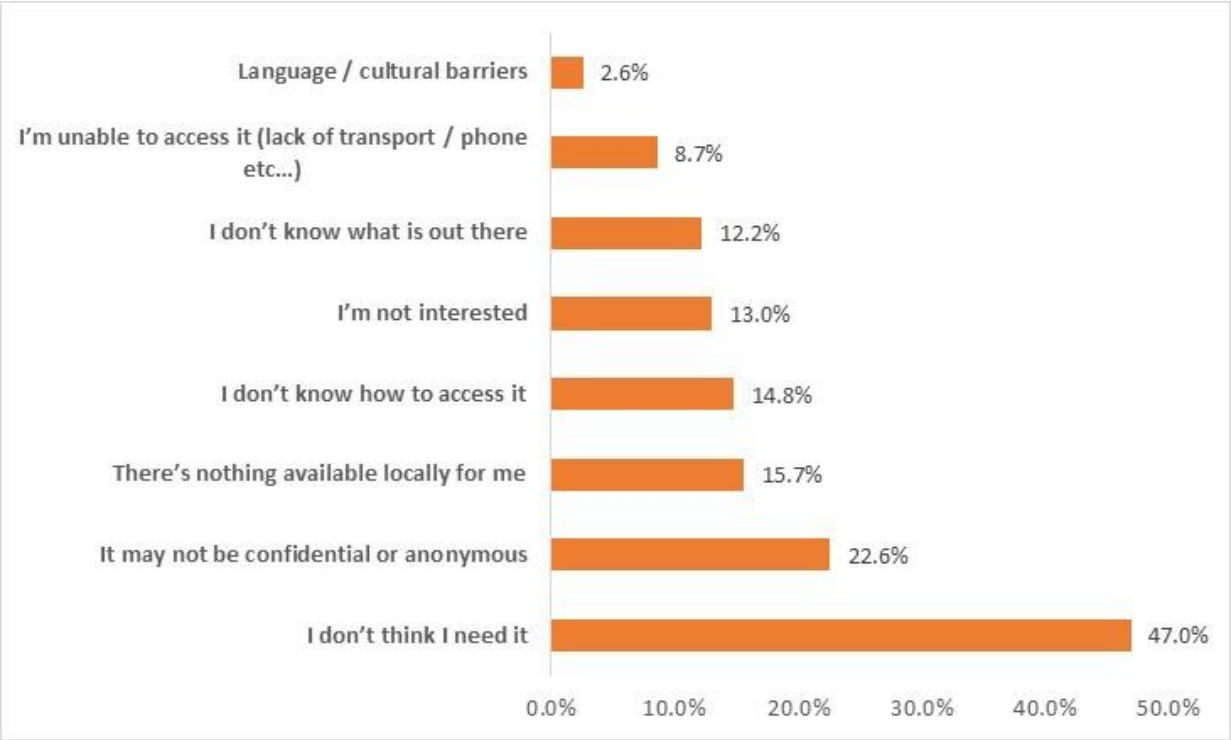
It was also apparent that there was a continued reliance on MASH by some women who were no longer sex working but enjoyed the MASH drop-in experience and the range of activities and the social aspect it offered.

Women's reasons for not accessing services

As highlighted above all but one woman had accessed some support services, often several in the past. However, the women's survey questioned **why they hadn't needed or accessed certain types of support services.** As the chart below illustrates, almost half (47%) of those answering this question n=115, felt they didn't need some of the help and support listed. A further 13% said they were not interested. It could have been that **some services were not on the radar** for those 'not interested' unless they were services that were appropriate for their current 'life stage'.

For the types of support they hadn't needed, women were asked their reasons why they hadn't accessed them. Mainly they reported concerns around confidentiality (21%), that services were not available locally (16%) and inability to access services – not knowing how (15%).

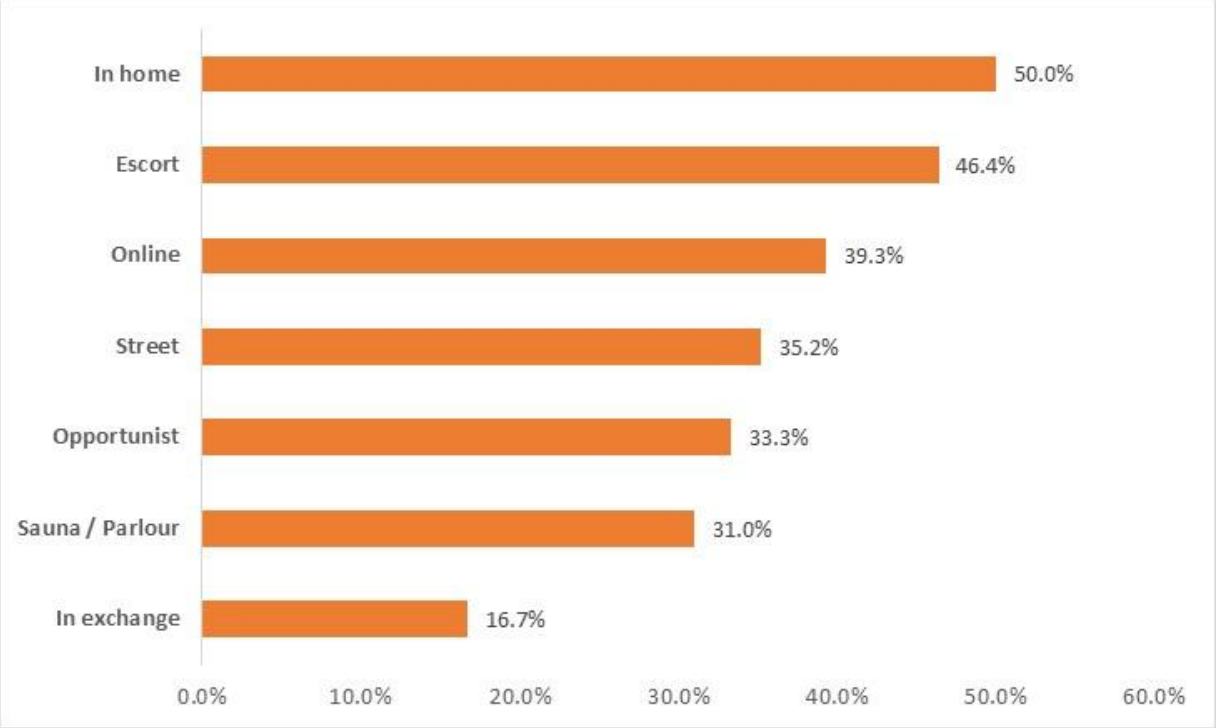
Figure 15 - Reasons for not accessing certain services



MASH Women's survey 2021: Base – 115 (36 skipped), multiple response question, figures may not add up to 100%

When we look in more detail at those women who said they had not needed help and support, by the different sex work they are currently involved in, it would appear that those doing 'in home' (50%), escort (46%) and online (39%) sex work had been less likely to need support than those undertaking sex in exchange for food, clothes, drugs etc… (17%).

Figure 16 - Women who state they do not need support by type of sex work



MASH Women's survey 2021: Base – 54 (women who do not need support) multiple response question, figures may not add up to 100%

Within the interviews it was clear **that language and cultural barriers were significant** to those they affected and further **compounded other challenges** they may be facing when trying to understand what services are available and subsequently access them.

"Although I can understand 60-70 % of what I hear I can't express myself… I don't really know what is out there"
–Woman, street sex worker (Eastern European)

Cultural and language barriers were also reported by one of the **stakeholders working with African women**, highlighting issues around stigma too, affecting these women.

As already mentioned, **lack of trust** was another reason women were often reluctant to access services.

"Most of the women have multiple barriers - language and cultural mainly…this is a very sensitive issue and taboo in Africa, women don't want to admit they are doing sex work"
– Stakeholder working with BAME women

Organisational Stakeholder perspective on support services

The organisational stakeholder survey responses demonstrated that the **majority of their organisations are generalists**, providing support for multiple groups of people, with an average of ten groups quoted per organisation, as shown in the figure below.

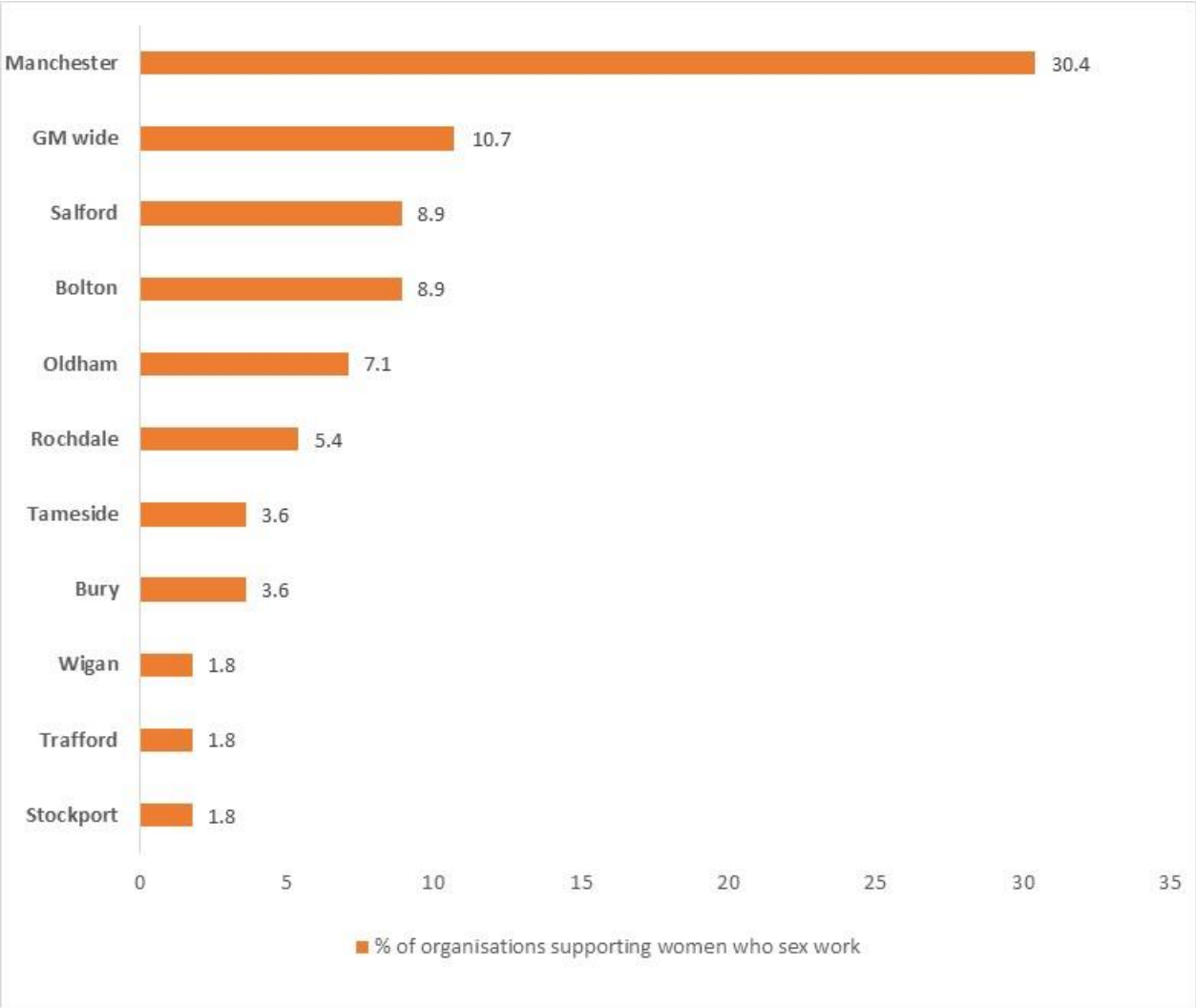
Figure 17 - Groups of women supported by organisations

MASH Stakeholder's survey 2021: Base = 56 (multiple response question, figures may not add up to 100%)

Around half of all stakeholder organisations (52%) **explicitly offered support to women who are sex working**. It is notable that many of the other needs of sex workers as highlighted in the rapid research review are also supported here by over half of organisations – such as: homelessness (62%), domestic and sexual abuse (59%), health and wellbeing (55%) mental health (54%), multiple complex needs (52%) and sexual health (52%).

The figure below shows there are 29 organisations providing services to sex workers GM wide, covering each of the boroughs – with a concentration of services in Manchester.

Figure 18 - Stakeholder organisations supporting sex workers by borough



MASH Stakeholder's survey 2021: Base = 29

Several organisations via the verbatim comments also provided details about **multi-disciplinary programmes of support** they offered to cohorts of women facing complex and overlapping challenges. In these cases, the support was not offered to separated cohorts: rather, it was intentionally holistic.

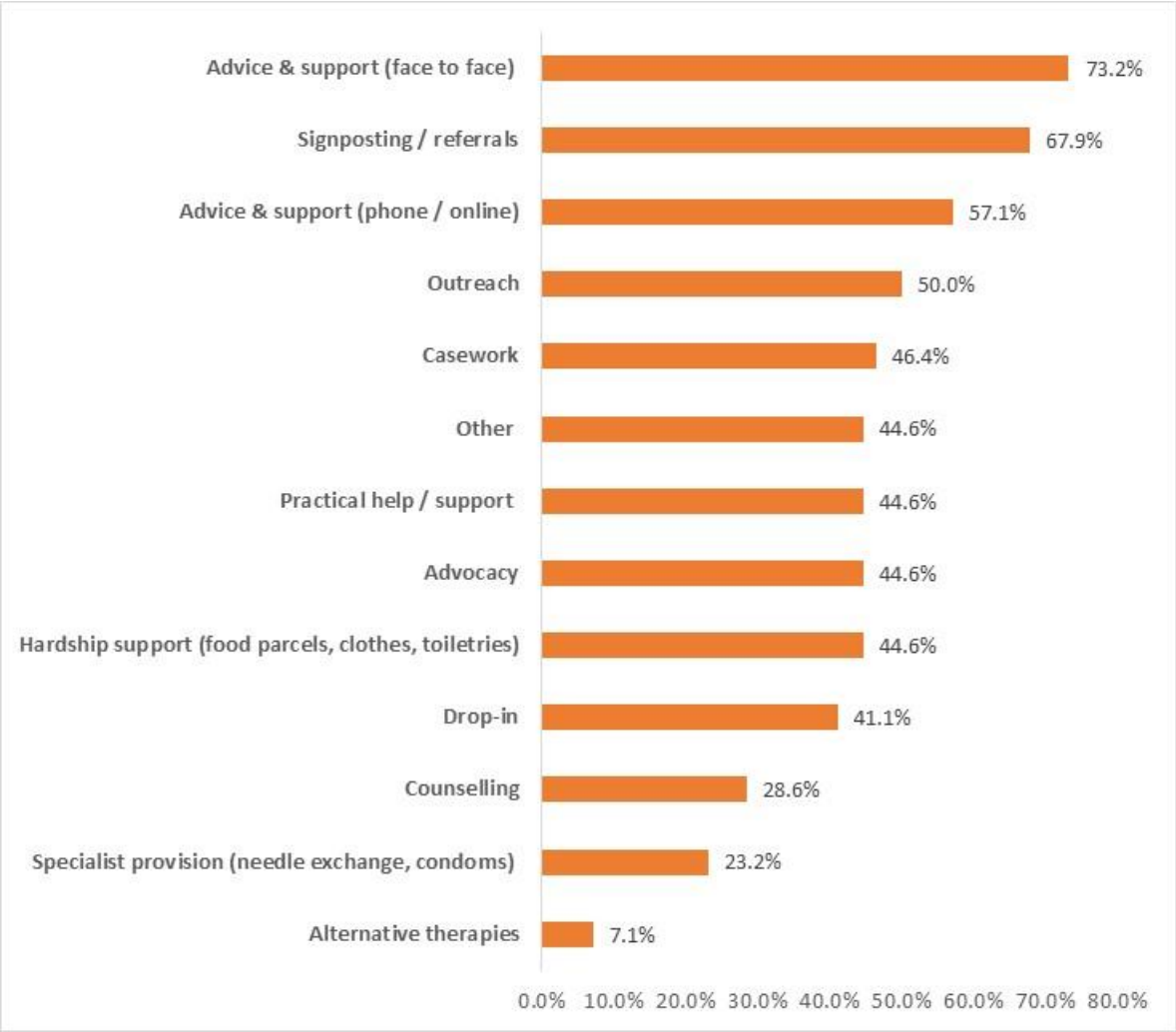
- A community-based programme, that provides a whole family approach to working with children and family members effected by parental substance use
- Whole-family support working with alcohol dependent mothers who are involved in the criminal justice services; including trauma therapy, mental health, family support and children's work
- Temporary accommodation, with support for maintaining a tenancy and securing permanent accommodation. A dual diagnosis team is also able to offer support around mental health and substance misuse
- Specialist support to women with high support and complex needs (i.e. more than two barriers to being successfully housed). They are either in coercive or abusive relationships with males

who may or may not be exploiting them and receive support for mental health and substance misuse/addiction

- Family services, work with children and with extended family (including in prison) for families affected by parental substance use. Offering therapy for currently and unresolved trauma.

Organisational stakeholders cited which ways they provided their services, with multiple ways given by the majority. Over half offered face-to-face advice and support (73%), signposting / referrals (68%), support by phone and online (57%) and outreach work (50%) as shown in Figure 19.

Figure 19 - Different ways of offering support services



MASH Stakeholder's survey 2021: Base = 56 (multiple response question, figures may not add up to 100%)

Examples of 'practical help / support' were given including: baby bank, food club, furniture vouchers or at low cost, help with housing register or benefits applications.

'Specialist provision' examples included: whole system support, accommodation with wrap-around support and person-centred support for trans sex workers.

"Supporting women who are sex working with temporary accommodation placements, permanent move on accommodation, food parcels, welfare and debt advice; assisting MASH with housing advice and for women who are rough sleeping"
- Stakeholder, working with social tenants

"Developing whole system approach for vulnerable and marginalised women… a dual focus of criminal justice and needs-led approaches"
- Stakeholder, commissioner of services

"Person-centred support to trans sex workers including sexual health testing, condoms and participatory arts activities"
- Stakeholder, working with sex-workers & trans gender

Examples of 'other' ways in which services were provided included via: structured group work, grant applications, telephone befriending, art, sport and social groups or events.

4.3.3 Perceived gaps in services provision and specialist provision – from the primary research

The women were not really able to comment on gaps in wider services across Greater Manchester and for some that is because they were unsure of what was available and some hadn't accessed any support other than from MASH.

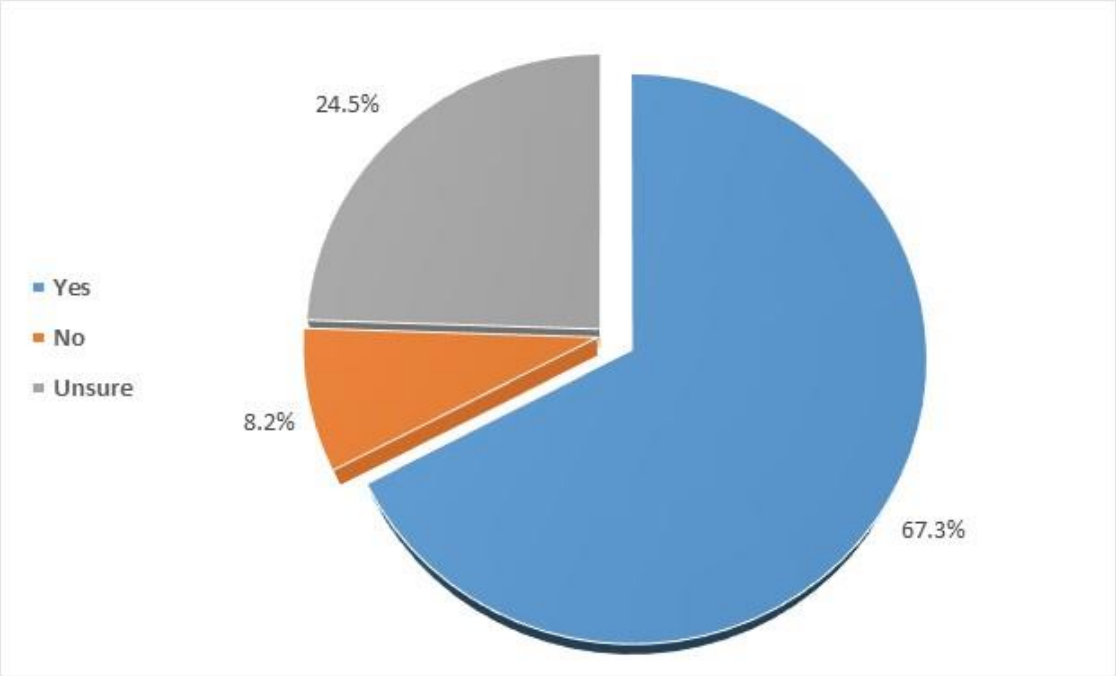
A small number of women did however provide suggestions for how MASH could improve its services by offering the following:

- Self-defence classes
- Social activities
- Provision of showers
- Drop-in hours extended – to open from midday

Organisational Stakeholders' understanding of gaps in provision

A majority of organisational stakeholders (67%) believed that there were gaps in services for women who are (or have been) sex working. Only 8% disagreed.

Figure 20 - Gaps in provision



MASH Stakeholder's survey 2021: Base = 49

The stakeholders were asked in an open-ended question about where they felt these gaps were. Not everyone provided suggestions, but those that did mainly suggested that there were gaps across the whole of Greater Manchester. Though there was recognition of excellent support delivered by MASH and so generally, central Manchester was believed to be relatively well served with support for women who sex work. In other boroughs there was identified a lack of:

- specific women-only drop-in centres
- a comprehensive service similar to MASH

Several stakeholders gave supporting comments about **gaps in provision for a multi-disciplinary service** to support women with high support / multiple, complex needs. Such a service would address multiple issues simultaneously or could be delivered by multiple services cohesively. MASH was identified as offering such a service and it was suggested that MASH could help develop capacity in other organisations.

"The main gap is the lack of whole person, person centred approaches to supporting people with multiple and complex needs. Statutory services are commissioned in silos, with universalist approaches which mitigate against long term positive outcomes."
- Stakeholder, working with sex-workers including trans women

Similarly, many organisational stakeholders added details about the **gaps they saw in affordable, safe, accommodation with appropriate support** for women who are sex working across the whole of Greater Manchester (including Manchester itself). This support would include issues such as addiction, detox, recovery, domestic abuse, domestic violence, specialised in trauma, benefits / money, physical healthcare as well as mental health and wellbeing.

"MASH is a small service and either needs to be able to take on DV or DA at street level or we need to be supported to start that work and help women to move into a safe space which will understand that for many of them it may take a long time for them to trust and to leave behind old patterns of behaviour."
- Stakeholder, working with homeless people

"There is a massive gap for safe houses to help women feel safe and protected to enable them to start again."
- Stakeholder, working with BAME women

Another type of service believed to be lacking by stakeholders was support for **the enduring mental health needs** of women who are sex working and who may have experienced trauma. These types of services would ideally be flexible to enable women to build up trust pre therapy and accessible to those who are not easily contacted by phone or letter and who may not have the resources to keep to appointments.

"… these highly vulnerable women are in need of a vital extra step before they can successfully navigate independent living – a home to rest, heal, recover and be equipped to make good choices for their future"
- Stakeholder, working with young adults and in poverty

Other types of support need mentioned occasionally by stakeholders were:

- Domestic violence / Domestic abuse outreach in all boroughs for women sleeping rough who may be exploited sexually
- Rape counselling accessible for women without a home or digitally excluded
- Faster access to sexual health and contraception, including perhaps the 'Dean Street model' of fast STI self-testing for sex workers
- Support to access to dental health care for women looking to re-set their lives and gain other employment
- Long term support to women who are sex working so that they can gain new skills to get them into more sustainable professions
- Social support and capacity building

"A lot of women think even if I do sort myself out [get clean] no-one is going to employ me because I have no teeth and I still look like an addict"

– Stakeholder, working with street sex workers

4.3.4 How services in Greater Manchester are meeting the needs of women who are sex working. Where the gaps are and lack of specialist provision – summary conclusions

The rapid research review set the scene for the Greater Manchester-wide provision of services for women who sex work. Manchester Community Safety Partnership and the Manchester Sex Work Forum lead planning and co-ordination, and have a dedicated sex worker strategy. Other relevant local policy and planning includes a gender-based violence strategy (GM), a joint strategic needs assessment for adults with complex lives (MC) and a consultation report, 'Commissioning with compassion and conviction' (GM). Local responses are also significantly influenced by three key national policy and planning documents: a major Home Office review (Hester et al. 2019), a new police harm reduction policy (Sanders et al 2020) and the National Policing Sex Work and Prostitution Guidance (2019).

This study shows a wide range of services operating across Greater Manchester in every borough, with 52% of them supporting women, including sex workers (also present in every borough). Services are more concentrated in central Manchester and a few operate GM wide. Many of the organisations provide single focussed services addressing for example, housing / homelessness, addiction, food poverty or mental health. Some organisations identified a lack of sufficient comprehensive, multi-disciplinary services providing for the holistic needs of women sex workers; affordable housing with wrap-around support; women only services; fast STI self-testing; long-term support including for mental health and for developing skills; and social support.

Women had mainly accessed support around: sexual health, general health, practical help to get to appointments, needle exchange, hardship support, safety and benefits. They also anticipated requiring these similar range of services in future. For every type of support need, there were fewer women who had accessed that type of support in the past, compared with the numbers who anticipated wanting to access that support in the future. Some service providers, including MASH, were singled out for praise. Negative accounts were also provided of having to endure long waiting lists for drug treatment and for secure housing. Positive features of services included: the quality of relationships with staff and volunteers; ability to have trust in staff; provision of services face-to-face (with drop-in being most popular) and out-of-hours services. Women also expressed a preference for services to be delivered in a women-only environment or via female workers. Women's reasons for not having accessed certain services included: worries about confidentiality, lack of awareness of what is available locally and an inability to access services. Additionally, some said they had not needed certain types of support. A small number of women we interviewed also identified language and cultural barriers to accessing certain services.

4.4 Recognising women's assets, their future hopes and aspirations

4.4.1 Assets, Happiness and Aspirations – *from the rapid research review*

Analysis of needs is only one way of understanding experiences of sex work. Agencies inevitably focus on need when they have statutory or commissioned responsibilities for identifying and meeting sex workers' needs as vulnerable adults, or when they make value-driven commitments to support or reduce harm. However, women themselves have a much wider set of life experiences, including strengths and assets, things that make them happy, and dreams and aspirations.

Personal-centred planning and strength-based approaches are standard practice in most work with those who need support and want to achieve positive change (NICE 2021; Skills for Care 2021a Skills for Care 2021b): focusing on "what's strong not what's wrong" is accepted good practice for empowering people and communities and achieving positive outcomes. There are already many available tools, including ones for strength-based conversations, and for co-planning individual or group outcomes.

Skills for Care summarise the benefits and potential of strengths-based approaches:

> "Supporting people to recognise and use their strengths and abilities to focus on what they can do can be really empowering... This can help people to believe in themselves and value their contribution, as well as promoting independence, choice and control... It can help you to find out all sorts of things that could be lost if you followed a standard form and the result should be something that focuses on the person, their support networks and community, rather than about the 'tasks' of the care plan… People being empowered to use their individual skills to support and benefit others can have unplanned, positive benefits, for example, developing new friendships, confidence building and reducing social isolation" (Skills for Care 2021b).

It is therefore quite striking that the research reviewed here is almost entirely deficit-based and focus on problems and risks – i.e. "What's wrong, not what's strong". In 46 sources, we found only one paragraph about hopes and happiness, and one other about sex workers' transferable skills:

> "When asked what made them happy, children featured highly on the list. Over half of the women noted that it's the 'normal' things in life that make them happy. Thinking long term, it is the ambition of the majority of the women interviewed for this study to exit sex work and either re-enter education (7/20) or gain employment outside of the sex industry (9/20). Future career aspirations included joining the army, becoming a chef, working in a care home and setting up a charity to provide safe spaces for vulnerable women and their families" (Changing Lives 2016, p3).
>
> "Sex work is a skilled job and participants demonstrated strategies of upskilling through the opportunities presented by way of workshops or peer-shared knowledge. This also demonstrates that sex workers have transferrable skills that can be developed should they choose to move on to other forms of work" (Ahearne et al. 2020; p27).

The framework for this rapid research review, derived from other frameworks, is also focused on problems, risks and deficits:

- Safety and safeguarding
- Health and wellbeing
- Economic and employment
- Other support needs

It is not difficult to add some strengths-based categories to this list, for example:

- Family, friendships and community
- Strengths and skills
- Thangs that make you happy
- Future hopes and dreams

Adding strengths-based categories would enable sex workers and support services to identify, talk about and act to make positive changes relating to a much wider range of experiences, including: relationships, children, local neighbourhood and community links, networks of association, learning and education, training, employment, hobbies, holidays, travel, pets, self-care, self-esteem, wellbeing and wider determinants of health, and where appropriate, 'exit routes' from sex work.

We know that MASH and some other services and practitioners do already use strength-based approaches, but since they are missing from the research, strategies and commissioning perspectives, they may not be properly planned or resourced. If included, strength-based categories could significantly change our understanding of women sex workers' lives and experiences, help to ensure better service responses, and potentially also increase women's own self-understanding and empowerment.

4.4.2 Women's assets – positive aspects of their lives – *from the primary research*

We asked women a series of open-ended questions in the survey and interviews relating to 'what makes them happy / what they enjoy doing' and 'what they are most proud of'. Only around 30 women answered each question. Even though answering such questions was quite emotive for some, several commented that they were grateful for being given the opportunity to answer these questions, rather than the research questions purely focussing on them as service users, 'in need' of support.

> *""Thank you for giving me the opportunity [to talk]. I can't talk about this cos there's no-one that understands it unless you go through it and it's not just about sex [working]. It's like a pie innit, when you split it into it is made up of lots of different bits [like me]"*
> **– Woman, street sex worker**

A common response by women relating to what made them happy or proud was **their children** (n=15). Despite many having had their children taken from them and placed in care, the contact they did have was of huge importance. Spending time with other family members and friends, doing art and creative activities, cooking and reading were also mentioned by some of the women (n=11) as pastimes they enjoyed.

"I am proud of having my children, I have 4 children and I am proud of being a grandma ...But what I am not proud of is what I am doing… I feel like I could have done better, but it is what it is"
– Woman, street sex worker

Several women said they were proud of 'getting clean' (n=4), securing permanent housing (n=5) and moving on from sex work into volunteering or paid employment. But sadly, there were some women who said they had **nothing to enjoy** (n=2) **or be proud of** (n=2), because their situations were so dire and they were just trying to get through each day to survive.

4.4.3 Longer term hopes, aspirations and support needs to achieve these – *from the primary research*

Following on, through the survey and interviews we also explored these themes further by asking women about their three wishes, hopes or aspirations for their future. The most popular wishes focused on longer-term 'needs' that had not always featured strongly in the stated needs (see tables 7a-c).

The overriding ambition for the women survey respondents (n=16) was **for connection with their children**. For some, this meant gaining custody of children that did not live with them. For others, this included having more contact and improving relationships with children. Experiences recounted in the interviews showed that re-connecting with children was not likely to be easy and that these difficulties were part of an ongoing multi-generational cycle, with no simple solutions.

"Because I'd been emotionally and physically abused in the system [when in care] they thought I couldn't look after my child... I've never had her in my care ...I only see her in contact centre which is really upsetting"
– Woman, ex- street sex worker

"I've explained myself on paper [to my son] but I've not had a response... it feels like I need to say what I've said on paper face-to-face to get a response... "
– Woman, street sex worker

The second most popular goal was for **safe, secure housing** of their own (n=10). Many of the women had experienced rough sleeping, homelessness and years living in temporary hostels, while on the housing waiting list. Some were resigned to the long wait, while for others the need for housing was urgent, yet seemed unachievable.

"To get out of this hellhole. [Want a house] somewhere far away, well away from here. I hate it…Get away from this circle of people, this life I am living."
– Woman, survival street sex worker (homeless)

"I wish for a house in Romania that I can work for...just a roof over my head... It is the thing that I have been working for all these years, but being a single mum, this was a dream that cannot be obtained"
– Woman, street sex worker

Becoming and **staying drug-free** was the third most popular aspiration (n=9). This had been one of the areas of highest demand in the earlier question about stated need, where 64% of the women overall had requested help with needle exchange and 30% with drug or alcohol misuse. According to the stories of lived experience, becoming clean from drugs was an important stepping stone for many, without which, further gains were unlikely to come. For example, one woman expected that a family reunion would become possible after getting clean and that longed-for surgery might also be possible.

"Surgeon won't sort [painful condition] … He said, I'm not putting you under whilst you're on methadone, cocaine and cannabis…"
– Woman, street sex worker

Another fairly popular recurring theme was the wish for **good health**, **for family** members **and for the women** themselves. Support was needed for various health conditions that the women experienced, including:

- Hormone treatment to aid in transitioning
- An umbilical hernia
- A complex pelvis disorder, present since birth
- Mental health support
- Counselling for 'feeling down'

"Would like to go on hormone treatment – have been trying for 20 years – but haven't seen anyone who can do it, even though I have seen psychiatrists and doctors…I've heard nothing, no appointments…"
– Woman, in own home sex worker (trans)

"Would like to get my bladder sorted out, so I can stop being in so much pain. The pain is why I started using cannabis at the age of 10 years old, that's how much I was looking to relax…"
– Woman, street sex worker

It is important to recognise that many of these 'wishes' cover the needs identified by **Maslow** as physiological and safety needs.

By contrast, **finding a job**, starting a business or **doing educational courses** were wishes with a moderate level of appeal, even though these aspirations remained a long way off for a number of women, as multiple hurdles would first have to be overcome.

Figure 21 shows the key themes featuring in the women's top wishes in the form of a word cloud. The more popular wishes and themes (as detailed above) are shown in slightly larger font.

Figure 21 - Women's hopes and aspirations for the future

4.4.4 Recognising women's assets, their future hopes and aspirations – summary conclusions

We learnt from the rapid research review that agencies tend to focus on need as a result of their statutory or commissioned responsibilities. Similarly, the sources included in the review focused almost entirely on problems and risks for women sex workers. Taking a lead from person-centred planning and strength-based approaches, we included questioning around strengths, assets, hopes and aspirations within our primary research.

Considering themselves and their future in a positive way, via these questions, proved to be emotive. Some women were grateful for the opportunity; while others said they had nothing to be proud of as they were struggling to survive through each day. Women most often cited their children as a source of pride or happiness, despite many having had their children taken from them and placed into care. Several women said they were proud of 'moving on' – out of sex work, away from drugs and / or into permanent housing. A small number had also started volunteering or secured different permanent employment. Pastimes such as creative activities, cooking and reading were highlighted by some women as sources of enjoyment. For the future, women mostly wanted to re-connect with children and families; followed by desiring secure and safe housing and becoming or staying drug free.

5. Conclusions and Recommendations

Below are the conclusions bringing together the findings from the rapid research review and the primary data collection; together with recommendations.

5.1 Cohorts and prevalence of women who are sex working in Greater Manchester

We learnt from the rapid research review that sex workers are a hidden population and so information about cohorts is hard to obtain and confirm. However, systematic review of potential data sources suggest UK estimates of up to 105,000 sex workers (Hester et al 2019). If we assume there is a similar proportion of sex workers in Greater Manchester, then we could estimate the figure to be up to around 4,565 for this region. Furthermore, the review also identified that there is significant deprivation in parts of the region: Manchester City ranks as the 2nd most deprived local authority in England, with Oldham, Salford and Rochdale also in bottom 20. We also know from the research review that sex work is concentrated in larger cities and more deprived communities. Therefore, Manchester Combined Authority and particularly Manchester City could have an above average proportion of sex workers, taking the Greater Manchester estimate above 4,565.

The primary research found that there are women sex workers resident in all Greater Manchester boroughs and there are women sex working in all of the boroughs. The majority of women we interviewed were working in more than one location and many travelled outside of where they lived to undertake sex work – particularly those working on-street and in parlours and saunas.

Earlier small-scale studies included in the rapid research review found a slightly different profile for sex workers than the sample we obtained via this study. We cannot know whether this study is a true reflection of the population of women sex working in Greater Manchester or whether the results have been skewed by those groups we were (and were not) able to reach.

For example, the earlier studies found 70-75% of sex workers in the UK are white British (lower than the general population); and 91% of those sex workers surveyed in this study were white British.

Earlier studies discovered that a majority (52-62%) were 18-35, making them younger than the general population. This study was even more dominated by young women, with 81% aged 20-34 years old.

Some previous studies found between 14 and 17.5% of women identifying as transgender, gender fluid, non-binary or agender, whilst this study found only 2% identifying as transgender or non-binary.

This study consulted a small cohort of BAME women (8%) and bisexual, lesbian / gay women (8%).

Around one fifth (21%) of the women we surveyed reported suffering from long-term health conditions (including mental health) as did all of those involved in the depth interviews. From the qualitative interviews it was clear that the women we consulted had frequent experience of one or more of the following: homelessness, living in care, substance addiction and / or the criminal justice system. Therefore, many of the women were experiencing multiple disadvantages.

In terms of the type of sex work being undertaken, a previous study showed a differing picture to our findings and to earlier studies by MASH. National Ugly Mugs reported that 77% of their database are off-street independent workers, whereas an earlier MASH study in 2013 and this study both found that street sex work was the most common type undertaken.

Our findings show street sex work was concentrated around inner-city Manchester. In total 36% of women were street sex working, followed by those working in sauna /parlours (28%), then those engaged in online and escort work (both by 19%). But as highlighted previously, this could be a result of the methods used to engage with women for this study.

Over three quarters of the women surveyed said Covid-19 had impacted on their sex work. For many it had reduced the amount of work available to them. Whilst some also reported they'd had to move into different types of sex work, or work longer hours. Interestingly, online sex work hadn't risen during Covid-19 to the extent to which we may have expected. In fact, some women reported a decline in online sex work.

Some organisational stakeholders and women perceived there to have been an increase in the numbers of women turning to sex work across Greater Manchester, due to Covid-19 and its financial challenges and implications. They suggested that women who had left sex work several years previously, were now returning to sex work and that new women were also turning to sex work as a result of having no other work opportunities.

A couple of women also mentioned demographic factors including; their age, being 40+- and gender identity, being trans gender - as affecting the amount or type of sex work available to them.

Recommendation 1
Explore early intervention work

Many of the women we consulted had been undertaking sex work for quite some time. However, the organisational stakeholders suggested that sex work was on the increase with many new women trying sex work as a means of financial survival, further compounded by Covid-19.

MASH should explore whether early intervention and support work for younger women and those new to, or returning to sex work is required. This could be done by working with organisations that support people in financial distress (e.g., foodbanks, Citizens Advice), and those that support young adults, care leavers, students and graduates (e.g., Student Minds).

5.2 Reasons for sex working and the intersectional needs / experiences of these different communities of women

The rapid review identified these key areas of need for women sex workers.

Safety and safeguarding needs: Sex work is often unsafe. Most sex workers (63-80%) experience violence at some point, the risk of harm to sex workers appears to be increasing, and the risk of death (mortality) is far higher than for the general population.

Health and wellbeing needs: Sex work is associated with poorer health and wellbeing, and particularly with poor mental ill-health. All women engaging in it seem to experience negative health and wellbeing effects, although experiences and needs vary. The less control women have over their sex work activities, the more adversely their health and wellbeing seem to be affected.

Economic and employment needs: Many sex workers begin sex work because they have financial needs they cannot meet, and long-term financial difficulties keep some women in sex work, especially for survival. The underlying reasons for long-term financial difficulties are complex and personal, and may include ill-health, disability, meeting care costs for someone else who is ill or disabled, immigration status, homelessness, losing a job, inability to get a job, debt, inability to get loans, and/or drug or alcohol use. All these experiences may be compounded by racism or other forms of discrimination.

Other support needs: Women sex workers often also have multiple and complex support needs, particularly relating to criminalisation; immigration and trafficking; homelessness and parenting. They may also have further needs particularly relating to empowering women as active agents in their own lives.

The review also observed that Manchester City includes sex workers in its joint strategic needs assessment (JSNA) of adults with complex lives. Sex workers are more likely than average to experience mental ill-health, drug or alcohol dependency, homelessness, long-term illness or disability, learning difficulty, to be victims of crime especially violent crime, and/or to have experiences within the criminal justice system themselves. This was also true of the women we engaged in the primary research.

The rapid research review told us very little specifically about women's intersectional needs. This suggests there is little previous research in this area. It may also be a reflection of how difficult it is to accurately assess and understand women's intersectional needs unless including very large sample sizes to allow the detailed analysis of intersectionality with statistical robustness.

This primary research explored a variety of needs and experiences. It is clear from our research that sex workers are not a homogenous group and that their needs are dependent upon a wide range of experiences and identities such as: type of sex work, ethnicity, immigration status, English as a second language or previous experience of abuse.

Women reported various reasons for undertaking sex work, but for many it was for survival and not out of free choice. Some said they undertook sex in exchange for food, drugs, a bed or provisions for their children.

For a large proportion of British women - particularly those who are street sex working, addiction and homelessness played a big part. A proportion of these women had complex backgrounds, often having experienced abuse (sexual and domestic), some from childhood and others within adult

relationships.

Sexual exploitation played a major role for many of the women. For some non-British women, a key driver for undertaking sex work was to provide for their families, rather than as a result of feeding addiction. They often had no other recourse to money (no benefits, rights to work in the UK), so sometimes undertook sex work in exchange rent or clothes for their children. However, we should also acknowledge that British women are also economically motivated to undertake sex work and were often groomed or coerced into this work.

All but one woman said they had at least one support need, with many having several needs. A large proportion, 85% of women surveyed had needs around sexual health, followed by general health care (78%) and needle exchange (64%). Given that a proportion of the women who were sex working were doing so in order 'to survive', it's not surprising that the most commonly stated support needs reported were to satisfy their physiological and safety needs (as shown in the lower tiers of Maslow's model – figure 8). Other common forms of health support needed were for those with disabilities or long-term health conditions (31%); and for alcohol or substance misuse (30%).

Forms of practical support were also identified as being in need, including help with; transport to appointments (34%), hardship support (26%) and support around safety (25%).

Some women, particularly those looking to re-set the direction of their lives, identified dental care and counselling as important. This was also recognised by stakeholders.

A small group of women required education or training, employment support, peer support and representation / advocacy. These women were generally already on a path out of addiction and / or sex working, often with a more settled housing status. They were therefore starting to look towards longer term aspirations, such as re-training, finding alternative work and re-connecting with their children.

Recommendation 2
Continue and develop work with those women in highest need

This research showed MASH's services are highly valued by the women they support who undertake sex working in Manchester. The quality of the MASH service was also valued and acknowledged by organisational stakeholders who support similar groups of women.

MASH should continue to provide their holistic, multi-dimensional support focussing on those groups of women with the highest needs including: those in poverty, those with long term health conditions (including mental health), those with addictions, experience of (or at risk from) homelessness, those with experience of abuse, women with English as a second language, without public recourse to funds and LGBTQ communities.

MASH should continue to fulfil a range of support needs including for healthcare (including general, sexual health, mental health, for long term conditions, support with substance misuse and dental care), poverty relief (such as accessing financial support, transport for essential appointments, food and other items) and around safety.

5.3 How services in Greater Manchester meet the needs of women who sex work. Gaps in service provision and / or lack of specialist provision

The rapid research review set the scene for the Greater Manchester-wide provision of services for women who sex work. Manchester Community Safety Partnership and the Manchester Sex Work Forum lead planning and co-ordination, and have a dedicated sex worker strategy. Other relevant local policy and planning includes a gender-based violence strategy[6] (GM), a joint strategic needs assessment for adults with complex lives (MC) and a consultation report, 'Commissioning with compassion and conviction' (GM). Local responses are also significantly influenced by three key national policy and planning documents: a major Home Office review (Hester et al. 2019), a new police harm reduction policy (Sanders et al 2020) and the National Policing Sex Work and Prostitution Guidance (2019).

From our primary research it is evident there are a wide range of services operating across Greater Manchester supporting women, including sex workers. Our data shows there are at least 29 support services explicitly offering support services to women who sex work as part of a wider offer in Greater Manchester. Each borough has a least one such service operating within it, but services are more concentrated in central Manchester and a few operate GM wide.

Many of the organisations provide single focussed services addressing for example, housing / homelessness, addiction, food poverty or mental health. In the main, their services are pitched at lower levels in terms of Maslow's hierarchy of needs, which are also the services many women sex workers most urgently want and need. A handful of organisations detailed that they offered multi-disciplinary and intentionally holistic programmes of support.

The types of support women had accessed previously were similar to those they were most likely to need in the future, namely: sexual health, general health, practical help to get to appointments, needle exchange, hardship support, safety and benefits. However, the percentages differed substantially with more women requiring services in the future than had accessed in the past (see figures 12a-12c). Nonetheless, we should remember different types (and the amount) of support are needed at different times, depending on life stage and circumstance – therefore, their needs are not static. It is likely that for example, street sex workers are not currently in need of employment and training support because they are currently needing to satisfy more 'physiological needs' before other types of support needs become relevant.

Women reported having mixed experiences when accessing services previously. A few support services and agencies were singled out for praise. Conversely, there were several negative accounts including; having to endure long waiting lists for drug treatment and for secure housing.

Around one fifth of the women surveyed said they had used MASH services previously. The feedback from these was hugely positive – with several saying *'MASH had saved them'*. Women had been enabled by MASH to: stop taking drugs, stop sex working, find permanent housing, gain access to counselling or therapy, receive practical help such as clothes or food, condoms, needle exchange and the reassurance of MASH's presence on street in Manchester centre.

Women's reasons for not accessing certain services included: worries about confidentiality, lack of awareness of what is available locally and an inability to access services. Additionally, some said they did not need certain types of support – but this may have been because they were not currently at a

[6] This has since been renamed as the gender-based violence strategy

stage where certain of the services listed were relevant to them – as highlighted above. A small number of women we interviewed also identified language and cultural barriers to accessing certain services.

Women did not talk explicitly about the gaps in service provision. Perhaps they were unaware of what was available to them or did not feel they had the resources or the resilience to access some of them.

Around two thirds of the organisational stakeholders reported there were gaps in provision across Greater Manchester. In particular, they identified a lack of sufficient comprehensive, multi-disciplinary services providing for the holistic needs of women sex workers; affordable housing with wrap-around support; women only services; fast STI self-testing; long-term support including for mental health and for developing skills; and social support. However, there was a recognition that Manchester City was relatively well served compared to the other boroughs, because of MASH's long-standing presence and holistic support offer. Specifically, in other boroughs there was identified a lack of: specific women-only drop-in centres and a comprehensive service similar to MASH.

Recommendation 3
Continue to develop MASH service delivery, emphasising the positive features desired by women

The positive features of MASH and other services which women particularly valued included: the quality of relationships with staff and volunteers; ability to have trust in staff, including confidentiality; provision of services face-to-face (with drop-in being most popular) and out-of-hours services. Women also expressed a preference for services to be delivered in a women-only environment or via female workers.

MASH should continue to deliver their high-quality services in the ways women would like and, where applicable, work with other organisations to deliver services in similar ways.

Recommendation 4
Extend holistic MASH know-how to other localities across Greater Manchester

As organisational stakeholders highlighted a relative lack of multi-disciplinary services (like MASH) in the boroughs outside Manchester, MASH may wish to consider partnership working in localities most likely to be in need of such a service.

MASH could consider boroughs where no such multi-disciplinary services exist and where prevalence of sex work appears to be greater.

Recommendation 5
Network or partner with relevant organisations in order to enable women sex workers to access services in high demand

Women and organisations highlighted that affordable, appropriate housing (with wrap-around support) was difficult to access in a timely manner, across the whole of Greater Manchester. Women also identified unacceptable delays in accessing drug treatment.

Other service gaps noted by organisations included women only services, sexual health services and long-term support for mental health.

MASH could continue to network or partner with local organisations who provide these 'in high demand' services so that women who are sex working can access them more promptly.

Recommendation 6
Exchange specialist skills and mutual support with organisations which support women with intersectional needs and from certain communities

In order to extend their reach to more women with unmet intersectional needs, MASH could identify potential partner organisations with established relationships and already trusted in providing support services within certain communities.

These may include organisations working with women who are refugees / asylum seekers, have English as a second language, BAME, trans / non binary / LGBTQ. It may also include organisations with specialist experience of working with people in poverty, with mental health challenges, with addictions, homelessness or experience of abuse.

MASH can then explore potential partnerships with these trusted organisations, for example by offering to exchange specialist skills, offering training and consultancy or developing joint services.

5.4 Recognising women's assets, their future hopes and aspirations

According to the rapid research review, agencies tend to focus on need as a result of their statutory or commissioned responsibilities. Similarly, the sources included in the review focused almost entirely on problems and risks for women sex workers.

Taking a lead from person-centred planning and strength-based approaches and speaking to the SUAP, we included questioning around strengths, assets, hopes and aspirations within our primary research. These questions were quite emotive for some and not all women chose to answer them – however, four women particularly highlighted how grateful they were for the opportunity to talk and think about themselves and their future in a positive way.

Women most often cited their children as a source of pride (15) or happiness (12), despite many having had their children taken from them and placed into care. Several women said they were proud of 'moving on' – out of sex work (1), away from drugs (4) and / or into permanent housing (5). A small number had also started volunteering or secured different permanent employment.

Pastimes such as creative activities, cooking and reading were highlighted by some women (11) as sources of enjoyment. But sadly, there were several women who said they had nothing to enjoy (2) or be proud of (2) as they were struggling to survive through each day.

Longer term hopes and aspirations centred on similar topics. Women mostly wanted to re-connect with children and families (16); followed by desiring secure and safe housing (10) and becoming or staying drug free (9).

Recommendation 7
Identify opportunities to support women to enable them to meet their goals

This research has highlighted the need to focus and recognise women's strengths and the importance of using asset-based approaches, building resilience for women who are sex working.

MASH may also consider providing achievement awards / certificates or hosting informal social events to celebrate women's successes – however large or small they may, to help build confidence, self-esteem, peer support and social opportunities.

The research also showed some women were ready to begin or had already started on their journey out of sex work, but in order to do so, they needed different types of support.

MASH may wish to explore whether to develop its services for women who no longer sex work to provide ongoing, longer-term support as they enter a new phase of their lives. Areas of support to be explored could include: mental health, to develop social bonds and capital, to address any long-term health conditions; and to rebuild family and friend relationships (including reconnecting with children) and help to access dental care.

There could be opportunities for MASH to partner with organisations to provide educational and work experience opportunities (paid or voluntary), allowing women to develop new skills and capabilities for the future.

6. Appendices

See separate document which contains the appendices.