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STREET TALK:

An evaluation of a counselling service for women involved in street based prostitution and victims of trafficking

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With thanks to Hannah Douglas and Turshia Park

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1 – Executive Summary

Background

Street Talk is a small charity providing psychological interventions ('talking therapies') alongside practical support, primarily to two groups of women: women who have been the victims of trafficking and those women involved in or exiting street based prostitution.

Street Talk's Mission Statement is:

> *To provide professional and specialised mental health care of the highest quality to vulnerable women, including those in street based prostitution and those who have been the victims of trafficking. To listen to each woman's personal story, to enable each woman to overcome those obstacles which keep her trapped in a life of exploitation.*

It has one full-time member of staff, two part-time members of staff, a number of (ad-hoc) sessional staff and a small number of volunteers. It provides support to these women across four operating sites where the women are also clients, along with providing some informal support to staff of these services. These are a Medaille safe house, the St Mungo's and Commonweal Housing Chrysalis project, the HERA programme and Women at the Well women's centre.

Revolving Doors Agency is a registered charity that works across England to change systems and improve services for people with multiple problems, including poor mental health, who are in repeat contact with the criminal justice system.

In 2012, Revolving Doors Agency was asked by Street Talk founder and director, Pippa Hockton, to conduct both a process and outcome evaluation of the Street Talk service. Field work for the evaluation commenced at the end of October 2012 and concluded in June 2013.

Evaluation aims

- Describe Street Talk model
- Describe service user base and other key stakeholders
- Determine extent to which service activities were delivered as intended and aligned to service aims and objectives
- Describe processes of: building and maintaining partnership working arrangements; development of shared aims and objectives; target group identification and access; and client engagement and service delivery
- Examine facilitators and barriers to project implementation within each host organisation
- Identify perceived value and outcomes for partner host organisations and users of the service
- Identify and describe Street Talk's 'theory of change'.

Methodology

Literature review	Review of literature conducted to provide background on women's needs and service landscape - Included research already known to Revolving Doors' staff - Search of references from identified research - Search of internet (Google and Google Scholar) and academic databases (PubMed, Westlaw, Web of Knowledge, Psych Info, Sage Journals, EBSCO host-Medline, Cochrane, Science Direct) using terms relating to involvement in prostitution and trafficking - Secondary search in combination with terms relating to identified themes. [Prioritised UK research, although international research included where useful]
Case file analysis	Non-random sample of 82 case files reviewed - All recently active case files available on day of case file collection - Estimated that 1/5 of clients have no case file
Interviews	Seventeen semi-structured interviews: - service users (10*) identified through site visits; - all Street Talk staff and volunteers (5*) excluding some sessional staff who were unavailable during fieldwork period; - (deputy or) manager of each host partner organisation (4) *Denotes double-counting: two women interviewed were both Street talk staff and former users of the service.
Diary analysis	Pippa Hockton asked to record her activity in one-week diary
Site visits	Each of the four host partner organisations were visited as part of the fieldwork

Literature review

	Potential support needs of service user groups (S) Denotes strong evidence	**Barriers to access and engagement with some mainstream service provision**	**Existing targeted service provision**
Women involved in street based prostitution	- Drug and alcohol use and associated health issues (S) - Sexual health (S) - Significant experiences of trauma – including trauma pre-involvement in prostitution (S) - Mental health problems (S) - Separation from children - Homelessness - Conflict with the law – usually criminal (S)	- Rigid appointment systems - Day time opening hours - Lengthy waiting times - Bureaucratic structures - Single-issue approach - Substance misuse and involvement in prostitution excluded women from some services - Judgmental staff attitudes - Lack of trauma-informed mental health services	Service focus: - Harm minimisation - 'Routes out' / exit-focused services - Diversion from criminal justice prosecution Service models: - Outreach - Drop-in - Brokerage - Accommodation-based

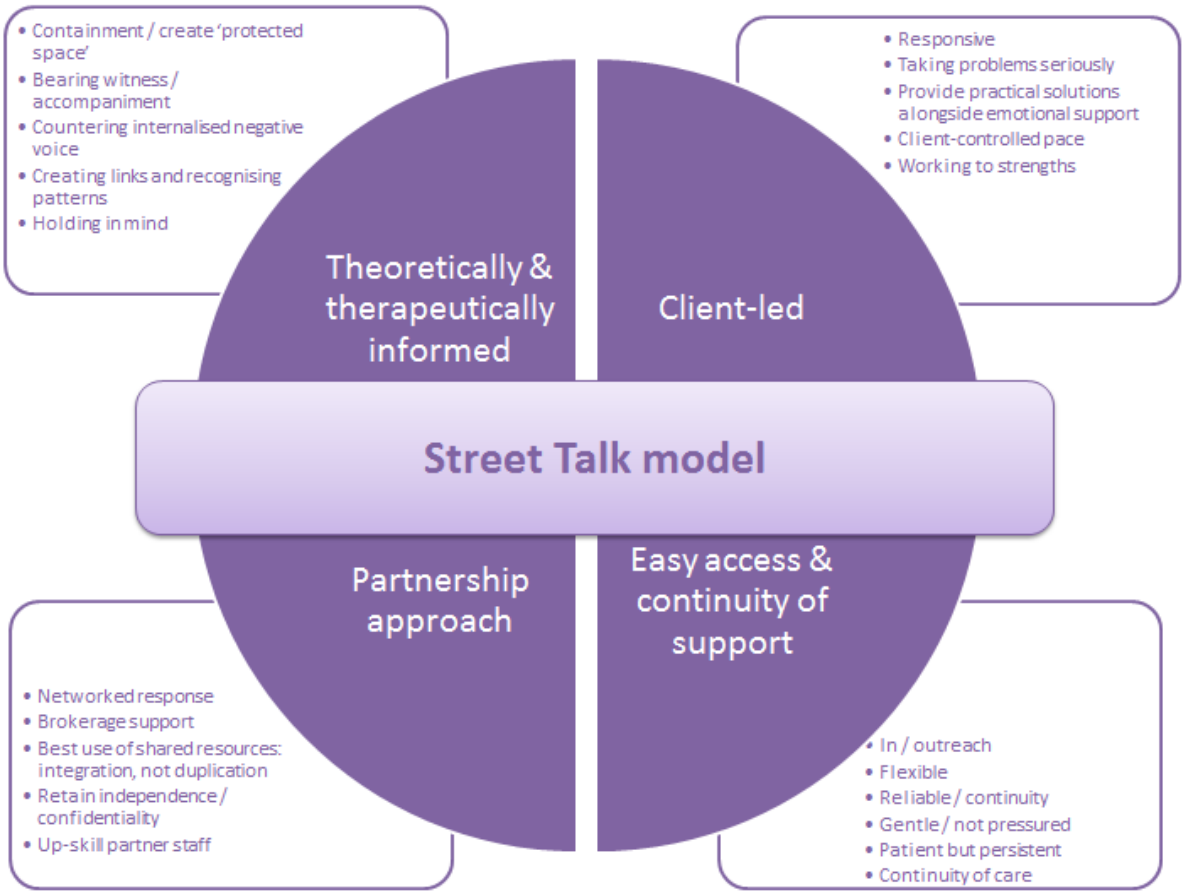
Women victims of trafficking	- Significant experiences of trauma – including trauma pre-trafficking (S) - Mental health problems (S) - Drug use - Separation from children - Homelessness - Conflict with law – usually immigration (S)	- Lack of social support - (Fear of) immigration problems - No right to support: not referred to / accepted by National Referral Mechanism *(however all those within Medaille safe house will have been accepted)* - Language difficulties - Fear of authorities - Rigid appointment systems - Lengthy waiting times - Bureaucratic structures - Single-issue approach - Lack of trauma-informed mental health services	*Salvation Army largest prime contractor of services with network of smaller services who sub-contract:* - 19 safe houses - 24/7 transport facility - legal advice - translation services - counselling and psychological assistance - health care and referrals *A number of smaller organisations operate outside this.*

Exit from street based prostitution has been conceptualised using a number of different theoretical frameworks although there is consensus in the literature that it depends on the interaction of a number of personal and social factors and is often a complex and non-linear process.

Process evaluation: results

Street Talk model

Core to the Street Talk model is the wrap-around support provided by the four host partner organisations; Medaille, St Mungo's and Commonweal Housing Chrysalis project, Women at the Well and HERA. In-reach into and close joint working with these host partner organisations is crucial to delivering the Street Talk service. The following diagram depicts the Street Talk model, established through case file analysis and interviews with Street Talk staff members, users of the service and partners:



Client profiles

- 82 case files reviewed:
    - 15 victims of trafficking (seven for involvement in prostitution, two for domestic servitude, one for organ farming, remaining unknown)
    - 43 further women were recorded as having a history of involvement in street based prostitution
    - 24 clients not specified as belonging to either client group
- Ages of women in case files reviewed ranged from 16 – 76; average (mean) age was 36.
- Majority of women involved in street based prostitution from England or Ireland, although other countries of origin included Argentina, Brazil, Ethiopia, Jamaica, Italy, Senegal and Ukraine. Trafficked women were from Albania (3), Nigeria (3), Sierra Leone (3), Ghana, China, Jamaica, Latvia and Vietnam.

Client needs

Case file analysis

The case file analysis indicated that the clients had multiple needs across a wide range of areas. As well as counselling-related needs and poor mental health, most commonly recorded needs included

housing and homelessness (52%), substance misuse (49%), help with legal proceedings (41%), physical health problems (39%) and social isolation (34%). However, the picture painted by the case file analysis should be treated with caution. Not only was the case file sample non-random, but needs were differentially recorded according to their relevance to the Street Talk service. Support needs relating to mental health, trauma, and substance misuse were more likely to be recorded in files, while reference to sexual health or poverty was rare. This is despite the fact that most of the women did not have a secure income and were likely to have some needs in relation to sexual health.

Stakeholder interviews

In addition to the range of needs identified through the literature review and the case file analysis, stakeholder interviews identified the following needs:

- No confidence, self-esteem, self-belief, self-efficacy
- Internalised stigma and shame
- Uncontrollable and intolerable emotions
- Separation from children (women involved in street based prostitution only)
- Emotional and social isolation
- Repeated experiences of trauma
- Getting and staying 'clean' and 'dry' from drugs and alcohol (women involved in street based prostitution only)
- Achieving a normal, purposeful life

"I mean with counselling it's like breaking down isn't it…it's just layers that are very gradually taken away, I think trying to get some of my self-confidence back – I mean when I came out of prison I felt I was the biggest lump of shit that ever walked the earth. When I've been in mental hospitals, which I've been in 20, again you feel exactly the same: the despair, the disgust with yourself, you're useless, I could go on." (Street Talk service user)

"I get this, kind of erm, this anger, this anger I have inside of me, it's here [points in chest], it's like a ball. And someone just looks, and this paranoid thing, I was down there one day saying: 'Look at them. Fuck, they're talking about me. Look at them. I'm going to kill someone in a minute.' And the anger would come up here and it's just like a volcano. It goes up my ears and into my head and just explodes. You know? And that's when I do have to come in here and talk to someone. Before I either hurt myself or hurt someone." (Street Talk service user)

Interventions provided

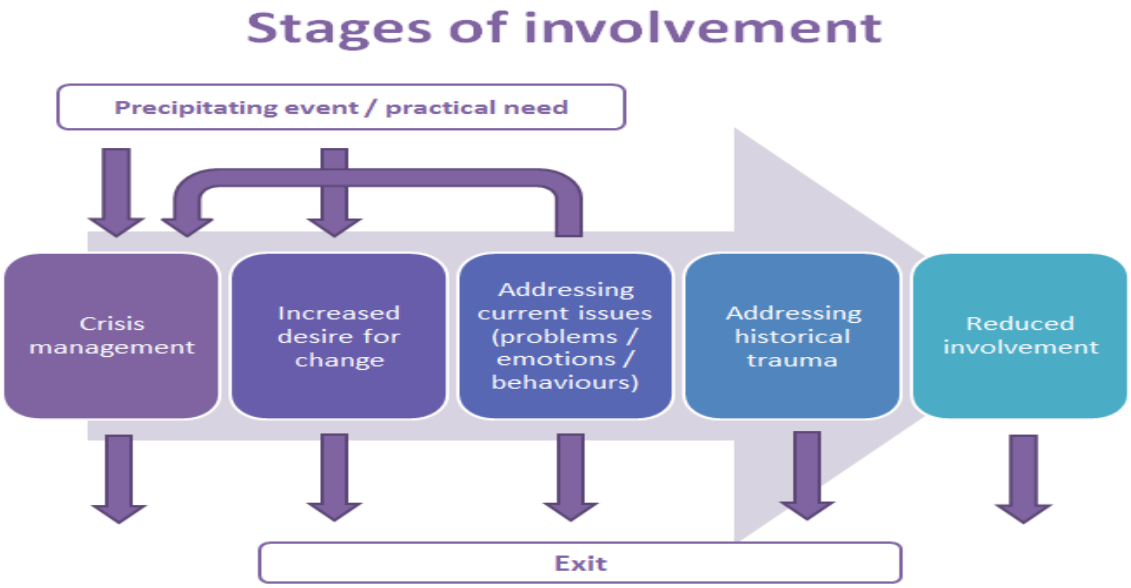
Case file analysis

Case files indicated that the most commonly provided service offered by Street Talk was formal counselling and therapeutic support. 66 of the 82 cases analysed received formal counselling. The second most common kind of support was therapeutic support, which was defined as less formal support, to include interactions such as conversations on the telephone or informally on premises of partner organisations. 37 women received some form of therapeutic support.

Clients also received support and assistance in a variety of other areas, from health, childcare, employment, and housing. This was usually in the form of brokerage with a wide range of other relevant services. Finally, support in legal proceedings was a significant focus of service activity.

Stakeholder interviews

Interviews with Street Talk staff and women who had used the service suggested that the support provided by Street Talk varied according to the length of their involvement with the service and the stage that the women were in in their own recovery.



Interviews with Street Talk staff members, users of the service and partners highlighted the following interventions delivered by Street Talk. Some of these are delivered by the two Street Talk counsellors, while other interventions are provided by volunteer or paid support workers. In addition, sessional counsellors may provide specific interventions e.g. mediation:

Engagement work	- Engaging in range of shared activities - High visibility in communal areas - Talking to women on informal basis - Being there at same time, same place: demonstrating continuity and reliability
Counselling and therapeutic support ***(counsellors only)***	- Bearing witness, validation of experiences - Accompaniment - Countering negative internalised voice - Making links between past and present - Containment and creating protected space / time - Holding in mind - Group work focusing on shared experiences and peer support - Working to strengths
Advocacy, practical and social support	- Attendance at professionals' meetings *(counsellors only)* - Expert witness (oral / written) *(counsellors only)* - Court support - Help accessing benefits, housing and healthcare provision - Translation (language barriers, technical jargon and navigating service system) - Social support *(support workers only)* - Working to strengths
Training and support to partner staff	- Psychologically informed advice and guidance on understanding manifestations of distress and managing behaviour - Informal emotional support to staff - Training to partner organisation volunteers or mentors

"…tell your story, tell what has happened to you and put together, make the links between things that happened when you were a child that weren't your fault and things that have happened now….[One woman] She's had seven children removed and she's grieves, desperately grieves for the removal of those seven children and blames herself and is in agony because of what happened to her in the state care system, she thinks the same is going to happen to her children. So it's working on the grief,…and we've fought for her to have contact [with her children],….and to make her feel that it's not her fault." (Street Talk counsellor)

"One of our ladies…She had to go and get some teeth extracted, she was in huge amounts of pain and I managed to get Social Services to pay for childcare and I sorted out the childcare.…She had to go to the hospital on the Thursday morning and on the Tuesday I managed to find a child minder, on the Wednesday I managed to get her down there to meet the child minder and on Thursday I got her to [the hospital to] get her teeth out and I picked up the child and everything. That was about the third time that the appointment had been booked and obviously she needed someone to be there with her and I was the only person that would go with her and I was really proud of that…it felt like a really good piece of work." (Street Talk support worker)

Effectiveness of service operation

Interviews with Street Talk staff, users of the service and partners identified the following strengths, challenges and areas for improvement

Strengths	Areas for Improvement
- Highly valued by women who use the service and partner agencies - Filling an identified service gap - Trustworthiness, reliability and confidentiality - Therapeutically trained staff - Non-judgemental: 'tell her anything' - Responsive to need: 'ask her anything' - Shared life experience and role models - Partnership working	- Monitoring and evaluation - Consolidation and promotion of Street Talk service and its model - Formalisation and review of partnership arrangements - Securing funding and increasing fundraising capacity - Address continuity and sustainability concerns - Staff support - Exploring possibility of own venue

It was also clear from the interviews that there are a number of inherent challenges for the service. These stretch across four domains (staff-related; client-related; partner-related; and service-related). While these do not undermine the service, they will need to be monitored and carefully managed:

Staff-related • Need staff with the right qualities • Sustaining therapeutic optimism in staff while managing expectations regarding client change • Articulating boundaries while retaining flexibility • Managing transition from client of service to volunteer/ paid support worker role	**Client-related** • Chaos and unreliability • Unpredictable and antisocial behaviour • Substance abuse • Understanding and using transference and countertransference • Responding to women who may be involved in re-trafficking other women
Partner-related • Control of space (working on someone else's territory with someone else's rules) • Understanding of counselling and Street Talk model • Reduced resources to provide wrap-around support • Consistency of partner staff • Problems outside Street Talk's control can act as barrier to therapeutic environment	**Service -related** • Sustainability • Securing unrestricted funding / funders who support primary outcomes • Measuring impact • No case closure → growing caseload • Balancing staff freedom to develop new initiatives with service fragmentation

"I could not emphasise the value of the service enough….[Street Talk counsellors] have been wonderful, absolutely wonderful to work with, to have as part of this team and to be able to access on a weekly basis. I can't fault it quite frankly…I think they're amazing." (Partner agency staff member)

"Just so kind, so gentle, so understanding. I could tell her [Street Talk counsellor] anything, and she would [understand], you know? Anything wouldn't shock her. She looks like a decent nice lady you know, you wouldn't think you could tell her anything, she makes it look like its normal." (Street Talk service user)

[Street Talk counsellor] is very flexible. If…the woman misses her appointment three times, she does not refuse to see her as she is 'not engaging'. This can be a huge barrier [with other services]… Mainstream mental health services are just not accessible to our women." (Partner agency staff member)

"She always has examples, about other people, in this situation, in that situation. And she's always got the right example to make me understand things ….she always goes 'Oh these girls have given up drugs, and now they are, you know, like really good.' She brought a couple here as well." (Street Talk service user)

"There are no formal arrangements in place. Like written arrangements do you mean?...No, no" (Partner agency staff member)

"At the moment our biggest fear is money and being able to sustain the funding and just providing the on-going support" (Street Talk counsellor)

"[External organisation] wanted to be able to refer but we haven't, at this stage we haven't been able to set up that new partnership or encourage more independent referrals because we don't have the capacity. So there's room [to grow]." (Street Talk counsellor)

"…she [Pippa Hockton] just goes out of her way for everyone, I think sometimes a little bit too much but she does I think" (Street Talk support worker)

Recommendations

- Clear external communication of service model
- Foster sense of 'team' internally
- Clear articulation of support worker role, internally and externally
- Explore benefits and feasibility of having Street Talk's own premises
- Consider securing fundraising support
- Formalise and systematise data collection and activity recording
- Explore potential for increased and improved outcome monitoring arrangements

Outcome evaluation: results

Case files

Information regarding client outcomes was recorded highly inconsistently and there was no standard baseline measure with which comparison could be made. A decision was taken that this information was of insufficiently high quality for inclusion in the analysis.

Stakeholder interviews

Interviews were undertaken with a small non-random sample of women users of the Street Talk service. These women were primarily identified on the basis of whether or not they were present at partner agencies on the day of site visits and whether they were willing and in a fit state to be interviewed at that time. All ten interviews were unanimously positive about their involvement with the service and the interviews offer an indication of the types of outcomes that may be achieved through engagement with the Street Talk service.

Interviews with the women users of the service and staff from partner agencies suggested the following primary outcomes may be obtained for women who engage with Street Talk:

- 'Being there': accompaniment and bearing witness is not just intervention but 'end in itself'
- Increased self- confidence, self-belief, self-efficacy and hope
- Improved understanding and management of emotions and behaviours
- Immediate practical problems resolved
- Improved living and working environment

Alongside these immediate and 'primary' outcomes, the women reported improvements across a wide range of outcomes over the course of their involvement with the Street Talk service including in several cases abstinence from substance misuse, exit from prostitution or independence. Many of the women stressed their own primary role in achieving these outcomes. They emphasised that Street Talk couldn't hope to influence those significant changes in their lives if they themselves were not committed to making the change; *"at the end of the day, the only person that can save you is you."*

(Street Talk service user) It was also clear from the women's accounts that host and other partner agencies also played a crucial role in supporting these changes. Nevertheless, the women and staff in partner agencies acknowledged the importance of Street Talk as a supportive factor in the women's journeys and the achievement of a range of secondary outcomes:

- Reduced substance misuse
- Reunion with children or family
- Improved mental health
- Exit involvement in prostitution
- Employment, education and finding 'a purpose'

The women interviewed had engaged with the service for different lengths of time from only one session (one woman) to continued involvement over several years. The interviews suggested that the women may receive different benefits or achieve different outcomes from the service depending on their length of involvement and the stage they had reached in their own recovery.

Service user impact testimonies

Crisis Management / Early stage support

"She [Street Talk counsellor] makes me quiet, to forget about my problems and I like that. Sometimes you sit down and talk to her, she talks to you – just sit down, take a book and just talking. I prefer her to normal therapy….I feel better inside me, she makes you feel much better. I tried too many therapies and no one did that for me."

"[The most helpful thing is] that now I've got the ball rolling about my children…I'm meeting up with the solicitor, I'm waiting for a phone call for a date, I will be having another appointment with [Street Talk counsellor] before that date but I feel like there's goals now, do you know, like I know what I'm doing and what I have to do, like my life's semi in order…I've only had one session but there will be more to come she said that she does want to work with me a bit longer so she really feels that I do need counselling."

Mid-stage support

"[Working with the counsellor], that's the most important thing I had from this [host partner] service…I am looking at my mental pattern in a different way, I've acknowledged different sides of it, and I'm starting to, and I feel a bit better, just by knowing it, but I know, now I have to take more serious steps towards it, right so, it's just the beginning really…She makes you feel always like you're somebody, you know? And that it's perfectly normal after certain experiences to be in a certain way. That I'm still in time to be anybody."

"Sometimes I forget the way [the Street Talk counsellor] has made me make a change for me. She says… 'Don't listen to him. You're a better person', and by me listening, by me doing things, like stupid things, he's winning. It's fantastic. Do you know what I'm saying? Sometimes I say, 'fucking life, I want to save them all up [my tablets] and take them all' and then I can hear [Street Talk counsellor] saying, 'if you do that, he's won.'...I think the best thing I've done that [she] has helped me with is the alcohol. It's just amazing that I'm not getting the voices in my head, I'm not hearing the voices in my head. I do have the odd nightmare that he's out there. After me…. but now they are maybe three or four, five or six times, instead of having them the whole week….Even my friend has noticed , the change that's in me, even my son says, 'you're much less angry with people as you used to be'."

Late stage support / Transitioning out

"Sometimes I just have to pinch myself as the service I accessed because I was in need now is actually going to … it's really enhanced my life to the point where I'm actually working and I can kick start my career… I thought I was going to die a junkie…I didn't even see myself functioning, let alone functioning on behalf of other people. I didn't think I would see my children again, I thought that every time I wanted to see them I'd have to go and re-visit old memories and when I found out I was pregnant I didn't think that I'd ever get to see my son, well I didn't think I'd see any of his real milestones you know, what's his favourite colour, what foods does he like, what's his favourite TV programme, what's his favourite book. I didn't think I'd see that…and I do."

Theory of Change

Building on the evidence from the literature review and the findings from the evaluation, the following 'theory of change' has been developed for Street Talk:

Access and engagement	Intervention	Primary outcomes	Potential secondary outcomes
Gentle / Unpressured /Patient	Bearing witness / accompaniment	Bearing witness / accompaniment	Reduced substance misuse (or abstinence)
Informal / Approachable	Containment / create 'protected space'	Achieve stable base (immediate practical problems resolved)	Exit involvement in prostitution
Proactive / persistent	Countering internalised negative voice	Manage & understand emotions and behaviours	Stable housing
Reliable / continuity / Focus on building trust	Recognising links & patterns	Improved partner environment	Reunion with family and / or children
Flexible / responsive to need	Holding in mind	Increased self-esteem (reduced shame & blame)	Improved mental health
In / outreach (support workers for 'hard to reach')	Taking problems seriously: advocacy, practical and social support	Increased confidence (hope and belief that change is possible)	Find a purpose (employment)
Support across transitions	Working to strengths	Reduced isolation	Independence

This theory of change can provide a clear articulation for Street Talk staff members, partners and funders of how the Street Talk model aims to support women to change their lives. This theory of change can also be used to support data collection for future service evaluation by providing a clear set of primary and secondary outcomes against which the women's progress / journeys can be measured.

2 – Background

Street Talk is a small charity providing psychological interventions ('talking therapies') alongside practical support to two groups of women: women who have been the victims of trafficking and women involved in or exiting street based prostitution.

Street Talk's stated vision is that:

> *The vision is of a world where every woman can live, free from exploitation, safely and with dignity.*

Street Talk's Mission Statement is:

> *To provide professional and specialised mental health care of the highest quality to vulnerable women, including those in street based prostitution and those who have been the victims of trafficking. To listen to each woman's personal story, to enable each woman to overcome those obstacles which keep her trapped in a life of exploitation.*

It has only one full-time member of staff, two part-time members of staff, a number of (ad-hoc) sessional staff and a small number of volunteers. It provides support to these women across four operating sites where the women are also clients, along with providing some informal support to staff of these services. The four sites are: (i) 'Women at the Well' women's centre; (ii) a Medaille safe house for trafficked women; (iii) St Mungo's and Commonweal Housing 'Chrysalis project' for women exiting street based prostitution; and (iv) the 'HERA' educational programme, predominantly for trafficked women but also some women exiting street based prostitution.

Revolving Doors Agency is a registered charity that works across England to change systems and improve services for people with multiple problems, including poor mental health, who are in repeat contact with the criminal justice system. Our mission is to demonstrate and share evidence of effective interventions and to promote reform of public services through partnerships with political leaders, policy makers, commissioners and other experts and by involving people with direct experience of the problem in all our work. We have three key areas of work: policy and research, development and partnerships, and service user involvement.

In 2012 we were asked by Street Talk founder and director, Pippa Hockton, to conduct both a process and outcome evaluation of the Street Talk service. This followed our introduction through a mutual funder. At the time, a philanthropist with connections to Street Talk wished to provide funding for a small evaluation of the service. The evaluation proposal was developed alongside Pippa Hockton at the beginning of 2012 and was presented to the philanthropist who agreed to fund the proposal.

However, following this Street Talk requested that the evaluation be postponed due to changes in the service environment within which Street Talk was operating. Field work for the evaluation commenced at the end of October 2012 and concluded in June 2013.

3 – Evaluation aims and methodology

3.1 – Evaluation aims

Revolving Doors Agency was asked by Street Talk founder and director, Pippa Hockton, to conduct both a process and outcome evaluation of the Street Talk service.

A primary aim of the process evaluation was to describe the unique working model developed by Street Talk and the theoretical and value base which underpins it. The process evaluation includes details of the service client base; key stakeholders of the service, including the four partner organisations that acted as host organisations for the Street Talk service; and the range of interventions and activities provided by the service. The evaluation then sought to determine the extent to which service activities were delivered as intended and aligned to service aims and objectives.

It aimed to describe the processes of: building and maintaining partnership working arrangements; the development of shared aims and objectives; target group identification and access; and client engagement and service delivery. The evaluation aimed to examine facilitators and barriers to project implementation within each of the four host organisations. In particular, the work specifically aimed to explore the challenges of therapeutic engagement with women who are leading chaotic lives and to outline how obstacles are addressed in terms of practice.

At the outset, it was envisaged that the outcome evaluation would aim to identify the value placed on the service by, and its impact on, the partner host organisations and the women who have used the service. This included any changes arising from women's engagement with the service to self-reported mental wellbeing; self-reported offending and reoffending, in particular related to substance abuse or involvement in prostitution; accommodation status; and patterns of and appropriate use with a range of services including drug, health, children's, criminal justice, and immigration services. However, at an early stage in the evaluation it became clear that for the most part these were secondary aims of the Street Talk service and that it was inappropriate to measure service outcomes against these areas alone. During the course of the evaluation it was decided that a useful product of the evaluation would be to crystallise and describe Street Talk's 'theory of change'. It was envisaged that this could also support any future outcome evaluation of the service.

3.2 – Methodology

The methodology adopted was developed following initial meetings with the Street Talk founder, director and counsellor, Pippa Hockton, and the benefactor providing funding for the evaluation. A literature review was conducted at the outset to identify the needs of the Street Talk client groups, the existing service landscape and models of care to support these client groups and current gaps in provision and barriers to access and engagement with services.

Fieldwork for the evaluation commenced at the end of October 2012 and ran through to June 2013. A multi-methods approach was adopted that included both quantitative and qualitative elements, with an emphasis on the latter due to a paucity of useable or high quality quantitative data. Primary methods used included the case file analysis and semi-structured interviews with stakeholders.

A non-random sample of 82 case files were reviewed; this included the majority of active or recently active Street Talk clients where case files had been opened (which was not always the case) but

excluded those files which had been subpoenaed by a court or those where intensive activity was underway at the time of case file collection. It was not possible to establish from recorded data the number of individuals for which recorded case files had not been opened but it was estimated by Street Talk that approximately one fifth of clients did not have a written case file at all. It was reported that where this was the case, clients had usually been seen on one occasion only or informally on a number of occasions.

Case files were reviewed for basic client information (e.g. ethnicity, nationality, age) and information about Street Talk service use (primary worker, host organisation, length of contact) which were recorded in an Excel spreadsheet. Case files were also coded for analysis using two tools, one for identified client needs (appendix A) and one for interventions provided (appendix B). These were developed following initial meetings with Pippa Hockton and the initial literature review. They were reviewed by Street Talk staff and service users and were adapted during the coding process where necessary.

Retrospective analysis of case files is notoriously problematic where these have not been designed with evaluation in mind. Given their primary purpose as counsellor client notes, information in these files focused on experiences of trauma and counselling interventions. It became clear that information in these files was recorded inconsistently with evidence of substantial missing information. Consequently these files are likely to present an underrepresentation of need and interventions, particularly activity undertaken by support workers, as opposed to the counsellors. Information regarding client outcomes was recorded highly inconsistently and there was no standard baseline measure with which comparison could be made. A decision was taken that this information was of insufficiently high quality for inclusion in the analysis.

Seventeen interviews were conducted with a sample of service users (10*); all Street Talk staff and volunteers (5*) with the exception of some sessional staff who were unavailable during the fieldwork period; and the manager or deputy manager of each of the host partner organisations (4).[1] Service user interviewees were recruited from visits to the four host organisations with the aim to put the women at ease for the interviews and minimise anticipated problems of nonattendance at arranged interviews with a group known to have 'chaotic lifestyles' and problematic engagement with services. This also ensured that interviewees included those supported by each of the four host organisations. Care was also taken to ensure that interviews included variation in interviewees' length of engagement with Street Talk and primary worker. The number of interviews was limited by budget restrictions, however interviews continued until Street Talk staff agreed that the Street Talk model and 'theory of change' had been adequately captured so that additional interviews would only provide limited additional information.

Interviews used a semi-structured design; however a number of the women chose to answer questions with significant narrative and this was not discouraged since such narratives were interpreted as having meaning for the women in relation to the subject of the interview. Where possible, interviews were recorded and transcribed for analysis.[2] Interview transcripts were coded

[1] * denotes that these women are 'double-counted': two of the staff / volunteers also had personal experience of using the service and so they received both the questions for Street Talk staff and the questions for Street Talk service users.

[2] In three cases interviewees asked for interviews not to be recorded and in one case the tape failed for part of the interview. In these cases notes were taken by hand and written up immediately following the interview.

for thematic analysis. Themes and sub-themes were identified on initial reading (and refined on subsequent readings). Data was then ordered and synthesized according to these themes using a matrix-based approach. However, given that some interviewees provided a narrative response to some questions care was taken to consider context within which responses were given.

In all cases, it was a challenge to convey to the interviewees that this was not a process of inspection but a collaborative process with Street Talk staff to support service improvement and evidence effectiveness. All interviewees had had a positive relationship with the service and clearly felt that they had received and therefore owed significant loyalty to the service. Most were reluctant to engage in any explicit discussion around service improvement. Many of the women were also reluctant to admit to, or discuss in any detail, their involvement in prostitution most likely due to perceived stigma around this activity. The two interviews with the women who had been victims of trafficking were also particularly challenging to conduct. The women appeared distrustful, most likely linked to their on-going fear of their traffickers, and both interviewees stated a preference for their interviews not to be recorded. In both cases there was also a language barrier. In one case the woman also had a young child with her during the interview. These factors inhibited the building of interviewee-interviewer rapport and limited the quality of the data available from these interviews. In retrospect the use of peer researchers might have yielded a greater willingness to discuss some issues.

Further exploration of the literature was undertaken in response to identified themes. Primary research methods were also supplemented by analysis of a (purposefully-recorded) diary of one week's activity of Pippa Hockton and of observations recorded during visits to each of the four host organisations, including informal discussions with partner agency staff.

Following the analysis phase, initial findings were presented for discussion to a focus group of four Street Talk staff and their feedback has been incorporated into this final report.

4 – Literature Review

A literature review was undertaken (completed in December 2012) to identify existing evidence on the needs of women who have been victims of trafficking[3] or who are involved in street based prostitution, in order to inform the development of the research tools. The literature review also aimed to create a picture of the service context in which Street Talk operates. Finally, in the case of women involved in street based prostitution, the literature review sought to identify current theoretical understanding about the process of exit from involvement in prostitution and how this exit process can best be supported by services, to enable comparison with the Street Talk operating model and the developed theory of change. This literature review is available in full in appendix C, however a summary of this review is provided here.

Scale of trafficking and prostitution

The literature review highlighted the methodological challenges of accurately estimating the scale of human trafficking and street based prostitution. A Home Office (2004) study uses the estimation, based on the 1999 Europap-UK survey, that there are around 80,000 people involved in prostitution in the UK. The UK Network of Sex Work Projects (UK NSWP, 2008a) estimates that there are between 50,000 and 80,000 women involved in prostitution. Of these, it estimates that around 28% (14,000 to 22,400) are involved in street based prostitution.

Home Office estimates varied of the numbers of trafficked women; one study placed the number at between 142 and 1420 in England and Wales (Kelly and Regan, 2000) while another from 2003 placed the number of victims of trafficking for sexual exploitation in the UK at 4000 (HM Government, 2009). Both studies are over a decade old, although a 2009 government report suggested that this remained the current estimate at that time. A study by the Association of Chief Police Officers (ACPO) meanwhile posits that there are 2,600 women who have been trafficked into England and Wales specifically for sexual exploitation in off street prostitution (ACPO, 2010). The literature review suggested that, while much of the literature on human trafficking focused almost entirely on individuals trafficked for the purpose of sexual exploitation (Stepnitz, 2009; Peters, 2010; Vance, 2011), a substantial portion will be trafficked into other forms of exploitative labour. HM Government's (2011) Human Trafficking strategy reports that, of the recorded 1,254 potential victims of trafficking in the UK referred to the National Referral Mechanism from 1 April 2009 to 31 December 2010, 43% were trafficked for sexual exploitation, 29% for labour exploitation, 17% for domestic servitude and a further 11% were unspecified.

[3] For the purposes of this review, the definition of trafficking in the European Convention, supra note 40, article 4(a), 2005, is used: " 'Trafficking in human beings shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control of another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs."

Pathways in

The literature suggested multiple pathways in to street based prostitution including peer introduction and involvement in a street sub-culture (Coy, 2008); through a 'boyfriend' following a process of isolation from support networks to increase dependence (Swann, 1998); and as a means of funding substance misuse, often seen as more lucrative than acquisitive crime (May, Harocopos and Turnball, 2001; Cusick and Hickman, 2005; Matts and Hall, 2007). A range of experiences were found to be correlated with involvement in prostitution including socioeconomic factors such as poverty, family breakdown and class (Yates *et al.*, 1991; Shaw and Butler, 1998), as well as childhood experiences such as being taken into care, running away from home, childhood abuse and association with risky adults (Scott and Skidmore, 2006; Coy, 2008; Sandwith, 2011).

The Anti Trafficking Monitoring Group (ATMG, 2012) cites the 'root causes' of trafficking as poverty, discrimination, low employment opportunities and 'psychological vulnerability'. The review highlighted that women trafficked in the UK come from a range of geographical areas and that the process may not be forced from beginning to end, beginning in some cases with voluntary legal or illegal migration. Nevertheless, there is also some evidence that trafficked women experience high levels of sexual and physical violence prior to being trafficked (POPPY Project, 2008).

Support needs

The literature review identified evidence that women involved in street based prostitution and trafficked women have multiple needs. These include:

- **Drug use and alcohol use and associated health issues:** In a study by Jeal and Salisbury (2004), 85% of the 71 women involved in street based prostitution reported using heroin; 87% reported using crack cocaine. The literature also suggests a range of associated health issues, including blood borne viruses and dental problems (May and Hunter, 2006; UK NSWP, 2008b). While commonly referenced as prevalent among women involved in street based prostitution, evidence on the level of alcohol use among this group was limited, at least in the literature reviewed. Analysis of client records from one drop in and out reach service supporting women involved in street based prostitution in a London borough reports 37% of women using alcohol on a daily basis (Hough and Rice, 2008). Evidence regarding drug and alcohol use is far more limited with regards to victims of trafficking, although Zimmerman, Hossain and Watts (2011) suggest that it is not uncommon for those trafficked for prostitution to be forced or coerced into using drugs.
- **Sexual health needs:** Women involved in prostitution show higher levels of sexually transmitted infections than the general population (Ward, Day and Weber, 1999). The review suggested that there is little information on the sexual health needs of trafficked women in the UK (Oram *et al.,* 2012).
- **Significant experiences of trauma**: Women involved in prostitution experience high levels of physical and sexual assault including rape, kidnapping, threats with weapons, stalking, being tied up, tortured, beaten with objects and run over by vehicles. A review of 36 studies in a review by Lindeland (2010) found that childhood sexual abuse rates among women involved in prostitution varied from 46% to 75% (Vaddiparti *et al.,* 2006); while

estimates of physical assault at the hands of a parent or carer varied from 40.9% to 73% (Lindeland, 2010). Among trafficked women, in addition to victimisation in terms of trafficking itself, one study found that of a sample of 118 women trafficked for sexual exploitation, 34% had been raped or experienced sexual abuse and 29% had experienced domestic violence prior to being trafficked (POPPY Project, 2008).

- **Mental health problems:** Perhaps unsurprisingly, the literature suggests that mental health problems of women involved in prostitution and trafficked women are predominantly trauma- , as opposed to psychosis-, related. Women involved in prostitution suffer higher rates of mood and anxiety disorders than the general population (Hutton *et al.,* 2004; Roxburgh *et al.,* 2006; Jeal and Salisbury, 2007; Rossler *et al.,* 2010). In a meta-analysis, depression was reported in between 54.9% and 100% of victims of trafficking and experience of anxiety in between 48% and 97.7% victims of trafficking (Oram *et al.,* 2012).
- **Separation from children:** Research into the children of women involved in prostitution is limited (Beard *et al.,* 2010) and so it is difficult to estimate the proportion of women involved in street based prostitution that have children. However, qualitative research undertaken at Street Talk's partner organisation the Chrysalis project suggested that separation from children (often through care proceedings) was a significant concern for the women exiting street based prostitution (St Mungo's and Revolving Doors Agency, 2010). This has also been identified in the literature related to other groups of vulnerable women including women offenders (Mazza, 2002; Corston, 2007) and homeless women (Reeve *et al.,* 2006). In research undertaken with clients of the POPPY Project (2008), one third of the trafficked women had at least one dependent child, usually living elsewhere.
- **Homelessness:** A large proportion of those involved with street based prostitution will experience homelessness (Beynon, 2010; Sandwith, 2011). However they have been referred to as the 'hidden homeless' as they are often not captured by street counts as prostitution is a nocturnal activity, they may target clients who will let them sleep the night or they may sleep in the day in squats, cars, stairwells, crack houses or sofa surfing (Moss and King, 2001; Reeve *et al.,* 2006). When a trafficked person comes to the attention of an organisation, housing is often an identified support need (Banovic and Bjelajac, 2012).
- **Conflict with the law:** While the exchange of sexual services for money is not in itself illegal in the UK, those involved in prostitution may be prosecuted for soliciting in a public place (UK NSWP, 2012) and Antisocial Behaviour Orders (ASBOs) are used to combat street based prostitution of which breach is a criminal offence (Hunter and May, 2004). Trafficked women from non-EU countries face a number of legal challenges owing to their immigration status. The National Referral Mechanism (NRM) was set up in 2009, as a framework for the identification of victims of human trafficking and to ensure that victims receive the appropriate protection and support. However, there is evidence that some women may be reluctant to be referred to the NRM and only a minority of those who do declare themselves victims of trafficking are granted victim status. As of the 18 January 2010, 557 referrals had been made to NRM. Just 16% of these were granted victim status by the NRM (ATMG, 2010).

The review offered some support for Street Talk's assumption that those involved in street based prostitution have very different health experiences, risk-taking behaviour and service-use profiles

compared to those involved with off-street prostitution (Jeal and Salisbury, 2007). However, research in London published by Eaves since the literature review was completed suggests an emergent group of 'transient' women who move between on- and off-street prostitution who may be falling through the gaps in services. It challenges the perception that women who sell off-street sex are almost always stable and low needs (Bindel, Breslin and Brown, 2013).

Pathways out (exit)

Exit from street based prostitution has been conceptualised using a number of different theoretical frameworks (Mansson and Hedlin, 1999; Sanders, 2007; Baker *et al.,* 2010) although there is consensus in the literature that it depends on the interaction of a number of personal and social factors (Cusick *et al.,* 2011) and is often a complex and non-linear process (Mansson and Hedlin, 1999; Hester and Westermarland, 2004; Sanders, 2007).

Mansson and Hedlin (1999) emphasise that exiting is a progressive series of events that culminate in exit, rather than a single event, influenced by both structural factors (housing and relationships) and internal coping strategies. Significant challenges in exit include coming to terms with their experiences of prostitution, coping with intimacy outside of prostitution, stigma and marginalisation. Hester and Westermarland (2004) build on this model to suggest that movement through stages towards exit is contingent on both the needs of the individual and the support available to meet these. However, Sanders (2007) has suggested a typology of different 'exits' including reactionary exit (in reaction to a significant life event), gradual planning, natural progression and 'yo-yoing' in and out. Finally, Prochaska and Di Clemente's 'stages of change' model is also useful in conceptualising exit from prostitution. This model proposes four phases in any change, with increased 'readiness to change' through the stages; precontemplation, contemplation, preparation and action, finally maintenance (Prochaska, Di Clemente and Norcross, 1992).

There are no theoretical models in the literature for exiting trafficking, since trafficking is not the same as exiting prostitution in that it is exiting a situation and not changing behaviour.

Service context and barriers to meeting needs

(1) Mainstream services

Both groups have multiple and complex needs and are likely to require support from a wide range of services. However, aside from acute care, engagement with mainstream services by people involved in prostitution was purported to be generally poor (Galatowics *et al.,* 2005; Mellor and Lovell, 2011). The literature review identified a range of barriers for both groups of women in accessing appropriate support from mainstream services.

Mainstream services may not be set up to be responsive and flexible to the women's multiple needs. Identified problems include rigid appointment systems, day time opening hours, lengthy waiting times, bureaucratic structures and a single-issue approach to problems (Jeal and Salisbury, 2004; Rosengard *et al.,* 2007; Hannington *et al.,* 2008; Cabinet Office, 2010a; Sandwith, 2011). There may be little coordination of care across services (Social Exclusion Taskforce, 2007).

For people involved in prostitution, substance misuse problems (Cabinet Office, 2010b) may act to exclude women from services. (Fear of) judgemental staff attitudes (Brighton Oasis Project, 2003; Aris and Pitcher, 2004; Hunter and May, 2004; Bright and Shannon, 2008; Sandwith, 2011) is an

important barrier. There were also particular barriers to accommodation, with women who are involved in prostitution reportedly being banned from many women-only hostels (Davis, 2004).

For trafficked women, additional barriers to mainstream service access include a lack of social support, concern regarding potential immigration problems, language difficulties and fear of authorities (UK NSWP, 2008a; Home Office, 2011).

With regard to mental health services, a lack of trauma-informed mental health services appears to present challenges to responding to the mental health needs of both groups of women (Rose, Freeman and Proudlock, 2012). Most trauma related problems are dealt with in primary care (Hague and Cohen, 2005); however these services may not be set up to respond to complex needs (Department of Health, 2002b; Reeve *et al.,* 2006; Corston, 2007). Additionally, most mental health care continues to be provided in a mixed sex environment (Barnes *et al.,* 2002).

(2) Compelled services

Barriers to engagement with voluntary services contrasted with coerced engagement of both trafficked women and women involved in street based prostitution with a range of legal services: criminal justice, family and immigration. This has been discussed above in terms of conflict with the law.

(3) Targeted services

The Salvation Army is the largest contractor of services for victims of trafficking. Since 2011 the Salvation Army has received central funding to provide assistance to adult victims of trafficking. As primary contractor, the Salvation Army works with a network of smaller provider organisations. This network includes 19 safe houses (including that run by Street Talk's partner Medaille) providing 141 beds, across England and Wales, a 24/7 facility to transport people who have been trafficked, and a range of other services providing legal advice, translation services, counselling and psychological assistance, health care and referrals. However, to access government funded support services, the woman must have been referred to the NRM. If a primary assessment concludes that there are not "reasonable grounds" to believe that the woman is a victim of trafficking, the individual is not entitled to the assistance and protection available to trafficked persons. In addition, a number of smaller organisations operate outside of the Salvation Army and its partners; one such organisation is Street Talk's partner organisation, the HERA programme.

For women involved in street based prostitution, a range of targeted services exist. The literature review suggested that the primary aim of these services often falls into one of three main types: harm minimisation services; 'routes out' / exit-focused services; and diversion from criminal justice prosecution (Home Office, 2004; Bindel, 2006; Hough and Rice, 2008; Campbell, 2009; Rice, 2010; Cusick *et al.,* 2011). However, the literature suggested that most services exist on a continuum within this with significant overlap in terms of aims and interventions. These services appear to share a non-judgemental approach; a safe environment; they are easy / effortless to access; and most offer at least some support for exit from prostitution or substance misuse, irrespective of their stated aim. Service models for services targeted at those involved in street based prostitution include: outreach services (EUROPAP, 1998; UK NSWP, 2008c); drop-in services (Flanagan, 2007; Hough

and Rice, 2008); brokerage services; and accommodation-based services (the model of Street Talk's partner the Chrysalis project).

Services targeted at women offenders, such as the network of women community centres and offenders more broadly (such as the Drug Interventions Programme and Criminal Justice Liaison and Diversion services) may also be relevant to these women (Corston, 2007; Talbot, 2012; Women's Breakout, 2012). Street Talk's partner Women at the Well is one such community centre, operating a drop-in model, with a particular focus on women involved in prostitution.

5 – Process Evaluation: Results

5.1 – Street Talk model

Street Talk provides counselling and therapeutically informed support alongside a wide range of wrap-around interventions to women involved in street based prostitution or women who have been victims of trafficking. There are four key features to its model:

1) Theoretically and therapeutically informed

The service provides both formal counselling where possible and more informal therapeutic support where clients are unwilling or unable to engage in more structured counselling sessions. For the most part this is one-to-one support however the Street Talk service also delivers regular group sessions in conjunction with one of their delivery partners, Women at the Well. At the time of the evaluation there were two counsellors providing regular one-to-one sessions with clients. In addition, specialist therapeutic support, for example mediation services, are facilitated by the service on a case-by-case basis where need is identified. Counsellors were also supported by external professional supervision.

Both counsellors have psychoanalytic training and psychoanalytic theory, in particular that associated with Melanie Klein, was said to underpin both the formal and informal therapeutic work with clients. However, the counselling provided was said to be more in line with person-centred or Rogerian psychotherapy (see Mcleod, 2009). Approaches were applied flexibly and without strict adherence to either model in line with clients' individual needs and stage of engagement with the service.

2) Client-led service

The service is client-led, both in terms of the pace and nature of engagement with the service and in terms of the type of support that is provided. Unlike most approaches to counselling, boundaries are adapted so that appointment time and lengths are not rigidly set. In addition, core to its operational model is the provision of advocacy and practical support in addition to therapeutic support. In this way, it is conveyed that clients' problems are taken seriously, not only in terms of listening and emotional support but in the provision of practical help to overcome these where possible. This facilitates trust building with clients and recognises that practical problems can be barriers to effective engagement with counselling.

Wrap-around support can be provided by the counsellors themselves, in particular advocacy support or support as an 'expert witness' in legal proceedings (in person or through the provision of formal reports). However, more often, wrap-around support is provided through the Street Talk support worker role, through Street Talk mentors and through staff in partner agencies (see figure 1).

Figure 1 - Therapeutic and wrap-around support

3) Easy access and continuity of support

In recognition of many of the challenges that their client groups face in accessing services, Street Talk prioritises ease of access and continuity of care. There is no formal referral or assessment process. Referrals are made verbally by partner agency staff or the women can self-refer. Any client who feels that they would benefit from some therapeutic intervention is accepted. Street talk counsellors also actively approach women who they feel may benefit from counselling.

In contrast to many counselling, mental health and other services, where clients are expected to go to the service, Street Talk provides counselling sessions in locations where the women are already found including in reach into hostels, safe houses and private housing, drop-in centres and educational courses. This is achieved through their partnership approach with four 'host' partner organisations within which the Street Talk service is embedded. Within these locations, support is provided within private rooms where requested or in other quiet locations such as garden areas in the summer. However, in addition counsellors and support workers make active attempts to be highly visible and approachable within host organisations, talking to women informally in shared and communal spaces (including current, former and potential clients).

Although Street Talk works with clients within the four 'host' partner organisations, Street Talk continues to work with the women after they have ceased to be clients of the partner organisation, whether this be for positive (move on) or negative (eviction or exclusion) reasons. They do not exclude clients from their service and they do not close cases, although where a client is progressing

well support may be limited to occasional letter or phone call contact. Contact is also maintained with clients during periods of imprisonment, detoxification and residential rehabilitation, and during periods of hospitalisation. This includes psychiatric detention and enforced detention on maternity wards (awaiting the removal of children). In this way the service is able to support clients across challenging transitions and through challenging experiences. It can escalate or reengage support where needed and importantly, it is one constant feature in an otherwise changing service landscape.

4) Partnership approach

Street Talk works with and takes referrals from a wide range of partner organisations including service providers, criminal justice agencies and solicitors. However, there are four primary 'host' partner organisations which provide room for counselling sessions on site, facilitate access to the Street Talk service and provide some of the wrap-around practical support, for example help with benefits, housing and budgeting. These are: Women at the Well, a women's centre supporting women with complex needs related to involvement in street based prostitution, trafficking, substance misuse, rough sleeping and offending ; St Mungo's and Commonweal Housing Chrysalis project for women exiting street based prostitution; Medaille safe house for trafficked women; and Hera, an educational programme for women who have been victims of trafficking.

These partnerships differ in format, level of formality and level of integration. Some of the partners view the Street Talk service as an extended part of their core team, as evidenced by attendance of the Street Talk counsellor at team meetings. Others regard it as an external service that comes in to undertake specific functions. Although partner agency staff members provide practical assistance to the women, Street Talk are able to provide 'top up' support across a wide range of need areas. This might happen where Street Talk staff members are better placed to provide the support required or where partner agencies do not have funding or staff resources to undertake work themselves, for example accompanying clients to external appointments. In general these host partners provide rooms and access to resources but no direct funding, although Women at the Well reported that some funding had been provided directly.

Street Talk counsellors provide advice and information to partner staff on managing challenging behaviour and supporting clients in crisis. In particular, the partnership with HERA is centred around the provision of training for HERA mentors on the impact of trauma. Information exchange between partner agencies is crucial for successful working partnerships however Street Talk maintain independence and confidentiality wherever possible.

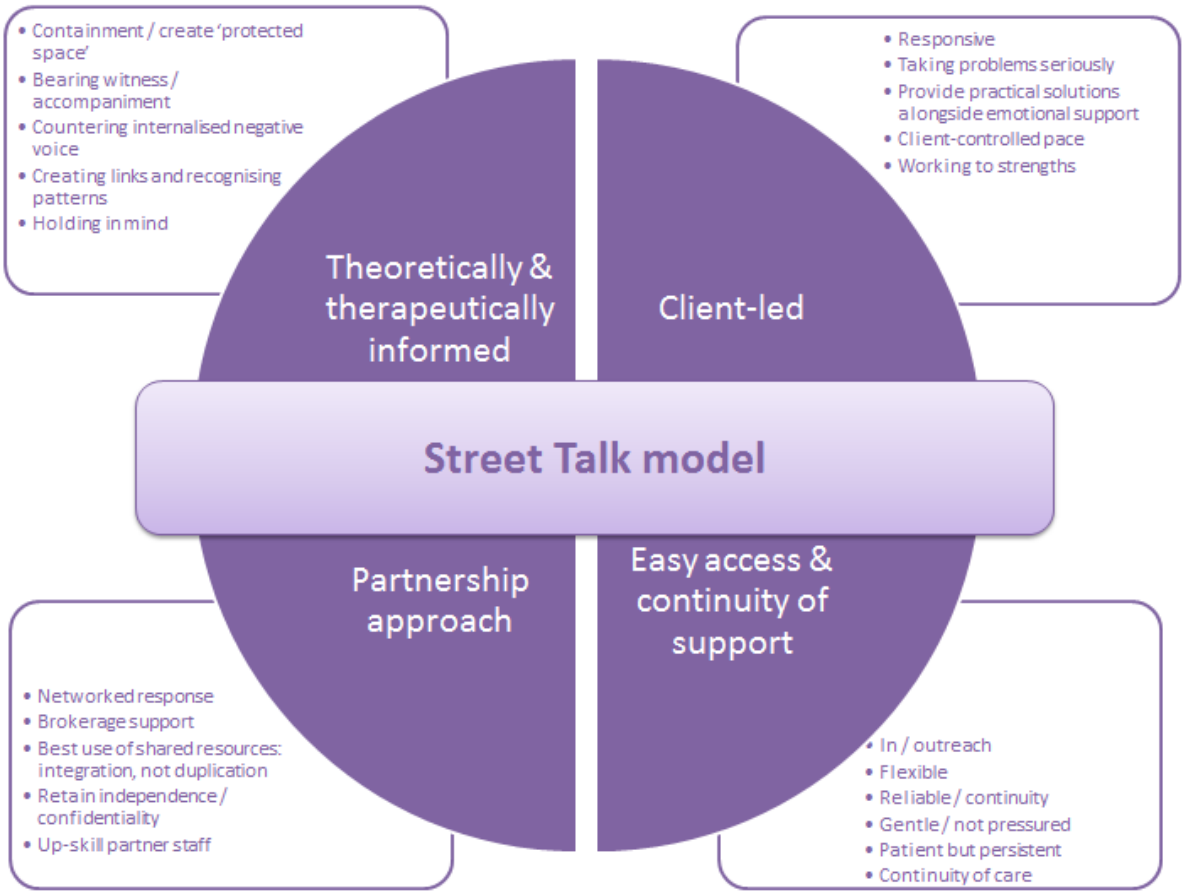


Figure 2 - Street Talk model

5.2 – Client profiles

Street Talk has two primary client groups:

- women who have been the victims of trafficking
- women with a history of involvement in street based prostitution

In addition, Street Talk provides a service to other women who are considered to be extremely vulnerable. They work with transgender clients, who are an important part of their client group.

Of the 82 case files reviewed, 15 of the women were recorded to be victims of trafficking (records indicated that seven of these were trafficked for the purposes of prostitution, two for domestic servitude, one for the purpose of organ farming, the remaining were unknown). A further 43 women were recorded as having a history of street based prostitution. There were 24 clients that did not appear to fit into either of the primary client groups. It was suggested to us by Street Talk staff that many of the women may have been suspected as having a history of involvement in street based prostitution but may not have disclosed this to the service for some time (if at all).

Clients of all ages were accepted by the service. The youngest client among the case file sample was 16 and the oldest was 76. The average (mean) age was 36.

The majority of women with a history of street based prostitution were from England or Ireland, although other countries of origin included Argentina, Brazil, Ethiopia, Jamaica, Italy, Senegal and Ukraine. The trafficked women were from Albania (3), Nigeria (3), Sierra Leone (3), Ghana, China, Jamaica, Latvia and Vietnam.

5.3 – Client needs

5.3.1 – Case file analysis

A needs chart was filled out for each file. This chart attempted to capture the array of areas that clients required support in, either from the Street talk service direct, or through brokerage with other agencies. Support needs were categorised under the following headings: practical, legal, behavioural, physical and emotional health and wellbeing, cognitive, counselling and healthy relationships, which were further broken down into sub-categories (as demonstrated in appendix A).

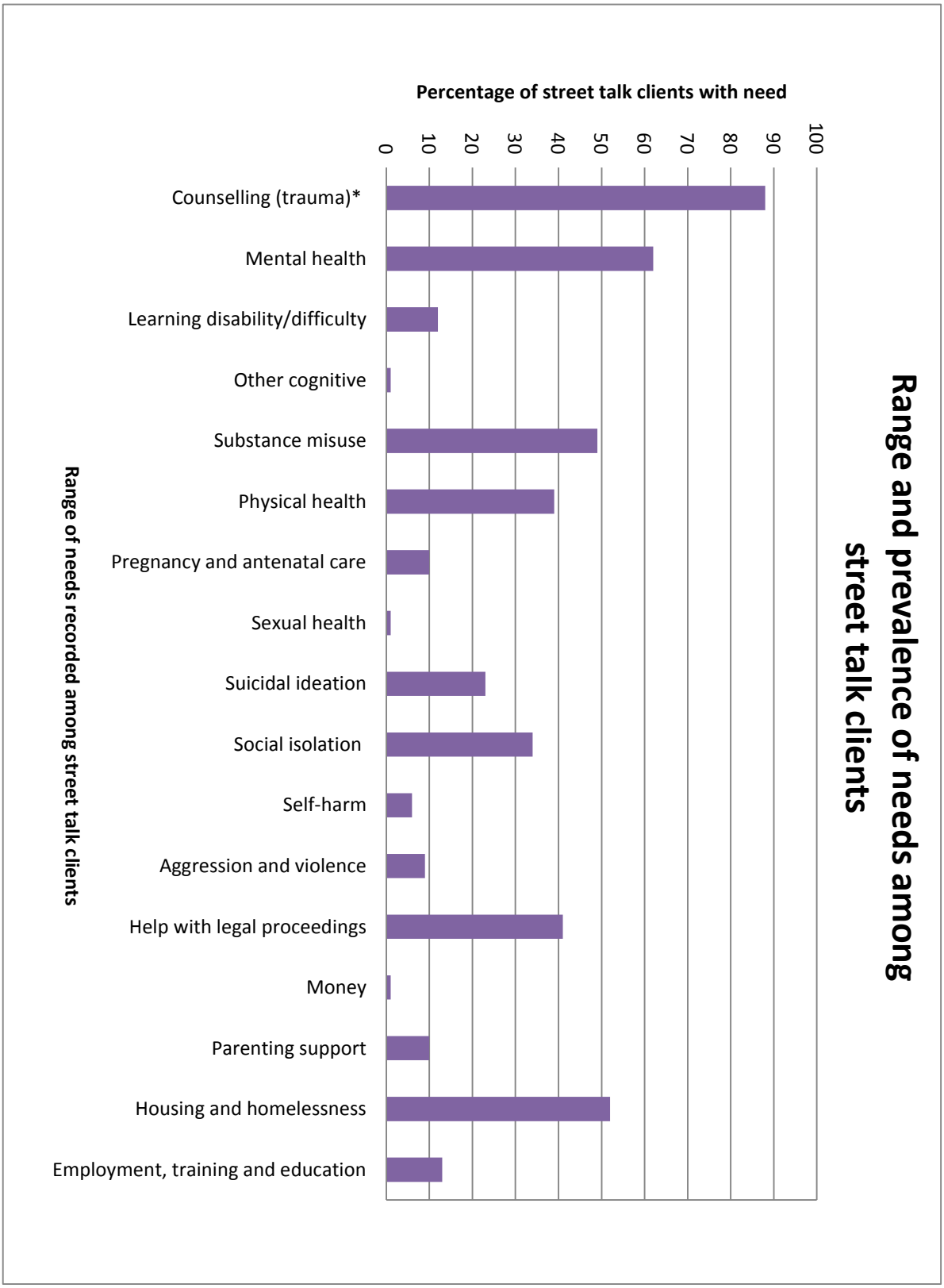
While at least one of the 82 clients demonstrated a support need in relation to each of the sub-categories, capturing a full and comprehensive picture of the needs of clients proved challenging. The case files are primarily intended for use by Street Talk staff to inform therapeutic work and brokerage with other services. Consequently, these varied considerably in the level of detail that was available for analysis depending on the areas that clients had requested support in, the length of engagement with the service and the available documentation on file. For example, witness statements in relation to immigration proceedings provided much greater detail on the needs and experiences of clients.

A need was only selected if it was explicitly stated – either through disclosure by the client, observations of Street Talk staff, or documented in supplementary paperwork. This is likely to have created an underrepresentation of support needs in a number of areas, particularly in those areas that clients may initially perceive as falling outside of the remit of Street Talk. So, for example, while many clients were isolated from their families, this was only recorded if mentioned – which was usually if they had received some support in addressing this issue.

The following needs profile should therefore be interpreted with caution, with a likely bias towards more accurate recording in the areas that clients requested help with. It should not be considered as a systematic assessment of the social, clinical and economic status of clients.

Multiple needs

The case file analysis indicated that the clients had multiple needs across a wide range of areas. As well as counselling-related needs and poor mental health, most commonly recorded needs included housing and homelessness (52%), substance misuse (49%), help with legal proceedings (41%), physical health problems (39%) and social isolation (34%).



Note 1 * Counselling support needs identified in this total do not include and so are in addition to counselling support managing the psychological impact of involvement in prostitution or trafficking. However, they may be related to specific traumatic events that occurred during trafficking or prostitution that are recorded within case files.

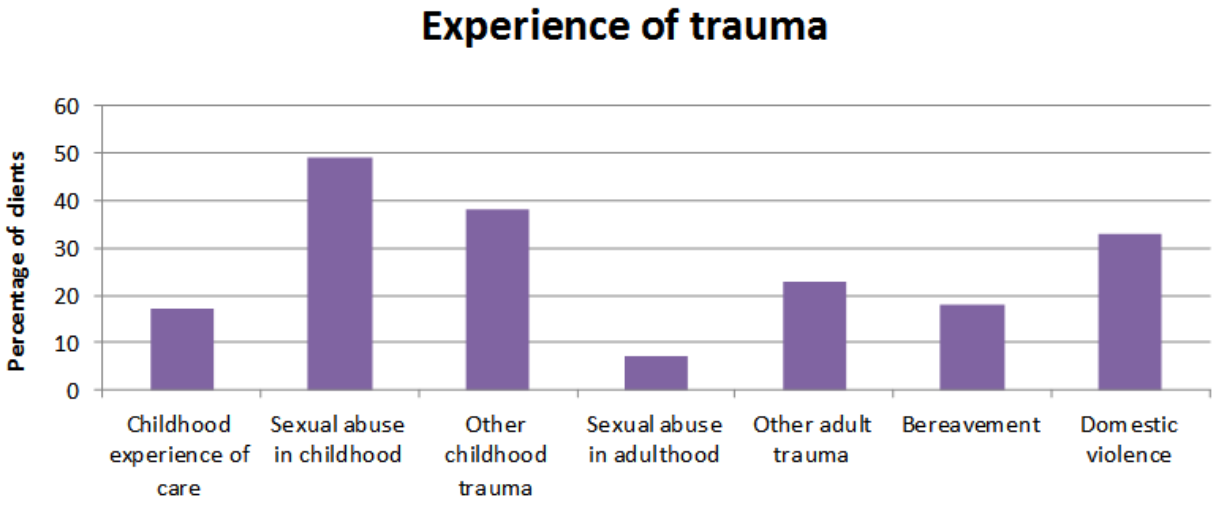
However, the picture painted by the case file analysis should be treated with caution. Support needs relating to mental health, trauma, and substance misuse were more likely to be recorded in files, while reference to sexual health or poverty was rare. This is despite the fact that most of the women did not have a secure income and were likely to have some needs in relation to sexual health.

There were some apparent differences in the histories and need profile of women involved in prostitution and the trafficked women. In particular, despite the suggestion in one study reviewed as part of the literature review that women trafficked for the purposes of prostitution may be forced or coerced into using drugs, none of the trafficked women were recorded as having substance misuse problems. It should be noted that the sample size for trafficked women is small (n=15). Comparisons are only applicable to the set of clients reviewed as part of the case file analysis, and can not be generalised.

Experiences of trauma

The case files depicted lives that contained multiple traumatic episodes – aside from trafficking and prostitution. These were of the most severe variety including extreme violent and sexual assault, frequently incest. It was rare that the women had had no traumatic experiences.

It should be noted that involvement in prostitution and experience of being trafficked were not in themselves included as 'traumatic episodes' in this analysis – unless case files explicitly outlined violent incidents which took place during the course of prostitution or being trafficked. Despite this, only 10 of the women did not have a traumatic episode recorded in their case files (in relation to the experiences depicted in the graph below). This is likely to be an underestimate of the level of trauma: firstly, one of these women had been trafficked; and secondly, of the 10 case files some clients had only worked with the service for a short period or the file contained only limited information. In addition, Pippa Hockton suggested that the case file analysis, which found that half of clients had been subject to childhood sexual abuse, nevertheless underrepresented the levels of childhood sexual abuse among their clients. It was suggested that long term involvement with clients revealed childhood sexual abuse in the majority of cases, but that this was only revealed (and therefore recorded) following the establishment of high levels of trust with the service.

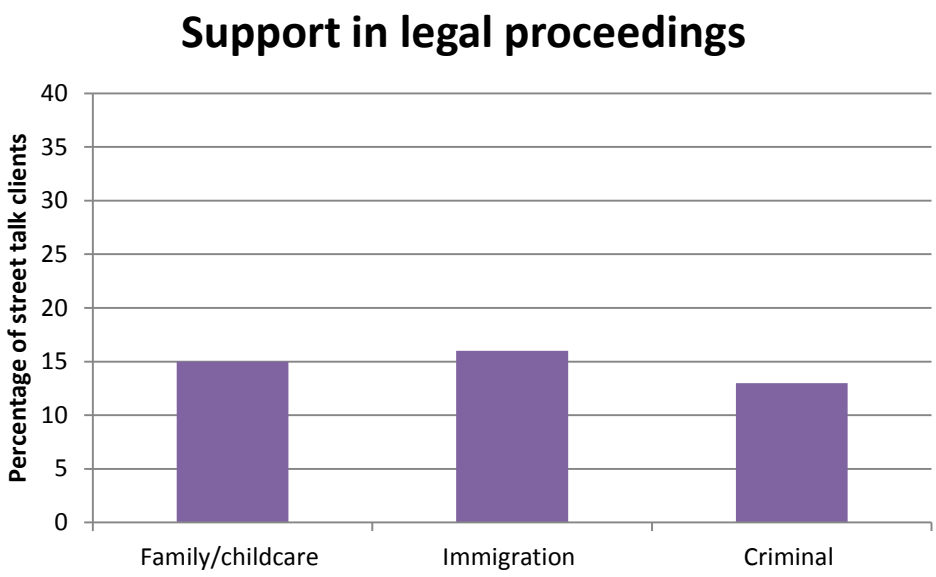


As suggested in the literature review, the trafficked women had experienced traumatic episodes prior to being trafficked. Of the 15 trafficked women, 12 were recorded as having experienced traumatic episodes in childhood, more commonly in relation to either physical abuse or witnessing violent and traumatic episodes, than sexual abuse (60% and 27% respectively).

Support in legal proceedings

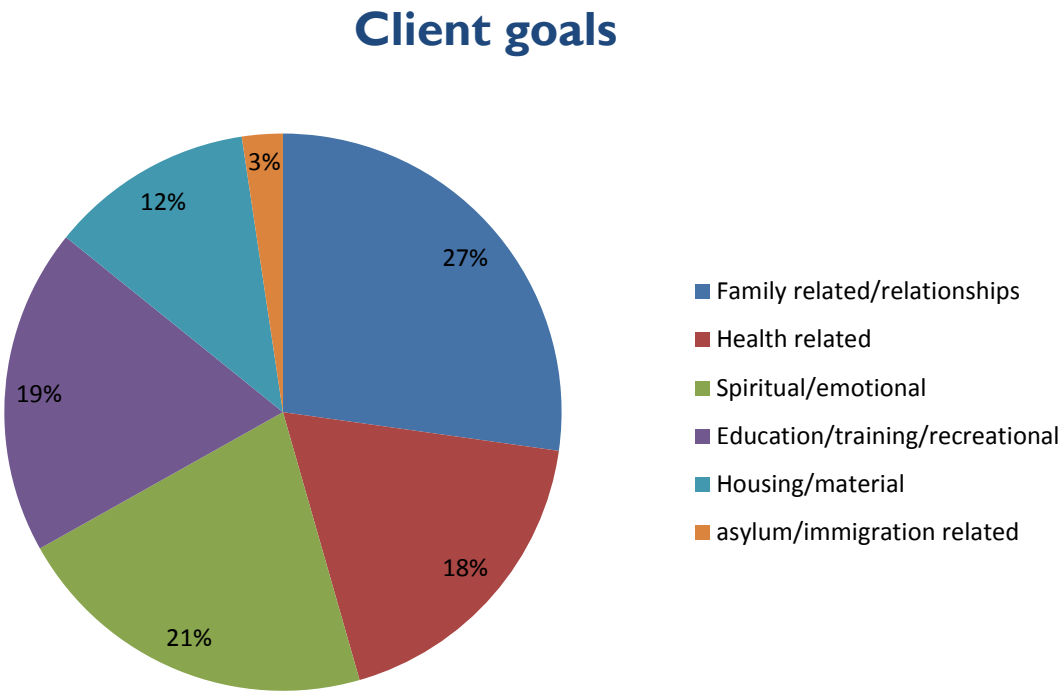
It was evident from the case files that a considerable proportion of clients required support in relation to legal proceedings for family and childcare, immigration or criminal hearings, in total 41% of clients. It was rare that clients required support in relation to multiple legal proceedings, only two of the 82 case files reviewed recorded this scenario. As expected, support around immigration proceedings was highest among the trafficked women, with just under three quarters of the trafficked women requiring support in this area.

Support needs in relation to legal proceedings included both emotional aspects, in the run up to case hearings and appearance, as well as advocacy.



Client goals

Street Talk offered client-directed support to assist women to meet their own personal goals, attempting to identify and build on their strengths wherever possible. Where stated in the case files, client goals were coded into themes. Most commonly, client goals related to family or relationships (46/169).



5.3.2 – Stakeholder interviews

In addition to those needs identified through the case file analysis, interviews with the women and staff from Street Talk and partner agencies revealed a number of other significant areas of need for the clients of the Street Talk service. The interviews also supported the clear finding from the case file analysis of significant needs arising from traumatic histories, in particular childhood difficulties, along with a need for help around keeping 'clean' and 'dry' for many of the women (in terms of drug and alcohol use). Although these themes are presented separately here, it will be clear from the analysis and from many of the quotations that these psychological, behavioural and practical needs are for the most part strongly and multiply interlinked.

No confidence, self-esteem, self-belief or self-efficacy

Many of the women explicitly mentioned, or their narratives conveyed, a lack of self-confidence, self-esteem, either at the time of the interview or at the outset of their involvement with Street Talk. Rebuilding this confidence was seen by the women as a core aim (and, as we shall see, outcome) of their engagement with counselling.

"I mean with counselling it's like breaking down isn't it…it's just layers that are very gradually taken away, I think trying to get some of my self-confidence back – I mean when I came out of prison I felt I was the biggest lump of shit that ever walked the earth. When I've been in mental hospitals, which I've been in 20, again you feel exactly the same: the despair, the disgust with yourself, you're useless, I could go on." (Street Talk service user)

A lack of self-confidence or self-esteem was seen by both the women and staff as a barrier to progress in other areas of the women's lives, inhibiting their ability to set and work towards concrete goals. It was reported that the women lacked, and desperately needed, confidence and belief in themselves and their ability to affect changes in their own lives. This was seen by staff from Street Talk and their partner agencies as a core aim.

"[We aim] to empower them, give them self-esteem that they may never have had – invariably haven't had or else have had very low self-esteem." (Partner agency staff member)

"[We try to] just help them to get back on their feet and believe in themselves that they can get work, that they can survive on their own, that they can build up a life again." (Street Talk counsellor)

Internalised stigma and shame

Linked to this, it was clear that a number of the women had internalised perceived stigma with a resulting negative impact on their confidence, self-esteem and self-worth. Most had experienced multiple life situations or earned multiple 'labels' which they perceived to be accompanied by societal stigma. These included experiences of imprisonment or other institutional care, prostitution, giving up (or the taking away of) their own children, or simply living on benefits. In some cases this was evidenced by a self-directed use of derogatory terminology, for example 'junkie', while in others there was a clear juxtaposition of external views with an internal sense of shame and guilt.

"What I come to [the counsellor] about is…how I always blamed myself, about walking out and suicide, and think I'd be better off dead and, what good am I to my kids and, you know I've never been there…Where

I'm from, they'd say what kind of an f-ing woman is that one walking out on her kids? I even get this still at home… How could you have walked out on your kids and leave them?" (Street Talk service user)

Staff interviewed from partner agencies and Street Talk also identified this pervasive sense of shame at their past, their current situation and their imagined future.

"There is a lot of shame as well about how they're leading their lives – about things they have done and things they know they're going to be doing." (Partner agency staff member)

Additionally, one of the counsellors explained how experiences of sexual abuse, particularly in childhood, also led to significant feelings of self-blame:

"[Among the women] there's the shared shame of, and psychopathology around, sexual abuse and the feeling that … somehow something about them has deserved this and brought…this upon themselves." (Street Talk counsellor)

Uncontrollable and intolerable emotions

Two of the women reported having a confirmed diagnosis of, and one woman a suspected diagnosis of, bipolar disorder, while most others reported on-going problems with depression and anxiety. In addition, all of the women reported, or were reported to be, struggling with uncontrollable and intolerable emotions whether this was stress, fear or anger:

"I was just continually full of fear and anxiety, waking up with it, going to bed with it and whatever and obviously [the Street Talk counsellor's] helped me with that to a certain extent but it's a gradual process counselling anyway, isn't it?, and it's layer by layer." (Street Talk service user)

"I get this, kind of erm, this anger, this anger I have inside of me, it's here [points in chest], it's like a ball. And someone just looks, and this paranoid thing, I was down there one day saying: 'Look at them. Fuck, they're talking about me. Look at them. I'm going to kill someone in a minute.' And the anger would come up here [points to head] and it's just like a volcano. It goes up my ears and into my head and just explodes. You know? And that's when I do have to come in here and talk to someone. Before I either hurt myself or hurt someone." (Street Talk service user)

For the trafficked women, it was reported that extreme emotions – often symptoms of post-traumatic stress disorder – often emerged on arrival at the safe house. This was certainly the case for the two women interviewed at the house. One of the Street Talk counsellors explained:

"They don't understand why they feel like that, I think they've been in an environment where they've just managed to somehow, I don't know, hold themselves together and then the minute they get to the house it's like all of a sudden everything falls apart and they've got no idea what's happening to them. They think they're going crazy, that's what they say, they say `oh I'm really worried, I think I'm going crazy'. So it's just basically someone saying `No this is normal and it's just a result of stress and eventually it'll calm down'."

The women need support to understand these emotions and to manage them. Many described a need to 'vent', get things 'off my chest' or unburden themselves of traumatic histories and consequent emotions. Both the women and partner staff recognised that such emotions could lead to behaviour that was seen as 'challenging' or destructive and could act as a barrier to recovery:

"The bad things I've got inside me, I've got to put them away from me. If I've got to keep them inside, I'll always think about it. But if I throw everything away from me I can think about the future." (Street Talk service user)

Separation from children

Although women were not asked directly whether or not they had children, separation from and (potential or actual) reunion with children was a recurrent theme through a number of the interviews with women vulnerable to or involved in street based prostitution.

Of those who referenced having children, almost all had been separated from these children temporarily or permanently. This could be during imprisonment, through giving them up or their forcible removal into local authority care, or in the break-up of their relationship. This was a source of considerable distress and on-going trauma to the women and was also often directly linked by them with their feelings of guilt and shame.

One woman describes an incident when she fell asleep with her child on a bus, after a drinking session.

"I fell asleep, woke up in a police car, didn't know where I was, all I could see was, where you taking my child? They put her in another police car, woken up in a police cell, your child has been put into foster care. And Boom. My world….But I could have stayed on that road, like drinking. And I did for the first couple of months cause it took me about a month and a half to get to see [her] to find out where is she, where is my child?...where's my baby? She was only three or two. And I had to make that choice: you either take the drugs and the alcohol…or, you work your arse off, and I worked my arse off to get them back and I got them back." (Street Talk service user)

Guilt was reported to be particularly pronounced among women who had themselves been taken into care where they had been subject to sexual or physical abuse. These women feared that they had allowed their children to meet the same fate as they had.

With the woman above, as in some other cases where women remained separated from these children but where there was some potential for re-gaining these children, this was reported to be a powerful catalyst for changing their lives and a strong incentive for engagement with Street Talk. A number of women reported particular needs here around support or advocacy in family court proceedings and help linking in with other appropriate support and legal services. As well as the practical needs around trying to re-establish contact with children, one Street Talk counsellor identified a corresponding psychological need:

"I think psychologically women feel better if they have put up a good fight than if they've just let this go…if you feel you have done...you have left no stone unturned." (Street Talk counsellor)

Of course in some cases, re-gaining children will not be possible, for example following adoption or due to an adult child's decision not to re-establish contact. In these instances there is a psychological need around addressing the bereavement that accompanies the loss of a child.

It is worth noting that this theme did not emerge in interviews with the two interviewees who had been the victims of trafficking; in fact one of the women had her children with her in the safe house so this was probably not a relevant issue for this woman. Challenges with rapport identified above may also have limited discussion of this sensitive topic.

Emotional and social isolation

The need for advocacy, support navigating systems and 'translation' was often increased by the lack of an alternative social support structure to provide emotional and practical assistance in times of

difficulty. Many of the women's accounts suggested that they were experiencing or had experienced periods of significant emotional or social isolation, a finding supported by the interviews with Street Talk and partner agency staff. Most reported not having anyone else other than Street Talk staff to talk to, at least, "*not in that way about what's going on, truthfully what's going on in your head and your heart"* (Street Talk service user).

As well as separation from children, some also appeared to be separated from their families. This might be due to strained relationships as a result of factors related to their lifestyles (e.g. drug use) or alternatively because family were in fact the source of significant childhood trauma. The result was that they often appeared to have no one else to support them through major life events.

"I was going through breast cancer. Arthritis…I had key-hole surgery, for that as well…And do you know, I've talked to [the Street Talk counsellor] because I live on my own and it's scary, love, it's very frightening you know when you're alone, these things just hit you, you know?…I was never ill before, I couldn't handle it, I couldn't work it out for myself. I admit, I really really was in a bad way. And the doctors in the hospital only have a bit of time to tell you everything, they can't tell you what's going on, and there was no one to visit me, at home, because no one comes out to see you from the hospital… [after discharge] you've got to ring yourself an ambulance if you don't feel well. And there was no one – it was isolating." (Street Talk service user)

Support around social isolation appeared to be an important need at, what were otherwise positive points, of transition from the safe house or from the hostel into their own accommodation. As a result support at this time could help to consolidate these positive steps.

"You have to remember for a long period of time I had lived communally, either in a hostel, in a crack house or in prison…it was kind of lonely at first just living in that flat with just me and [my baby son], I tried taking him down to toddler groups and that but if you don't know someone, [it's] you know `hi, how are you?' and that's about it." (Street Talk service user)

Once again, this was reported to be particularly difficult for the trafficked women who were in an unfamiliar country, usually far away from their families, and who – by the nature of their arrival in the UK – had had no opportunity at all to build up a support network over here.

Repeated experiences of trauma

The case file analysis revealed high levels of trauma among the clients of the service, often multiple experiences originating in early childhood and repeated into adult life. In planning these interviews, a deliberate decision was taken not to explore these experiences with the women. It was felt that sufficient evidence of this was available from the case file analysis and there was a risk of re-traumatising the women unnecessarily through encouraging them to recount these experiences. Nevertheless, most interviewees referred to incidents or experiences in their past that they needed support addressing. For example, some alluded to their childhood, with some specifically referencing abuse; some described significant experiences of domestic abuse in adulthood.

The early onset of trauma and its repetition through their lives was emphasised by counselling staff within Street Talk and staff from partner agencies.

"There is a lot, a huge past: years and years and years and years of difficulties all built up. It's not just something recent or the odd thing – it's huge, huge things, going from one trauma to another." (Partner agency staff member)

"I think without exception their stories have started with abuse in childhood but they are currently suffering abuses and other things that are contributing to…them being very unwell, such as sex working which is very violent and whatever women say they do absolutely hate it, you know they do absolutely loathe and feel horrible and ashamed and dirty and get hurt a lot of the time." (Street Talk counsellor)

Staff interviewees from both Street Talk and the safe house emphasised that difficult childhood histories were also experienced by the women who had been victim to trafficking and were not only limited to those clients involved in street based prostitution.

"I have not yet worked with one trafficked woman whose life was a good life and then she got trafficked. So I haven't worked with anybody who applied to come to language school or who applied to do a Master's degree in the UK and found themselves accidently being trafficked. All of them have had a history of suffering and deprivation of one sort or another. And so that would be, with the women from Albania, poverty, or running away from arranged marriage with the Muslim women, and domestic violence that they've been on the run from which has made them vulnerable to traffickers. And with the African women, obviously it's extreme poverty." (Street Talk counsellor)

"Most of the women that I've seen they have had some kind of difficulty with their life, it's [trafficking] not suddenly something that's just happened to them. They've had some kind of trauma in their life. They've either been abused as children or just badly treated in the family. They've been orphans brought up by relatives who have badly treated them [or] the relatives have sold them. So, all of them will have had some kind of trauma or difficult background before they've been trafficked." (Street Talk counsellor, different to above)

Getting and staying 'clean' and 'dry'

Drug and alcohol use was identified by Street Talk staff as a significant complicating factor in the work with women engaged in or exiting street based prostitution.

"I would say half of our women have been put out into sex working in childhood by family and the other half have been put into sex work by a so called boyfriend…and the crack habit has developed as a way of numbing themselves from the emotional pain of what they have to go through and once they've got that then their life just becomes one hit to the next." (Street Talk counsellor)

Use of heroin, crack cocaine and alcohol contributed to a chaotic lifestyle and difficulty attending and engaging with appointments. Indeed on the visit to the hostel for women involved in street based prostitution, one potential interviewee was unable to be interviewed as she had been using crack cocaine.

"…it just seems like the work with them [the street based sex workers] would be so much more difficult because…they need help to get off alcohol and drugs and that seems to be so, so difficult for them."… "that will have affected their memories, remembering their appointments and whether they actually are able to function that day or not." (Street Talk counsellor)

This was seen as the primary difference in need between the two client groups with substance abuse reportedly rarely seen with women in the safe house who had been victims of trafficking.

With the exception of interviews undertaken at the safe house for trafficked women, all of the women referred to current or historic problems with drugs or alcohol. The women's accounts frequently identified stopping or reducing their use of drugs or alcohol as a 'goal' in their work with Street Talk and described their 'battle' to achieve this. Many of the women reported that they

received support from alcohol or drug workers in addition to Street Talk and the partner agency, however they emphasised that much of the support provided by these drug and alcohol agencies related to substitute prescribing.

"It's just drugs really, just there for my script, for the methadone." (Street Talk service user)

"I see my Key Worker now once every two weeks for a script but I don't get to talk to her about life and that because she rushes me, you go in you get your script, `see you later'." (Street Talk service user)

The women identified a need to have someone to talk to about current life circumstances which might be an impediment to staying off drugs and alcohol, or about past events and emotional pain which resurfaced as 'self-medication' through drug use was reduced. Although in many cases their efforts to reduce drug and alcohol use had been at least partly successful, most recognised that the battle was on-going as they attempted to maintain achievements, particularly in the face of difficult life circumstances. They needed encouragement and motivation in the face of setbacks and relapses.

Achieving a normal, purposeful life

In spite of, or perhaps because of, life histories marred by incidents of abuse, drug use, prostitution, victimisation and institutional care, the women expressed remarkably ordinary and modest ambitions. Asked where they wanted to be in two to three years' time, the women described having a home, an education, a job and their children close by and provided for.

"Have a house with a garden, lovely and warm, the kids still doing brilliantly at school, driving, I'd love a wee job, part time. I'd love to go into work with domestic violence and other women and that, and I'd love to see my wee boy and my wee girl their education go brilliant, and just stay clean, sober, and just be in a good place." (Street Talk service user)

"Like everybody else, just a normal person. Studying, see [my] children have a nice school. I just want to be a normal person like everybody else." (Street Talk service user)

"I want it to be with me in a two bedroom flat or house with my children staying with me on the weekend….and the methadone to reduce down." (Street Talk service user)

Staff also recognised the women's need to achieve normality and stability:

"For them to have a belief in life again really and, you know, believe that life is of value and that they can hopefully achieve leading a – I won't say `normal' because I'm not really sure what normal is – but erm, stable maybe … or to get stable and a bit of security." (Street Talk support worker)

A number of the women suggested that they wanted to use their own experiences to help others, possibly demonstrating a need to find a meaning in their difficult experiences and a purpose for their future life. As one of the Street Talk support workers explained:

"…if I can help someone move on from where they are, where I started, to…move on, do whatever they need to do to get their child back in their care, hopefully you know get their supervision, start thinking about a career path for themselves or going back to something that they did before that they enjoyed and take it back up again. Even if I can do it for one person, I'll tell you what, everything would have been worth it." (Street Talk support worker)

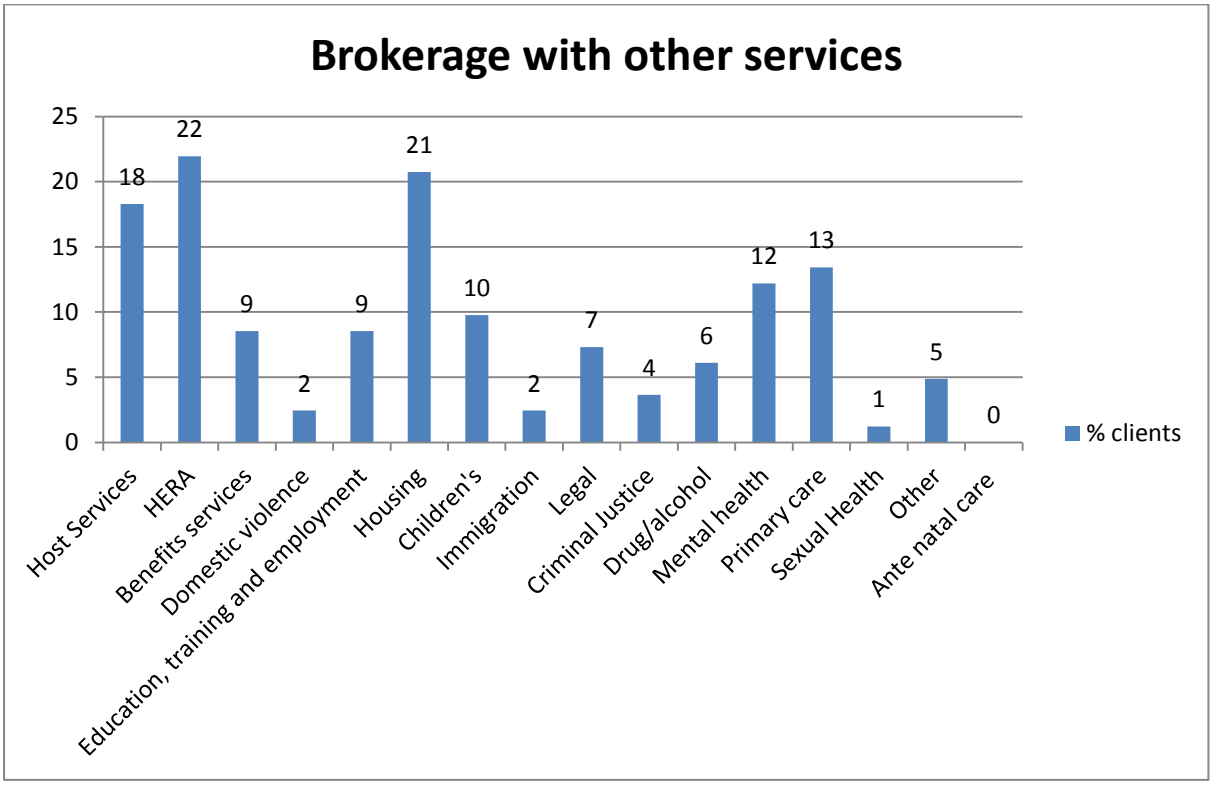
Several of the women interviewed highlighted a desire for a 'career', something they 'love doing', over and above just a 'job', often drawing inspiration from the Street Talk support workers.

5.4 – Interventions provided

5.4.1 – Case file analysis

Case files indicated that the most commonly provided service offered by Street Talk was formal counselling and therapeutic support. 66 of the 82 cases analysed received formal counselling. The second most common kind of support was therapeutic support, which was defined as less formal support, to include interactions such as conversations on the telephone or informally on premises of partner organisations. 37 women received some form of therapeutic support.

Clients also received support and assistance in a variety of other areas, from health, childcare, employment, and housing. This was usually in the form of brokerage with other relevant services.



Case files indicated that Street Talk staff often write letters and references to professionals on behalf of their clients, for example letters to psychiatrists to arrange appointments, references supporting access onto education and training programmes (such as HERA), psychologist reports used in care proceedings to support applications for contact with children and letters to benefit agencies supporting claims.

Support was also provided in legal proceedings, usually related to family/care proceedings, immigration or criminal justice proceedings. 28% of clients received formal legal assistance whereby Street Talk served as an expert witness or reports written by Street Talk served to support legal decision making. 18% received less formal support during court proceedings. This generally entailed preparatory work with clients ahead of hearings as well as reactionary support such as company and

emotional support during court proceedings. 15% were provided with advice around rights and entitlements more generally.

There were various other forms of less formal support. For example, one problem facing many clients was social isolation. Case files indicated that Street Talk staff encouraged and facilitated the women to take part in activities such as acting classes or cookery classes and were sometimes supported in getting in contact with family members. This kind of support aimed to reduce social isolation and build relationships. For particularly socially isolated clients, Street Talk had some formal arrangements whereby volunteer or paid support workers visited clients on a weekly basis.

5.4.2 – Stakeholder interviews

Interviews with Street Talk staff and women who had used the service suggested that the support provided by the Street Talk service varied according to the length of their involvement with the service and the stage that the women were at in their own recovery.

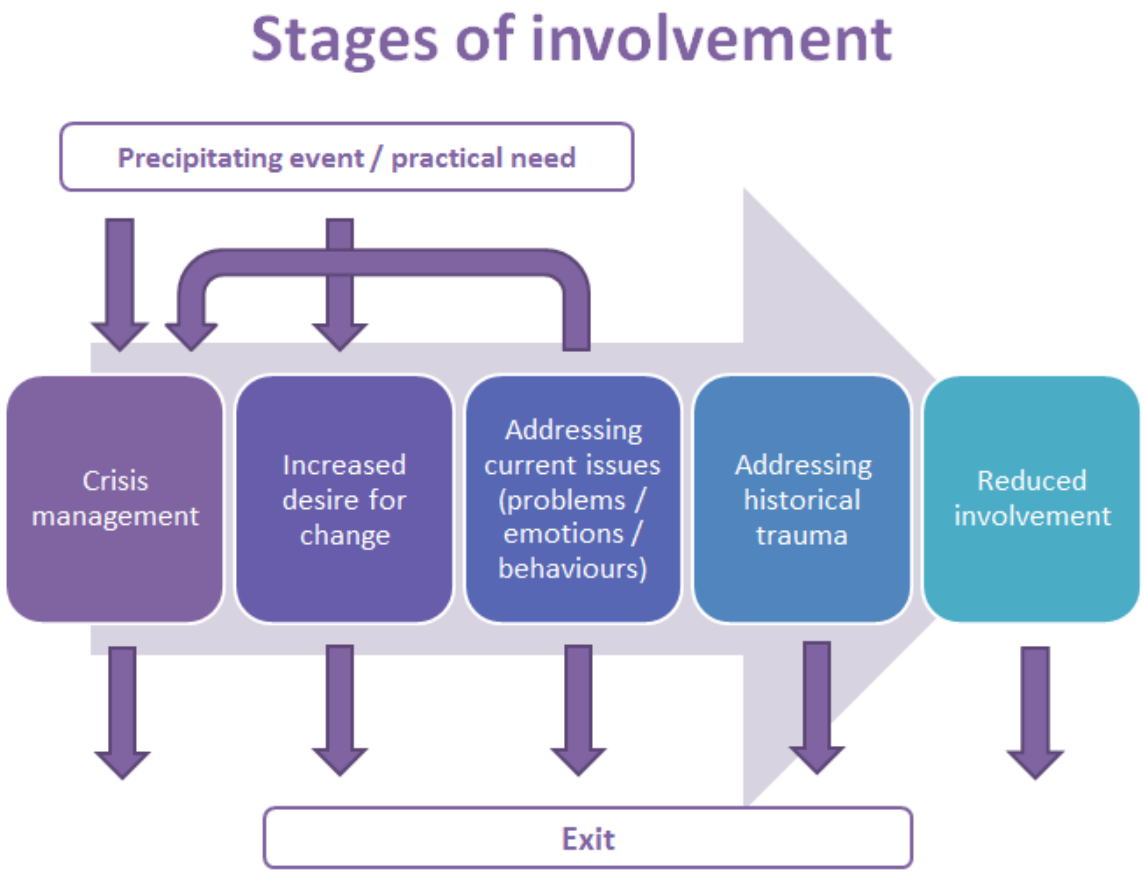


Figure 3 – Stages of involvement

Interviews suggested that involvement with the service often followed a precipitating event that had led to a period of mental health crisis or alternatively a practical crisis which needed resolving. In some cases, only a one-off or short-term intervention was provided to manage this emotional or

practical crisis. However, in other cases this led to longer term involvement with the service focusing first on developing readiness for change and addressing current problems. Both Street Talk staff and the women suggested that addressing historical trauma had been or would be a later phase in their work with Street Talk, once trust had developed and a stable base had been achieved from which to tackle these underlying but highly distressing issues. Following this, the focus of work was on promoting independence and reduced contact with the service.

Although the interviews suggested clear stages of involvement, many of the women did not progress through all stages sequentially; some women might never feel able to fully disclose and address historical trauma and it was clear that crisis management was a recurrent theme throughout the women's involvement with the service. Women exited the service at different phases and, as the outcome evaluation will suggest, took different benefits from their involvement depending on their stage of involvement. Nevertheless, stakeholder interviews suggested that interventions fell into four main types: (i) engagement work; (ii) counselling and therapeutic support; (iii) advocacy, practical and social support; and (iv) training and support to partner staff.

Engagement work

Central to the Street Talk model is the significant activity undertaken to encourage and support these sometimes 'chaotic' and 'hard to reach' groups of women to engage with counselling and other Street Talk services. This activity is seldom captured in case files as such files are normally opened after much of this activity has already been undertaken, however descriptions of this activity were present in interviews with Street Talk and partner staff as well as the women.

To start with, the Street Talk model sees the counsellors operate an 'in-reach' model, going into hostels or other familiar environment, or meeting outside the woman's home. Within host organisations, both counsellors described how they had accessed communal areas, making themselves approachable, engaging in a range of other shared activities and talking to the women on an informal basis:

"There was a girl I was working with last year…and the first time I went into the house she was kicking off and was really angry and was bouncing off the walls all over the place. They had this punch ball out in the garden, she went and whacked it and I was absolutely terrified thinking `oh my god' but I just sat there and waited for her to come and talk and just chatted and eventually built up a rapport with her…we'd just sit in the dining area or somewhere and the women would come to you – well that's how I worked – and eventually I built up a relationship with [her] to the point where she wanted to go and do some dance and drama." (Street Talk counsellor)

This enabled trust to develop and informal therapeutic support to be provided on an ad hoc, needs-led basis. The women interviewed frequently reported receiving 'word of mouth' recommendations from partner agency staff or other women and the high visibility of Street Talk counsellors allowed the women to receive information or ask about counselling without any pressure to engage:

"When I came here I found it very, very hard to trust people. So I was actually coming here [partner agency] for a while, and the [partner agency staff] said to me '…maybe you need counselling?' 'Cause I used to be crying every day downstairs… [The staff member] says to me 'we have a lovely counsellor here named [Street Talk counsellor's name]'. So I said I'd think about it 'cause I wanted to see this woman first to see how I'd react. So when I did see her she says 'hello…'…and I thought okay. So then I actually asked in the

office could I see her. And you know as soon as I started I wondered why I didn't ask her…sooner for her help." (Street Talk service user)

Once a woman had decided to engage with Street Talk it was apparent that this gentle approach continued. The service responded flexibly to a client's needs and moved at a client-directed pace. So, as with the example above, in some cases facilitation of other activities or practical help was the next step. Or, if the woman did choose to engage in counselling, the woman did not then move immediately to regular, structured sessions with obligations to attend appointments and sanction for non-attendance, in contrast to other services. In some cases, it was reported that the process increased in formality and structure over time as the women progressed, although some women never engaged with the service on this basis. Importantly, although the women might choose not to attend the appointments, the Street Talk counsellor demonstrated that they could be trusted through being there at the designated time every week and so demonstrating continuity and reliability. The concept of 'containment' through the creation of a 'protected space' is a core aspect of the therapeutically-informed model (as explored below).

"…it's a containing kind of thing, the fact that they've got someone there who they know is going to be there every single week rain, hail or shine at that particular time…Everyone else can let them down at some point but if you've got a counselling service that counsellor will be there whatever. So it's hoped, I guess, that through that you begin to help them to maybe trust and believe that there are people that care about them and want them to make a change in their lives and want to help them do that." (Street Talk counsellor)

In addition, as well as patience and a lack of pressure, women who had engaged with the service for a long time stressed the importance of persistence.

Interviewer: "Would you speak to [Street Talk counsellor] at first?"

"Not at first, no, not at first. She was…kind of more curious: what's up with this one? She seems interesting, I'm not going to give up on her…Got me out myself slowly, made me laugh. We used to walk through the garden together. I didn't have to say nothing at first. Slowly"…. "Some [women] are reluctant because they just don't give a damn about their lives I would say, that's all. They don't realise how much help [Street Talk] could do for them I suppose…You've got to pin them down. I mean, even I was hard to pin down at one point. They [the Street Talk staff] got me…I just wouldn't interact....You've got to pin them down...Endurance." (Street Talk service user)

For those women regarded as particularly 'hard to reach', including those who might have been excluded from host partner organisations due to poor behaviour or non-engagement, the support worker role was identified as an important means of keeping contact with these women and re-engaging them with support. The support worker's considerable ingenuity and their personal experience of substance abuse and local networks related to this meant that they might be able to 'track down' clients who had disappeared off the radar of services.

Counselling and therapeutic support

Interviews with both the women and the partner staff suggested that the service was regarded by both groups as first and foremost a counselling service, although as previously mentioned much of the work could probably more accurately be described as informal therapeutic support. For the most part this counselling and therapeutic support is provided on a one to one basis, although at one of the partner agencies, a group session is run that focuses on harnessing shared experiences and

peer support for issues including domestic violence, removal of children, surviving prison and hostel living.

Interviews with the Street Talk counsellors suggested a number of key features of the support and interventions they were trying to provide. Although the interviews with the women were analysed prior to this, a number of these features were independently reflected in women's descriptions of their experience using the service.

Many of these themes are demonstrated in the following account provided by one Street Talk counsellor. She explains her work with a woman who had been taken into foster care following the murder of her father and the ensuing deterioration of her mother's mental health. The woman was then subjected to repeated serious sexual abuse within the care system.

"She's now a woman in her 40's and it's just nobody with those women has sat down and ever enabled them to tell – you know it's very, very simply, it's not anything that you'd find in Kleinian Theory – it's just tell your story, tell what has happened to you and put together, make the links between things that happened when you were a child that weren't your fault and things that have happened now….She's had seven children removed and she grieves, desperately grieves for the removal of those seven children and blames herself and is in agony because what happened to her in the state care system, she thinks the same is going to happen to her children. So it's working on the grief but also making the connection in her mind that the fact that…she had the children removed on mental health grounds and some of them have been adopted and some of them are in foster care and we've kind of fought for her to have contact….and to make her feel that it's not her fault." (Street Talk counsellor)

Firstly this account demonstrates the counsellor 'bearing witness' to the woman's story and providing validation of her experiences. This need to be validated is borne out in one woman's account below:

"My ex-partner always said that I was fucking mad and he'd get me locked up. He always said you're fucking mental in here [points to head]. And it was him that was the sick one. It was him! But it was him they were believing. And not me." (Street Talk service user)

The women talked about being believed, about recognition of the extent of the harm done to them and about reassurance of the 'normalness' of their behavioural, emotional and physical response to extraordinary circumstances. One Street Talk volunteer on the group sessions also stressed that the focus is not just on the problems that the women in the session are experiencing, but identifying and celebrating any successes or achievements that the women have experienced recently. In this way the service seeks to identify and work to the women's strengths, identifying opportunities to develop these.

Central to this theme is the idea of 'accompaniment' on a journey, temporally and emotionally: knowing their history and bearing witness to trauma, setbacks and progress.

"She's like a mother figure sometimes. You can cry on her shoulder, she cries with you."(Street Talk service user)

In the Street Talk model, emotional accompaniment was reiterated through physical accompaniment at significant life events, for example family court proceedings.

Staff in partner agencies also recognised the relatively unique nature of this aspect of Street Talk. As a representative from the HERA programme explained:

"[Street Talk counsellor] she's always very good at coming along with the women to the programme so that she supports them into it and you know she doesn't just refer them and leave to get on with it. She's always there for them and she tries to come along for, they have to make a presentation at the end of their programme about what they want to do for their future and she always tries to come along for her women's presentations…Most of the [referral] charities say they'd like to but…most people don't seem to manage it as much as [Street Talk counsellor] does."

Secondly, the above account highlights a role in countering the negative voice that many of these women have internalised full of guilt, blame, shame and deservingness. In some cases the accounts suggested that the women had internalised a negative voice of perpetrators of emotional abuse in childhood and adulthood. In other cases this internalised voice reflected societal stigma regarding drug use, prostitution or the loss of children.

"I've been clean from drugs, heroin crack for four years, but with alcohol I had a slip about a month ago. [The Street Talk counsellor] was the first person I told. And she was like…listen, you've not failed. You will always be in recovery." (Street Talk service user)

"[Street Talk counsellor] really cheered me on from the side lines and told me what a good parent I was, what a good parent I was, what a good parent I was and how [my child] was lucky to have me as a parent and that I shouldn't carry all the burden of blame for not being in contact with my elder children" (Street Talk service user)

Thirdly, the extract shows the counsellor's attempt to support the woman to make links between past events and current behaviour. This theme emerged more clearly in the interviews with Street Talk staff but there was some evidence from the women's accounts that they received help to understand their behaviours and emotions, often with reference to past trauma, and that they were supported to recognise patterns in these which repeatedly play out within their lives. As this member of staff from a partner agency explained:

"For a lot of women, to really start making progress in their recovery, there is a need to look – not necessarily at the past all the time – but some issues they need to discuss to bring to a close really. Even if somebody blocks out the past it is still there. They need to resolve it in some way, to make peace with themselves. To think about, why is it that I did such and such a thing on such a day to get me in that situation. To pick apart their behaviours so that they are more self-aware." (Partner agency staff member)

In addition to these themes drawn out from the Street Talk counsellor's account above, all of the work undertaken by the counsellors was said to be underpinned by 'containment'. This describes the attempt to create a protected space, both literally and psychologically, in which the women felt safe and held, free to talk if they so wished and where their emotions could be contained. One member of staff from a partner agency highlighted that this was beyond their own training and capabilities and so they welcomed someone with specialist training who was able to provide this:

"It is not our role to encourage women to unburden themselves, to open up a can of worms that we don't know how to close down at the end of a conversation. Psychotherapists are trained at keeping clients safe and secure when they leave."

This theme could also clearly be discerned from the women's accounts through their description of the counsellor(s) as a mother figure, through references to the room itself and to the use and interlinking of concepts of 'safety' and 'space'.

"I just feel really safe in her company do you know? I feel safe when I see her…That's what's different. That's what's different, that's what [Street Talk counsellor] gives you different to any others. She's more like, I can't say a mum, but, she just makes you feel secure." (Street Talk service user)

The women also frequently contrasted their experience with Street Talk which offered protected time for talking with their experience of other services which could feel rushed or like they were 'marking time'.

Finally, and related to this, counselling was said to support change in the women's lives through conveying that the counsellor was 'holding in mind' the woman outside of the counselling sessions. This was conveyed in the counselling sessions itself and outside of these sessions through small presents, cards and letters in *'her own personal writing'* (Street Talk service user). Such contact continued even where the client's involvement with the service had otherwise decreased and contributed to providing support across transitions.

"I think it's also the fact that they think someone cares about them enough and worries about them and that, also, that you're thinking about them even when you're not there. Because that's what counselling does, you keep them in mind all the time so that the next time you go round you remember stuff that they've said…and they get the sense of `oh someone is thinking about me, somebody cares about me' and that's what helps them to improve, the thought that somebody is thinking about them and actually helping them think through the things that are too painful for them to think through themselves. I think they feel very isolated and cut off most of the time and I think the counselling helps them feel less cut off and less isolated." (Street Talk counsellor)

This was once again reflected in the women's accounts who all, and repeatedly, referred to the counsellors using words such as 'genuine', 'cares' and emphasising that: '*her heart's in the job, you know, she's not in it just to pick the wage packet up at the end of the week'* (Street Talk service user).

Advocacy, practical and social support

Core to the Street Talk model is that the women's practical and social problems are not only taken seriously in terms of their emotional implications for the women; they are also taken seriously as practical and social problems in their own right that need addressing. Therefore alongside counselling support, Street Talk also provides a wide range of practical and social interventions in response to client-identified needs. Although interviews with both the women and staff in partner agencies indicated that Street Talk was primarily seen as a counselling service, all the women interviewed had received other interventions from Street Talk.

Many of the women had had advocacy support from Street Talk, whether that might be attendance at professionals' meetings with probation or social services and 'fighting my corner', or formal expert witness oral or written testimony in court proceedings. Support and advocacy in family court proceedings, primarily around the removal of or contact with children, was a significant area of work for the Street Talk service. Support through or initiating court proceedings was frequently identified by the women as an important aspect of the support they had received from Street Talk.

Advocacy from Street Talk staff could also help secure access to vital services notably benefits, housing or healthcare provision. This support was often provided by the support worker who could help women navigate complex service systems to access support that they were entitled to. In the case of the trafficked women, many of the services of which they had need were completely

unfamiliar to them and different from their home countries both in type of provision and access routes. Here one of the Street Talk support workers describes her work with one woman:

"One of our ladies… she couldn't sort out any childcare. She had to go and get some teeth extracted, she was in huge amounts of pain and I managed to get Social Services to pay for childcare and I sorted out the childcare.…She had to go to the hospital on the Thursday morning and on the Tuesday I managed to find a child minder, on the Wednesday I managed to get her down there to meet the child minder and on Thursday I got her to get her teeth out and I picked up the child and everything. That was about the third time that the appointment had been booked and obviously she needed someone to be there with her and I was the only person that would go with her and I was really proud of that because she was in huge amounts of pain and I managed to get it together so that, in about two days, to find a child minder, get her to the child minder,…get her to the hospital, be with her at the hospital, pick up the child and I just thought you know it felt like a really good piece of work."

One of the themes that emerged strongly from some of the interviews was the need for 'translation'. This was particularly relevant for the trafficked women who might have only limited understanding of English, in particular technical language. However, translation of technical language / jargon was also identified as an important need for those involved in or vulnerable to street based prostitution given their significant contact with criminal justice, legal and social care services, as this tragic case highlights:

"People, they use their own language sometimes, and they expect everyone to be able to understand exactly what they mean you know? So it's just about sometimes asking people to be a bit more specific and clear and one of my clients [who I'd only just started working with]…her twins [were] being adopted and it was…a final hearing and when we got out…she said to me `If I get married and if I get a job and if I … and if … will I be able to get the children back?' And you know they'd asked her if she could, if she was literate, but they hadn't asked her if she actually understood what the concept of adoption was." (Street Talk support worker)

Given the high levels of social isolation among the women, social support was also an important intervention provided by the service; often a function of the support workers. This role involved taking clients out for coffee, encouraging them to engage in a range of activities and begin to build networks. They could also be a listening 'ear' for current problems for those who had limited friends or family to talk to; this was an important addition to, although not equivalent to, the counselling support.

Finally, Street Talk supported the women's hopes and ambitions for the future working to identified client strengths. This involved facilitating access to a diverse range of education, training and employment opportunities, accessed through the Street Talk support workers, the HERA programme and through partner networks.

Training and support to partner staff

In addition to direct interventions with the client, Street Talk counsellors were able to provide psychologically informed advice and guidance to staff in host partner agencies and other agencies working closely with these women. This guidance aims to increase understanding of the manifestations of client distress and how best to respond to challenging client behaviours:

"[The Street Talk counsellor] came with me to probation...told them about my background, more or less how to approach me, how to handle me...Even in court [the Street Talk counsellor] wrote a supporting letter for the judge." (Street Talk service user)

Given the high incidences of trauma experienced by the women, both prior to but also during their involvement with partner agencies, staff within partner agencies could absorb some of the women's distress and experience indirect trauma with an accompanied set of distressing emotions and potentially inappropriate responses. Although the service was seen by partner staff as primarily a service for the women, Street Talk counsellors and interviewees from partner agencies referred to the provision of formal professional and informal emotional support to staff in host organisations.

"…to a certain extent [the Street Talk counsellor] is also providing support to staff. She provides support by listening to staff and if they have any concerns about clients making suggestions to them. There were occasions where we had had really difficult incidents and I always felt that she was someone I could talk to about these things." (Partner agency staff member)

This could help staff in partner agencies to manage women who were not direct clients of the Street Talk service:

"…it can be that for whatever reason that it's not going to work [for the client] in terms of counselling but members of staff will then talk to [the Street Talk counsellor] about what might be the best way for intervention, you know, how can we understand this behaviour." (Partner agency staff member, Women at the Well)

In the cases of the HERA programme and Women at the Well, Pippa Hockton also provided direct training to HERA mentors and the Women at the Well volunteers to help them understand issues such as trauma, mental illness, personality disorder and substance misuse. A representative from HERA explained the support offered and its benefit to mentors:

"She's very good. Last year she came along and did an event for us with just a few mentors…it helps our mentors to understand a bit more about how our referral charities work and the kind of situations that they come up against. And a bit of background as to how women generally, not specifically, get themselves in these difficult situations and their kind of need and the kind of support networks that they have and all those kind of contextual things that we don't necessarily know about. So that was great."

Support from Street Talk had enabled the HERA programme to accept some quite complex clients onto the course.

5.5 – Effectiveness of service operation

5.5.1 – Strengths

It was clear from the interviews with both the women who had used the service and managers from host partner organisations that Street Talk was strongly valued by both stakeholder groups:

"I could not emphasise the value of the service enough. They've been amazing to us, absolutely amazing. [Street Talk counsellors] have been wonderful, absolutely wonderful to work with, to have as part of this team and to be able to access on a weekly basis. I can't fault it quite frankly, I really can't fault them. I think they're amazing." (Partner agency staff member)

"The fact that we continue to integrate [the] service here, have provided funding towards it and work with [Street Talk] in the way that we do would probably suggest that we believe that those services are invaluable…they are essential to the service that we deliver." (Partner agency staff member)

These interviews highlighted a number of key strengths in the delivery of the Street Talk service:

Filling an identified service gap

Interviews with the women users of the Street Talk service, and managers from partner agencies, indicated that Street Talk was filling an identified gap in local service provision. Street Talk is seen by the women to provide a complementary 'emotional' service to the more practically focused service provided by host partner organisations:

"Probably she's [Street Talk counsellor] more on the psychological side, more mental. You know, the helpers here, they help you more with paperwork." (Street Talk service user)

"[Street Talk counsellor] was more about emotional support and although [my key worker] was to a certain extent, she was more about practical support." (Street Talk service user)

Other services, particularly drug but also some mental health services were seen to be highly geared towards prescribing services:

"It's just drugs really, just there for my script, for the methadone." (Street Talk service user)

"[My Community Psychiatric Nurse] he'll come and see me every couple of weeks and whatever but that's something that will be separate from [Street Talk counselling]…just basically checking my medication, checking the symptoms of my illness that sort of thing, that my sleep pattern is alright etc. and just general stuff that you do with somebody that's got a mental illness." (Street Talk service user)

Interviews did suggest that other counselling services were available to the women – in particular women who were the victims of trafficking – however it appeared that the type of counselling available did not always meet the women's needs. Drug and alcohol counselling could be perceived as highly limited, focused on current issues around substance misuse without the space to talk about the wider issues affecting the women's lives. Additionally, one Street Talk counsellor also suggested that other counselling services which adopted a strict psychodynamic approach that could involve lengthy silences could be perceived by the women as 'intimidating' or 'confrontational'. This was supported by some of the women's accounts:

"I prefer her to normal therapy. I like it when she's helping you with what to do, when she gives you suggestions – she's not just watching your face and writing." (Street Talk service user)

"I have been put up for [other counselling]. I can't speak to them…I tried to get assessed; I walked out …They were just strangers to me, aliens to me man. They're like aliens. No feeling, no nothing. So clinical....I'm not mad. I don't see myself as mad. No, [Street Talk counsellor] does more for me in that department than any government hospital could." (Street Talk service user)

Managers from partner agencies also identified significant practical barriers to accessing these counselling services and other mental health services, including what was seen as an inflexible approach with rigid appointment times and waiting lists:

"The usual way that you access counselling and psychotherapy involves a referral form, and then a set time and day to meet somebody. The person has to be able to conform to that. A lot of these women don't know what day it is, they wake up and don't know if it is day or night – keeping to an appointment is not feasible

really…[Street Talk counsellor] is very flexible. If…the woman misses her appointment three times, she does not refuse to see her as she is 'not engaging'. This can be a huge barrier [with other services]… Mainstream mental health services are just not accessible to our women." (Partner agency staff member)

"Our women would never, ever, ever either be accepted or be able to avail mainstream services…[although] they're very useful if we need to section somebody or we need to be involved in a sectioning…I think as well quite often mainstream services will operate out of a very set model which is rarely going to work. If the women who use our services were able to make or keep appointments on a regular basis with an external mental health service, I think it's fairly fair to say they don't need our service…because their lives are no longer bounded by chaos." (Partner agency staff member)

In particular, crisis responses from mainstream mental health services were seen to be inadequate:

"If you go to the A&E department, it can be equally traumatic for the women. They register there and are then kept waiting for hours on end…Mainstream mental health services takes time. You have to refer, then make an appointment for an assessment, then after you are assessed you have to wait for an appointment. These girls are suffering all the while." (Partner agency staff member)

Finally, one Street Talk staff memberidentified dual diagnosis of a mental health and substance misuse problem as a common reason for exclusion from mental health services, with women's problems frequently – and in the counsellor's view, inappropriately – put down to the result of substance misuse:

"I had a woman…I know very well telling me that voices had been telling her to jump off the balcony of her flat and…she climbed outside of the building and had been on a window ledge…After a complete run-around of referrals where…the community mental health team for homeless people, they wouldn't see her because she's accommodated, the acute team wouldn't see her, the newly diagnosed psychosis team wouldn't see her because she had a previous history of psychosis so she wasn't newly diagnosed and a complete run-around which took maybe five months of referral…Last week she finally sat face to face with a psychiatrist who told her that her only problem was she had a drug problem, so it's all come to nothing. We know she's got a drug problem, she's also got a very chronic psychosis and so it's all come to nothing." (Street Talk counsellor)

In such a service context, Street Talk was seen by its stakeholders as invaluable in plugging a gap in existing services which these women could too often fall through.

Trustworthiness, reliability and confidentiality

Interviews with the women and partner staff indicated that there were high levels of trust in the Street Talk service and its staff:

"I trust them; I know that they understand these women and that they have a wealth of experience." (Partner agency staff member)

"I totally trust [the Street Talk staff]. Totally." (Street Talk service user)

Both the women and partner staff indicated that this trust was underpinned by the fact that Street Talk staff members are always there when they say they will be, are accessible in a crisis and deliver on promises made:

"…being a constant, here regularly, reliable, the women know they are going to be there so there is the opportunity to build up trust." (Partner agency staff member)

"…they are there when I need them. I can contact them. They are just there when I need them. And they've never really let me down. Never." (Street Talk service user)

"…she wouldn't say yes and not do anything. She'd like take you seriously on your problem, do you know what I mean? And help you sort it out." (Street Talk service user)

This is a key component of the Street Talk model and interviews suggested that it was being successfully implemented, with the desired outcomes.

Trust was also underpinned by the women's perception that Street Talk staff could be relied upon to maintain confidentiality, including withholding information that did not pertain to risk from staff in host partner agencies.

"I've told her stuff, and erm, she hasn't even told people at [host partner agency]. So I can trust her with anything. Basically anything I can tell her and I know [it won't be shared] – well if I told her I hurt myself and she thought I was in any danger then she would have to…. And I understand that." (Street Talk service user)

"I knew it wasn't going to go back to Social Services, although you know obviously at [host partner agency] it was all confidential but you know obviously Social Services would actually sometimes speak to my Support Worker and that sort of thing, although they didn't give details but…it just felt closer." (Street Talk service user)

Both Street Talk staff and some staff in partner agencies recognised the value of at least partial independence from host agencies given the power dynamic which ultimately saw partner agencies control access to resources such as housing, practical support or education.

However, it did become clear over the course of the interviews that in some immigration proceedings case files might be subpoenaed by the courts. It is important that clients are made explicitly aware that is a possibility.

Therapeutically trained staff

Particularly important to partner agency staff was the therapeutic training of the Street Talk counsellors, their strong understanding of the client group and their ability to respond to and contain extremely high levels of trauma.

"As for the trauma, because they have a wealth of experience they know how to help women who have lengthy histories of trauma, they are unshockable." (Partner agency staff member)

This was echoed in the women's accounts which indicated that they felt able to reveal some of the most horrific incidents that had happened to them, without worrying that it would shock or appal the counsellor and knowing that she was able to respond appropriately:

"Just so kind, so gentle, so understanding. I could tell her [Street Talk counsellor] anything, and she would, you know? Anything wouldn't shock her. She looks like a decent nice lady you know, you wouldn't think you could tell her anything, she makes it look like its normal." (Street Talk service user)

"I don't say anything about what happened to me in here [the house]...When I'm alone with her [Street Talk counsellor] I can talk about everything." (Street Talk service user)

Interviews with staff from partner agencies suggested that most understood that doing this traversed the limits of their own training and expertise.

"We're not trained therapists. So, you know, we don't probe our women about their stories. We get referrals with a small amount of information about their histories, but there is the fear of re-traumatising them by going over their story. But having a professional – they know how to manage that...I make it sound like we are not professionals, we are, but we have to acknowledge what is within our capacities. We're not therapists and we should never try to behave as therapists." (Partner agency staff member)

A number of the women also recognised and explicitly identified the therapeutic training of the counsellors as being an important factor in their engagement with the service.

"Because with [the Street Talk counsellor] she took me into a one to one room and it's knowing that she's a counsellor and she's like trained in situations to help me, that's why I felt I could talk to her better than what I could talk to my Key Worker, and to know that it's confidential." (Street Talk service user)

"She's professional she's professional, she knows what she's doing. And at times, she's got a tactic that she like boosts you, you know? Like you're okay…but then I think oh, she knows what she's doing anyway." (Street Talk service user)

Non-judgemental: 'tell her anything'

Analysis of the interviews suggested that one of the key strengths of the service and the Street Talk staff was that they were perceived to be non-judgemental.

"I can come in and say I've had a shitty day you know. And she won't look at me any different, she won't judge me, she's never judged me." (Street Talk service user)

"I do love meeting her, because she's kind but she never judges, they never judge." (Street Talk service user)

Many of the women emphasised that they could talk about anything with her; things that they had thought or done as well as things that had been done to them. This was also linked to the idea that the staff and the service were 'unshockable'.

The women's narratives suggested that this non-judgmental approach facilitated a greater degree of honesty about substance misuse and other issues, both with the counsellor but also with themself:

"…with [Street Talk counsellor] I felt safe to actually tell her how I felt and what was going on in my head and also to be truthful about my drug use… to be able to say to [Street Talk counsellor] that I had smoked that day…I don't know how to explain it….I was able to be more truthful with myself…I wasn't hiding when I was talking to [Street Talk counsellor], whereas I was hiding most of the time with everyone else to a lesser or a greater degree… I was actually able to face up to what was going on with me." (Street Talk service user)

"I had a lapse about a month ago, and that was only two cans of alcohol, but it's still a lapse. And I thought I'm going to say nothing, but I just couldn't keep it in. At one time I would have hid that, but now I can't. It would just eat inside of me. [Street Talk counsellor's] always told me that honesty is the best." (Street Talk service user)

Responsive to need: 'ask her anything'

Another of Street Talk's main identified strengths as a service is that it is perceived to be responsive to both client and partner service need.

"She's very responsive and she actually is happy for the mentors to contact her directly which is not normally something I would encourage…[but] you know that has been really valuable." (Partner agency staff member)

Clients expressed the view that you could ask the service anything and that they would try and assist in whatever way they could. Although clients primarily saw Street Talk as a counselling service, clients indicated that they had had a wide range of different support in the past and knew that this was available to them in the future.

"They've ticked more or less all the boxes, for me. And it's still an on-going process so if new boxes come up they'll tick those I suppose." (Street Talk service user)

Several clients also emphasised that the Street Talk counsellor 'knows people'. This reflected a belief that the service had high bridging capital enabling Street Talk staff to broker a wide variety of support.

"[Street Talk staff member] can put me in contact with other people, she knows people…she got my friend a job, with people she knew, I think it's a wee cleaning job….I've not asked her [for help with a job] but I think if she could she would…. Everything she's helped me with, everything I need. Housing, [the drug's clinic], the doctors, [the Family Drug and Alcohol Court], [alcohol service]...everything she's helped me with." (Street Talk service user)

"If I've got that appointment, the hospital give you three or four weeks, I come and tell them, and then they are very good, they'll find someone to come with you that day…she [Street Talk staff member] knows people too. There's volunteers you know, she'll know the people who can do it." (Street Talk service user)

In particular, Pippa Hockton was perceived by interviewees from all three interview groups (women, Street Talk staff and host partner staff) to have very strong and embedded extended networks. The fact that all networks relied heavily on one person presents some risks in terms of sustainability.

Managers from host partner agencies referred to staff from the Street Talk service 'going the extra mile' or 'going above and beyond'. They frequently referred to the fact that Street Talk responded in a timely manner. This was perceived to be particularly valuable in a crisis situation where Street Talk could provide immediate support to de-escalate a situation and to act in a 'holding' or 'bridging' role until the woman could access mental health services.

"One of the excellent things about the service is that it can be accessed so quickly. If there is a woman in need you can get an immediate response rather than filling a form in for an appointment next week." (Partner agency staff member)

"For some of the women who were in crisis – where we could not access mental health services as often as we'd liked – we contacted [the Street Talk counsellor] and she would come down here. Some of the women are suicidal, and to be able to access that at short notice is very valuable for us." (Partner agency staff member)

Street Talk's flexibility was also seen as a considerable strength with partner staff highlighting how Street Talk had been willing to adapt their service criteria or operating model in exceptional cases where partner staff identified that Street Talk support would be of benefit to a vulnerable woman. Additionally, it was clear that Street Talk responded flexibly to changes to host partner agency funding, resources and capacity by picking up activities that would previously have been provided by host partner organisations. While this was welcomed by partner staff and secured a continuation of

provision for the women, there are some concerns about sustainability for Street Talk in an overall environment of diminishing resources.

Shared experience and role models

The support worker role, provided by women with personal experience of some of the issues facing the women users of the service, was a relatively new aspect to the Street Talk model at the time when fieldwork for the evaluation was undertaken. However, interviews with the women suggested that they welcomed the opportunity to talk to someone who had had similar life experiences, notably substance misuse.

"It would be nice to see other women like [Street Talk staff member], maybe who'd experienced prostitution, domestic violence, whatever, cause I feel like – if I've talked to you and I know what you do, it's easier. Cause if I said to you [interviewer] 'what's it like smoking that crack?'; what could you say to me? It would be nice to have more women that have been through it, that understand it." (Street Talk service user)

As well as being able to use their personal experience to talk clients through the difficulties of achieving recovery from substance misuse, women with personal experience could provide important role models for the women.

"Plus, you know what it is I like about her [Street Talk counsellor]? She always has examples, about other people, in this situation, in that situation. And she's always got the right example to make me understand things. Because obviously she's worked with a lot of different people in the past….she always go 'Oh these girls have given up drugs, and now they are, you know, like really good.' She brought a couple here as well." (Street Talk service user)

The (peer) support workers provided living, breathing examples that real change is possible and that the women could and should aim high in terms of achieving a meaningful, purposeful life. It was clear from the interviews that they provided a source of inspiration to the women. One of the support workers highlighted that such role models had been markedly absent in her own recovery:

"…when I first started my journey, the journey of recovery…I'd seen a couple of people moving on but not really; I hadn't seen anyone move on and get their child back etc. And I wanted to be able to help someone do that because I didn't see anyone above me that had done it." (Street Talk support worker)

The positive response from the women regarding this aspect of the Street Talk model suggests that it should be retained and developed moving forward.

Partnership working

Interviews with staff from host partner organisations explicitly highlighted strong partnership working with Street Talk. The women's accounts also reflected an integrated response. Similarly, Street Talk staff indicated that the four host partnerships had been largely successful, while recognising the inherent challenges of operating on someone else's 'turf'.

All four of the interviewees from partner agencies expressed the view that partnership working was underpinned by shared or complementary aims and objectives, and a strong understanding of these aims and mutual support towards achieving them:

"They understand our aims and objectives really well so the partnership works really well….we're a great follow-on from what they do, we don't do the same but we're a great partnership from that point of view and

it works really well I think for both of us…they really seem to be able to refer to us the right type of women who do well on HERA, they seem to really be on our wavelength and know who HERA work for you know." (Partner agency staff member)

"I think [our aims] are very closely aligned. They are around recovery, around every journey's different, around personalisation….The aims are very similar. One of the main aims being exiting prostitution, so working towards that; being more in control of their lives in a way that is sustainable. It seems to me from having chatted to [Street Talk staff] that our goals are closely aligned." (Street Talk service user)

"I don't think they [aims and objectives] do differ. The only difference would be, could be, that their major focus is on offering psychological interventions, counselling, whatever label you use, and our service is much more practically and proactively responding to need. But in essence, both can only work effectively because of each other." (Partner agency staff member)

It should be noted that prior to the time period covered by the evaluation field work, a pilot partnership with a fifth host organisation 'Rahab' had after some consideration been terminated by Street Talk management due to a difference in opinion on how to manage a critical incident. Unfortunately, resource for the evaluation did not allow an interview to be undertaken with the manager of Rahab however this suggests the critical need to establish shared values in such heavily integrated partnerships.

Interviewees from host partner agencies also highlighted excellent communication between Street Talk and the host partner organisation.

"I don't think there has been anything [challenges] and if there was I would just talk it through with them. I think it [the partnership] has worked really well, and this is to do with the fact that communication is really good." (Partner agency staff member)

Ease of communication meant that any problems were felt to be easily and quickly rectifiable.

In summary then, interviews with Street Talk staff, users of the service and partners identified the following strengths:

Box 1: Summary of service strengths

- Highly valued by women who use the service and partner agencies
- Filling an identified service gap
- Trustworthiness, reliability and confidentiality
- Therapeutically trained staff
- Non-judgemental: 'tell her anything'
- Responsive to need: 'ask her anything'
- Shared life experience and role models
- Partnership working

5.5.2 – Model and Implementation Challenges

Interviews and observation revealed challenges for the service across four dimensions: related to staff, clients, partners and the service model itself. These are outlined in box 2 below. In many cases these challenges were outside of the control of the Street Talk service, however it is important that they are acknowledged and that steps are taken to minimise the impact of these challenges. In other

cases they were within the control of the service and in some cases indicated areas for improvement.

Box 2: Service challenges	
Staff-related • Need staff with the right qualities • Sustaining therapeutic optimism in staff while managing expectations regarding client change • Articulating boundaries while retaining flexibility • Managing transition from client of service to volunteer/ paid support worker role	**Client-related** • Chaos and unreliability • Unpredictable and antisocial behaviour • Substance abuse • Understanding and using transference and countertransference • Responding to women who may be involved in re-trafficking other women
Partner-related • Control of space (working on someone else's territory with someone else's rules) • Understanding of counselling and Street Talk model • Reduced resources to provide wrap-around support • Consistency of partner staff • Problems outside Street Talk's control can act as barrier to therapeutic environment	**Service -related** • Sustainability • Securing unrestricted funding / funders who support primary outcomes • Measuring impact • No case closure → growing caseload • Balancing staff freedom to develop new initiatives with service fragmentation

5.5.3 – Areas for Improvement

Interviews with managers from host partner organisations and women recipients of the service were overwhelmingly positive with few explicitly identified areas for improvement. The women in particular clearly felt extremely loyal to Street Talk staff and were reluctant to say anything that could be perceived as critical. Nevertheless, building on the model and implementation challenges outlined above, a number of areas for improvement could be identified:

Monitoring and evaluation

Through the course of the evaluation it became clear that processes for recording client data were underdeveloped, both in terms of the level of information being recorded and the inconsistency with which such recording takes place. Much of the information was recorded in client case files; however these were primarily psychotherapy case notes with other information included in an ad-hoc fashion. In addition, monthly contact sheets had recently been developed to record information on staff activity and client need.

The service possessed no complete database recording basic client personal information, identified needs and interventions provided. One member of staff had taken a leadership role in rectifying this, at least for her own clients, however there was no one template and shared system on which information could be recorded by all members of staff and volunteers. This made the quick retrieval

of information about clients impossible, so did not enable easy monitoring of service activity. This is important for service governance.

Additionally, case files did not provide sufficient type, level and consistency of information with which evidence of service impact could be measured. In particular, they did not provide a reliable benchmark against which progress, or 'distance travelled', during involvement with the service could be measured. This was in part due to the 'softly, softly' client-directed approach which underpins the client's involvement with the service, particularly in the early stages. A detailed assessment asking for extensive levels of information and the completion of a number of measurement tools up front was considered incompatible with this approach. One representative of a partner agency also expressed concerns that such processes might make the service less responsive.

Interviewees from both Street Talk and its host partner organisations also stressed the very real challenges of measuring service impact: the distance of the client's journey and time in which impact can be observed; the 'soft' nature of most of Street Talk's primary outcomes; and crucially, attribution of effect (or lack of it) given the complex web of service, family and environmental factors also in play.

"I think the work they do and the outcomes that they have had have been amazing, but it's all soft outcomes, so it's not tangible." (Partner agency staff member)

"It's unmeasurable you know because it's like everything else that would go on with the women, you know?…We're on a long journey to unpack women's lives and enable them to move forward." (Partner agency staff member)

Nevertheless, despite these considerable challenges, consideration should be given to how monitoring and evaluation of service impact might be improved. There is a need to balance the risks involved in formalising Street Talk's work (thereby undermining interpersonal relationships and the Street Talk model) with the importance of continuous service improvement and the prevention of any inadvertent, yet detrimental, impact on clients.

The outcome evaluation and theory of change below suggest the primary and secondary outcomes that may be delivered by the service and so strategies should focus around the measurement of these. Given the client-directed nature of the work, one possibility might be the development of more formalised client action plans which allow the identification of goals and periodic review of progress against these; at least for women who are established clients of the service and sufficiently progressed in their recovery to engage in such an activity. This should be constructed so that where there has been no – or even reverse – progress this is recorded honestly, but that there is a space to identify other achievements which could provide positive reinforcement for the women.

It was highlighted that some of the partner agencies use outcomes tools, for example the Outcomes Star or the Recovery Star (McKeith, Graham and Burns, 2010) and that there might be risks of duplication, again alienating the client. Where this is the case, better recording by Street Talk of the date at which clients start engaging with the service and formalised information sharing agreements with the host partner agency might enable these to be used to determine 'distance travelled' for Street Talk clients.

Consolidation and promotion of the Street Talk service and its model

It was clear from the interviews with the women that most had little understanding of Street Talk as a service. Instead, most of the women saw their involvement with the service in terms of their relationship with one (or, occasionally, more than one) individual:

"Don't bring no one else. She's the best one, she's a very nice person...When you have one person and you talk to this person and then you bring a different one – I don't like to change person." (Street Talk service user)

To a large extent this is to be expected with a service that primarily provides counselling, although it could prove problematic where there is staff turnover. Another risk is that not articulating the service and all of its staff roles might inadvertently promote an interpretation of the support worker role by clients as a 'friendship' rather than a professional relationship.

It was also clear that, to a lesser extent, many of the managers from partner agencies also interpreted the partnership as a partnership with Pippa Hockton in particular. This carries significant continuity risks if, for any reason, Pippa was on long-term leave from the service. It was also apparent that some partner staff did not appreciate how the support worker role fits within the Street Talk service model and therefore could be obstructive to the transition from client to volunteer / staff member. This could be frustrating and even upsetting for the support workers that were trying to forge out new identities:

"I'd like to be allowed to walk along the corridor without being told that I can't go down there, that's not a small thing is it?...I think they [partner staff] should be made aware that I am working here you know rather than, you know, that I'm just here as a client, not from an ego point of view, just so I'm not stopped…opening a door." (Street Talk support worker)

In some cases, managers from partner agencies were not able to clearly articulate the Street Talk client group, another indication that they were not fully aware of the service model. Street Talk staff also suggested that some staff from partner agencies did not understand the theoretical underpinnings of counselling and therefore might not always appreciate the complexity of what Street Talk was trying to achieve, conflating it with 'just talking' (although this did not emerge from the interviews with managers of partner agencies). There would be significant advantages in raising awareness externally that the individual counsellors are embedded within a wider service and clearly articulating and promoting that service model and the support worker role in particular.

Formalisation and review of partnership arrangements

Despite the centrality of a partnership approach to the Street Talk model, interviews with Pippa Hockton and managers from partner agencies suggested that these were largely informal. There were a number of reasons for this. Firstly, it appeared that the development of partnerships with host agencies had often been fortuitous or opportunistic. Secondly, securing formal partnerships with Catholic partner organisations could include negotiation of an additional level of governance (the Church). Responses could be unclear on whether service level agreements were in place. What was apparent was that where these were in place, managers were not aware of the content and these had not been recently reviewed – despite changes to joint working arrangements over the course of the partnerships.

"There are no formal arrangements in place. Like written arrangements do you mean?...No, no" (Partner agency staff member)

"There is an SLA. Do I know the content of it? No, I don't need to." (Different partner agency staff member)

Given the level of integration and interdependency between Street Talk and its host partner organisations, there are clear benefits to having up to date service level agreements that clearly outline expectations on both parties. Effective service level agreements would also identify how the levels of service will be monitored and what will happen if these expectations are not met. Regularly reviewed service level agreements would help to include partners in continuous service improvement and increase partner understanding of the Street Talk service model.

Funding and fundraising

In the current economic client, funding and fundraising pose significant challenges for all voluntary sector organisations and Street Talk was no different. The fragility of this funding situation was recognised by all staff within Street Talk:

"…at the moment our biggest fear is money and being able to sustain the funding and just providing the on-going support" (Street Talk counsellor)

"My contract is up until the end of the financial year. I can't see it being terminated but…obviously got to see if there's funding for the next year." (Street Talk support worker)

In addition, Street Talk staff and the women using the service recognised that there was significant potential for the service to grow. The women suggested that there would be benefits to increased service promotion by which it appeared they meant that there would be benefits to offering support to similar women using services outside of the four host organisations.

"I think when you start a project it snowballs, you recognise other needs and think `yeah we could do that, we could do that'" (Street Talk counsellor)

"[External organisation] wanted to be able to refer but we haven't, at this stage we haven't been able to set up that new partnership or encourage more independent referrals because we don't have the capacity. So there's room [to grow]." (Street Talk counsellor)

"You need more of [Street Talk counsellor], doing jobs like that you know" (Street Talk service user)

One of the partner agencies (Women at the Well) was reported to provide some funding for the service received. Where Street Talk is supporting partner agencies to deliver their core aims and objectives, there is a case that all partner agencies should be providing funding for the service received. However, there was recognition that this was unlikely to happen in the current financial climate where partner agencies were, in some cases, being forced to retract their service offer.

Street Talk staff also raised the concerns that some funders could be very directive with regards to how the funding was spent, which might be unrealistic or alternatively not meet the women or the service's needs. This emphasises the need to develop relationships with funders based on high levels of trust, mutual understanding and excellent communication. All of which takes time.

Fundraising activities are the responsibility of Pippa Hockton. However, she is also a practicing counsellor with an extended remit (e.g. expert witness) and has the largest caseload in the service; all with a client group that by their very nature spiral in and out of crisis frequently. In the face of

regular and serious client crises, there is a risk that fundraising is deprioritised. Yet failing to secure adequate funds jeopardises the future of the service and its very ability to provide that crisis support. Therefore, consideration should be given to facilitating additional support around fundraising.

Other continuity and sustainability concerns

Concerns around fundraising capacity are one part of a broader issue around Street Talk staff capacity; Street Talk staff members were acknowledged by partners and the women to go 'above and beyond'. However, offering such a responsive service has knock-on implications for Street Talk staff and there were some indications that staff are working outside of their allocated hours. There is a need for staff to ensure that they are both boundaried *and* responsive; a not insignificant challenge. While this is true for all staff, the workload of Pippa Hockton in particular gives rise to both significant admiration and concern. This was recognised by her colleagues:

"…she just goes out of her way for everyone, I think sometimes a little bit too much but she does I think." (Street Talk staff member)

As well as fundraising responsibilities and counselling and support for clients, Pippa is also line manager to all staff and volunteers, she facilitates partnerships with host organisations and has other chief executive responsibilities including wider service promotion, financial responsibilities and board reports and liaison. Pippa's interview and her diary, kept for one week for evaluation purposes, suggest that she works very long days and weekends – although she does manage to take an extended holiday over the summer period. This poses considerable sustainability risks and as currently stands poses significant challenges for replication of the Street Talk model or expansion of the Street Talk service.

Additionally, as highlighted elsewhere in this evaluation, the centrality of Pippa to the Street Talk service in terms of the number of roles that she attempts to fill and the extended networks that she holds with host and other partner agencies gives rise to significant continuity concerns if Pippa was to be absent from the service for a prolonged period.

It is to be acknowledged that Pippa was aware of these issues and was in the process of identifying aspects of the service that could be undertaken by other people. The support worker role is one example of this; another is the move to have external 'mentors' for the support workers, so reducing the demands on Pippa, which was being put in place at the time of the field work for the evaluation. A thorough review of service activities to consider which could be outsourced would be beneficial.

Staff support

All of the Street Talk staff indicated that they had received significant support in their work, be it directly from Pippa or through external professional supervision in the case of the counsellors. However, the extremely high levels of trauma experienced by the women prior to, but also during, their involvement with Street Talk inevitably had knock-on implications for staff. In one case a staff member had asked not to work within one of the partner organisations because of the resulting stress. At the time of the evaluation this work was being undertaken directly by the Street Talk manager, but she is also unlikely to be immune from the emotions generated by the work. In addition to this, interviews suggested particular support needs for those women transitioning from

client to worker roles, particularly where there are on-going personal problems or health concerns. There are a large number of conflicting responsibilities on Pippa Hockton and time available for staff support will inevitably need to be balanced with time for other responsibilities. In this context, there should be regular review of arrangements for staff support and their adequacy. At the time of the fieldwork for the evaluation, consideration was being given to this issue with the recruitment of mentors to provide guidance and support to the support worker role.

Venue

"In reach" into the places where the target group of women are found (i.e. hostels and day centres, or meeting them outside of their home) is a core feature of the Street Talk model, intended to facilitate engagement with the service. However, a small number of interviewees, both the women and Street Talk staff, suggested that there might be some benefit in having their own space for counselling and support – external to the facilities provided by partner organisations. In part, this was because without such a space, partner organisations had ultimate control over the environment: access sometimes had to be negotiated, there could be competing demands for space, environmental factors beyond Street Talk's control could undermine the creation of a 'protected space' for the women, changes to eligibility criteria for partner services have direct implications for the Street Talk client group, and Street Talk staff might be slightly restricted.

"…you don't want to tread on people's toes because you're a visitor in somebody else's environment." (Street Talk counsellor)

Where attempts were made to go outside of the partner environment or where work was undertaken with women after their exit from a partner service, this might be done in cafés. However there was recognition that although this might be acceptable for some of the support work, it was almost impossible to create a protected – and confidential – space for counselling in a busy café. Of course, having one's own space has significant resource implications and any venue is still likely to be used secondarily to partner spaces because of the need to maximise engagement. However, this is an area for the service to explore (both in terms of the benefits and the pitfalls) with its staff and service users when considering future development.

Box 3: Summary of areas for improvement

- Monitoring and evaluation
- Consolidation and promotion of Street Talk service and its model
- Formalisation and review of partnership arrangements
- Securing funding and increasing fundraising capacity
- Address continuity and sustainability concerns
- Staff support
- Exploring possibility of own venue

6 – Outcome Evaluation: Results

6.1 – Primary outcomes

As the process evaluation has highlighted, the recording of client data within the case files does not provide sufficient information for benchmarking and as a result provides significant challenges in terms of demonstrating outcomes. However, interviews with current and former clients of Street Talk and staff in partner agencies, suggested a range of client outcomes following involvement with the service. Interviews with partner agencies suggested that many of these beneficial outcomes may be retained even if involvement with the service did not continue past this point.

These interviews suggested that different outcomes were achieved by the client dependant on the length of and stage of engagement with the service (see Figure 3). Nonetheless, all of the interviewees reported that they had received at least some benefits from working with Street Talk, even if they had only worked with Street Talk for a short period to address immediate practical or emotional crises. Box 4 provides client impact testimonies for five clients at different stages of their involvement with the service.

From the interviews the following primary outcomes were identified:

Accompaniment and bearing witness

Accompaniment and bearing witness was identified above as a core element of the counselling and therapeutic intervention provided by Street Talk. However, one of the Street Talk counsellors emphasised the importance that accompaniment is understood as both an intervention and an outcome:

"A big aspect of this work is accompaniment, you know it's not about changing lives, it's accompanying them. You know for me just reaching out to somebody who is very isolated and paying them attention at that time, that might be completely existential because it's not leading anywhere, but it is worth doing in its own sake. So we do have miraculous and beautiful stories of women who [recover] but…for me just reaching out to people who have nobody and humanising them in that moment is an end in itself and it doesn't tick any boxes and nobody wants to fund that but for me that is …it's an end in itself." (Street Talk counsellor)

This idea is supported by the women's accounts which emphasised that one of the most beneficial aspects of the service for them had been having someone who knew their history and was there at key moments in their journey:

"…cheering for me from the sidelines…" (Street Talk service user)

"…always having her there, whatever goes wrong..." (Street Talk service user)

One client's emphatic account is indicative of the benefits of such 'accompaniment':

"And she's [Street Talk counsellor] worked a good few years with me now, about four years, maybe longer...She's been through all the court cases with me, she's been there, right right through it and still, [now] the kids are home [out of care], and she's still there for me." (Street Talk service user)

Increased self-confidence, self-belief, self-efficacy and hope

Many of the women explicitly referred to having increased self-confidence as a result of working with Street Talk. Others referred to being told 'lovely things' about themselves including that they were deserving of positive experiences, even if this was yet to be fully internalised. Increases in self-esteem were also linked to reduced feelings of shame and blame for their traumatic histories and current situation.

"She's [the Street Talk counsellor] helped me with confidence, gaining in my confidence. Saying like 'I've seen where you've come from, what you've been through, and like, what an amazing person you are, and you never give yourself gratitude for it.' And I don't. I act as if I don't deserve it. And I do….[She] just gave me my confidence back, and just to be the person I should be, do you know?...She made me feel not to be dominated by a man. And, good things will come to you because you deserve it. She did give me a lot of confidence." (Street Talk service user)

One client who suffered from agoraphobia and had struggled with her confidence and self-esteem highlighted how participation in the interview itself was an indicator of real progress:

"If you'd met me two years ago I wouldn't even open my mouth. Actually you wouldn't have even seen me come through that door [to the interview]. This [interview] is my first like, come out and talk to anyone at all. So that's a big step now." (Street Talk service user)

Closely linked to the idea of increased confidence, was increased belief in themselves and their abilities to make changes in their lives (self-efficacy) and hope that change is possible.

"She makes you feel always like you're somebody, you know? And that it's perfectly normal after certain experiences to be in a certain way. That I'm still in time to be anybody." (Street Talk service user)

"Before I was horrible, no one could speak to me…I was keeping everything inside me. I don't want to talk to people about my history. But she tells me the future is going to be better for you." (Street Talk service user)

Role models – especially the (volunteer) support worker role – were important here in allowing the women to believe that they could change. One woman who had known one of the support workers in the past when she had been heavily using drugs, described how the support worker's progress into employment had made her feel:

"I was pleased for her, I mean proud of her: You go girl! You go forward! If she can do it I can do it. That's the way I saw it anyway. She gave me like hope for the future." (Street Talk service user)

Improved understanding and management of emotions and behaviours

The analysis of client needs found that many of the women were struggling with uncontrollable and intolerable emotions, often resulting from early and repeated traumatic experiences. By providing containment and a safe place some of the women reported a reduction in (soothing of) these intolerable emotions.

"I had lots of problems and she's the only one who helped me. I had too much stress – you know, sometimes when you have too much stress and you don't know how to deal with it?….She [Street Talk counsellor] makes me quiet, to forget about my problems and I like that….I feel better inside me, she makes you feel much better. I tried too many therapies and no one did that for me." (Street Talk service user)

By helping the women draw links between traumatic events, emotional responses and subsequent behaviours many of the women reported improved understanding and management of negative emotions and resulting challenging behaviours.

"I am looking at my mental pattern in a different way, I've acknowledged different sides of it, and I'm starting to, and I feel a bit better, just by knowing it, but I know now I have to take more serious steps towards it, right so, it's just the beginning really." (Street Talk service user)

"Even my friends has noticed the change that's in me [since I started counselling], even my son says 'you're not as angry with people as you used to be'…my son has seen a big change, there's a big big change in me." (Street Talk service user)

One manager from a host partner agency described the visible change in the women following their engagement with Street Talk:

"Women who engage with Street Talk, they are more self-aware. It is the way that they start to talk about things as well, it is the way that they really reflect on things, the language they're using, you can tell they're really taking stuff on board and making changes in their lives as a result, dealing with staff differently, thinking about the future, thinking that there really is hope, that there really is a way out." (Partner agency staff member)

This self-reflection was purported to support an improved working environment, both in terms of a calmer atmosphere but also a greater ability in the women to engage in their own recovery.

Immediate practical problems resolved

Interviews with the women and staff (as well as the case files) also highlighted a wide range of practical problems that had been resolved by the Street Talk counsellor or support worker. This included getting benefits in place, addressing housing problems, finding baby sitters, finding a solicitor to take on a woman's case or finding someone to provide support on hospital visits.

"They were wanting to [move me]…and I couldn't because of …where my daughter's school was. My son had 8 different schools, moving us everywhere. And [Street Talk counsellor] helped us go to meetings with a social worker and get me to stay where I am." (Street Talk service user)

Addressing immediate practical concerns helped the women to achieve a stable base, from which they might be able to think about progressing towards recovery.

"[The most helpful thing is] that now I've got the ball rolling about my children…I'm meeting up with the solicitor, I'm waiting for a phone call for a date, I will be having another appointment with [Street Talk staff member] before that date but I feel like there's goals now, do you know, like I know what I'm doing and what I have to do, like my life's semi in order." (Street Talk service user)

Box 4 – Client impact testimonies

Crisis Management / Early stage support

"She [Street Talk counsellor] makes me quiet, to forget about my problems and I like that. Sometimes you sit down and talk to her, she talks to you – just sit down, take a book and just talking. I prefer her to normal therapy….I feel better inside me, she makes you feel much better. I tried too many therapies and no one did that for me." (Street Talk service user)

"[The most helpful thing is] that now I've got the ball rolling about my children…I'm meeting up with the Solicitor, I'm waiting for a phone call for a date, I will be having another appointment with [Street Talk staff member] before that date but I feel like there's goals now, do you know, like I know what I'm doing and what I have to do, like my life's semi in order…I've only had one session but there will be more to come. She said that she does want to work with me a bit longer so she really feels that I do need counselling." (Street Talk service user)

Mid-stage support

"[Working with the counsellor], that's the most important thing I had from this [host] service…I am looking at my mental pattern in a different way, I've acknowledged different sides of it, and I'm starting to, and I feel a bit better, just by knowing it, but I know, now I have to take more serious steps towards it, right so, it's just the beginning really…She makes you feel always like you're somebody, you know? And that it's perfectly normal after certain experiences to be in a certain way. That I'm still in time to be anybody." (Street Talk service user)

"Sometimes I forget the way [the Street Talk counsellor] has made me make a change for me. She says… 'Don't listen to him. You're a better person', and by me listening, by me doing things, like stupid things, he's winning. It's fantastic. Do you know what I'm saying? Sometimes I say, 'fucking life, I want to save them all up [my tablets] and take them all' and then I can hear [Street Talk counsellor] saying, 'if you do that, he's won.'...I think the best thing I've done that [she] has helped me with is the alcohol. It's just amazing that I'm not getting the voices in my head, I'm not hearing the voices in my head. I do have the odd nightmare that he's out there. After me…. but now they are maybe three or four, five or six times, instead of having them the whole week….Even my friend has noticed , the change that's in me, even my son says, 'you're much less angry, with people as you used to be'." (Street Talk service user)

Late stage support / Transitioning out

"Sometimes I just have to pinch myself as the service I accessed because I was in need now is actually going to … it's really enhanced my life to the point where I'm actually working and I can kick start my career… I thought I was going to die a junkie…I didn't even see myself functioning let along functioning on behalf of other people, I didn't think I would see my children again, I thought that every time I wanted to see them I'd have to go and re-visit old memories and when I found out I was pregnant I didn't think that I'd ever get to see my son, well I didn't think I'd see any of his real milestones you know, what's his favourite colour, what foods does he like, what's his favourite TV programme, what's his favourite book. I didn't think I'd see that…and I do." (Street Talk service user)

Reduced emotional and social isolation

Many of the women emphasised the benefit of having 'someone to talk to' and the security of knowing that someone is there if they have need of them:

"If I ever had a bad evening, if I wasn't seeing her [Street Talk counsellor], she said just phone me, do you know? Which is half the battle for me, knowing that there's someone there…there's nothing she can do about loneliness and depression, er, I just try and fight it and say, 'oh well, you'll have [Street Talk counsellor] to talk to next week." (Street Talk service user)

"…they are there when I need them. I can contact them. They are just there when I need them. And they've never really let me down. Never." (Street Talk service user)

While this was often directed at the counselling, several also referred to the more informal support provided by the support workers which allowed them to talk about immediate issues and problems in more of a friend-to-friend capacity. The support workers also highlighted the range of work undertaken to get isolated women out of the house including taking the women out for coffee, food, museums and libraries. One woman who had moved-on from communal accommodation into her own home explained the value of more informal social support:

"…when I came back from [rehab] I didn't have, you know, although I was in contact with my [family] Social Services were a bit funny about me seeing them until they'd…done checks on them and that sort of thing. So I could only speak to them on the phone and I didn't know anyone…where I was living at the time…So it [Street Talk] was just like a support network…you know she would be there on a Tuesday at 11 o'clock, she was there. That was after I came back from treatment which really made a difference to how I felt about moving into a flat on my own." (Street Talk service user)

Improved living and working environment

Interviewees from partner agencies also highlighted the positive impact that Street Talk had had on the partner environment. Through supporting the women to understand, manage and diffuse their emotions Street Talk's presence was said to have acted as a calming influence. This had benefits in terms of an improved working environment for partner agency staff and an improved living environment for the women. As one manager from a partner agency explained:

"I can quite honestly say that when the women have had a session [with the Street Talk counsellor], the women come out feeling a little more relaxed...It makes a more relaxed household….It has had an impact on us, as we have had more relaxed women in the house. It just makes it easier to work with them. Sometimes they get angry with us and I'm sure that when they discuss that at their session, maybe they get a different perspective. Some of them don't like the boundaries that we have in place, which I guess is understandable since they've been controlled and they see us as also controlling them through the house rules." (Partner agency staff member)

Support provided directly to staff could also help them to manage extremely complex individuals.

"I think [Street Talk] supports, enables and encourages them [partner agency staff] in terms of working with one of the most difficult client groups. It enables us to sustain and contain women and work with women who most other services exclude and it enables us to continue to run a `no bans' policy." (Partner agency staff member)

In one of the partner agencies, a series of traumatic events affecting the clients had had an inevitable knock-on effect in the house and had been distressing for staff. Specialist support in managing these issues had been particularly welcomed.

Box 5: Summary of primary outcomes

- 'Being there': accompaniment and bearing witness is not just intervention but 'end in itself'
- Increased self- confidence, self-belief, self-efficacy and hope
- Improved understanding and management of emotions and behaviours
- Immediate practical problems resolved
- Improved living and working environment

6.2 – Secondary outcomes

Alongside these immediate and 'primary' outcomes, the women reported improvements across a wide range of outcomes over the course of their involvement with the Street Talk service including in several cases abstinence from substance misuse, exiting involvement in prostitution or independence. Many of the women stressed their own primary role in achieving these outcomes. They emphasised that Street Talk couldn't hope to influence those significant changes in their lives if they themselves were not committed to making the change:

"…at the end of the day, the only person that can save you is you." (Street Talk service user)

It was also clear from the women's accounts that host and other partner agencies also played a crucial role in supporting these changes. Nevertheless, the women and staff in partner agencies acknowledged the importance of Street Talk as a supportive factor in the women's journeys and the achievement of a range of secondary outcomes.

Reduced substance misuse

Getting and keeping 'clean' from substance misuse and 'dry' from alcohol was or had been a main aim for many of the women. Of those six women who had had problems with drugs or alcohol at the outset, all reported a reduction in their usage since they had started working with Street Talk.[4] In some cases women reported complete abstinence from some, if not all, substances.

"[My drug use] it's cooled down, definitely, and I'm more stable because I'm on the methadone, and I take less of everything." (Street Talk service user)

"I'll still have a couple of beers at night…I have two, one night. Some nights I don't have anything. But I'm not…my relationship with it is completely changed." (Street Talk service user)

Many highlighted what a real and significant challenge that achieving this had been for them.

[4] There were in fact seven women who reported problems with drugs or alcohol at the beginning of their work with Street Talk. However one of these women had only recently begun to work with the service and so is excluded here.

"I knew it would be difficult, boy if I had known how difficult…but still, 'cause I had never been to treatment before so I didn't have a clue of what was involved, you know. Dance around and fairy dust get sprinkled on you and then suddenly your life will be fixed, you know. A slight exaggeration but you know I didn't realise just what a hard slog treatment is." (Street Talk service user)

"That's what I went through for three years; I had to battle to stay off. I've been clean for four years now off drugs and alcohol, heroin, crack, I'm clean from it all." (Street Talk service user)

It was clear that in most cases this had been a very personal 'battle', albeit one in which they had received support from a number of different practitioners and services. Host partner agencies, drugs and substitute prescribing services, Alcoholics Anonymous and residential rehabilitation services all played a role in the women's recovery narratives. That said, several of the women's accounts explicitly linked the support that they had received from Street Talk with a reduction in their drug use.

One client, who had been working with Street Talk for a long time, explicitly linked the work undertaken to improve her own self-esteem and confidence with a reduction in her use of drugs.

"They make me feel better about myself, give me more confidence. I don't feel so sad anymore….The more I felt better about myself, the more I stopped [using drugs]." (Street Talk service user)

This woman also highlighted the important role of the support worker in *"talk[ing] me through things"*, drawing on her own personal experience.

Another client who had been 'self-medicating' to reduce emotional pain identified the support she had received from Street Talk in *"learning to deal with my emotions again"* (Street Talk service user) as she came off the drugs. Others highlighted the role that the Street Talk cousellor played in maintaining motivation and in rebounding from temporary relapse.

"So I think the best thing I've done that [Street Talk counsellor] has helped me with is the alcohol…If I see a bottle of vodka in the shop, and I say 'will I, won't I?'…But [Street Talk counsellor] really wouldn't like that. She'd be very disappointed in me if I took that bottle. And I say 'no, no, no…keep going down that aisle.'" (Street Talk service user)

"She's kept me clean. [Street Talk counsellor's] got me in contact with the AA group, every Tuesday, and I go there. I had stopped going there, I had a slip and now I'm back on track now." (Street Talk service user)

Reunion with children or family

Another very personal battle for a number of the women interviewed was the fight to keep or get back children out of state care. Three women reported that their children had been taken into state care at one stage but all three had been reunited with their children.

*"What my goals were? As I've said, to get the kids home. That was hard. What I had to go through, what I had to prove." (*Street Talk service user)

"When I found out I was pregnant I didn't think that I'd ever get to see my son, well I didn't think I'd see any of his real milestones you know, what's his favourite colour, what foods does he like, what's his favourite TV programme, what's his favourite book. I didn't think I'd see that…and I do." (Street Talk service user)

Again, the women's narratives stressed their own leading role in achieving this but also highlighted help from host partner agencies, solicitors and social workers. Once again, Street Talk was also identified as a source of support through this struggle.

"When I left court I just thought, 'I'm going to do everything and anything I can to try and hold onto this child' and that included talking to [the Street Talk counsellor]." (Street Talk service user)

"[Street Talk counsellor] stood by me for all my appointments, and everything, and my kids have been back home nearly three years, coming on three years this Christmas." (Street Talk service user)

One other woman, separated by other circumstances, had also reportedly reunited with her children and grandchildren following encouragement and support from Street Talk. None of the women interviewed for the evaluation reported receiving expert witness support from Street Talk. However, Street Talk staff highlighted the service's successes in adoption proceedings in helping women to keep their children. Although it could not be verified, it was reported that, of all the women that they have worked with in this area, only two have had children go for closed adoption (with no maternal contact), of which in one case they had only started working with the woman very late on in the proceedings.

Reunion with other family members could also be an important outcome. One staff member described an important success in this area with one client:

"One woman who used to sleep rough,… we didn't even know if she could talk…[But] she just sat up one day and said `I want to talk to the counsellor' and we realised that she could talk and she came and sat in this room and she told me that for 12 years…she'd been living rough on the street, totally ravaged by drugs,…getting the drugs through sex working…but she suddenly wanted to see [her] dad and nana…As far as they were concerned she was just a missing person. And we worked towards her doing that and she had a few false starts and then after about, I think it was about six months, she did manage to go, she managed to go up there on a day trip to see [them]… and she's now living up there and she's housed and she's living with [family]." (Street Talk counsellor)

Improved mental health

As well as general improvements in how the women felt 'in themselves', such as improved confidence and self-esteem, several of the women identified small but significant improvements in their mental health following involvement with the Street Talk service, although it was clear that mental health issues were an on-going concern for several of the women:

"I have something called bipolar one, which is more serious than bipolar two, so I tend to have more relapses though I am really stable at the moment and long may it continue." (Street Talk service user)

"It's just amazing that I'm not getting the voices in my head, I'm not hearing the voices in my head." (Street Talk service user)

Support from Street Talk around managing emotions, trauma-related work to reduce PTSD symptoms and a reduction in alcohol and substance misuse were key factors in mental health improvements. A couple of accounts also highlighted the role that Street Talk had played in promoting engagement with mental health services and in compliance with medication:

"[Mental health services] can see the change in me with more confidence. I'm not crying every time they see me, just because [Street Talk counsellor] said to me, 'you need to go and get help'. I took her advice and I'm on antidepressants…And it helps me really a lot. Although, I still get my low days and bad panics." (Street Talk service user)

However, it was clear from interviews with Street Talk staff that accessing mental health services could be a significant challenge, even with brokerage and facilitation support from Street Talk. This acted as a barrier to improvement for some of the women.

Exit involvement in prostitution

One methodological challenge with the evaluation was the reluctance of many of the women to admit to or discuss their involvement in prostitution. One Street Talk counsellor suggested that this was not surprising, reporting that many of the women would not discuss this aspect of their lives with any practitioners / professionals until quite late on in their engagement with services once a rapport and high levels of trust had been established. Nevertheless, three women were identified as having been involved in street based prostitution. Of these three women, one reported that her involvement in street based prostitution had significantly reduced over the course of her engagement with Street Talk. The other two women reported that they were no longer involved in prostitution, with one woman explicitly linking this to the support received from Street Talk:

"I don't have to go on the streets anymore. She [the Street Talk support worker] makes me feel better about myself… I don't go on street to do sex work again. At all." (Street Talk service user)

Employment, education and finding 'a purpose'

Finally, a number of the women who had been involved with Street Talk over a long period of time highlighted the positive impact of support around accessing educational courses or finding employment. The partnership with the HERA programme was particularly important here:

"[Street Talk staff member] asked me if I wanted to do a course at Imperial College in the summer that year and I was like that [makes grabbing movement] …I nearly took her hand off, that's why she's got a hook now [laughs]! So that, it was an entrepreneurship course through what people called HERA... So I did that last year, [Street Talk staff member] put me up for a place right from the very beginning of the year." (Street Talk service user)

Two women had been offered volunteer placements at Street Talk as support workers following their successful engagement with the HERA programme. In one case, this had then graduated to a paid support worker position within Street Talk. The two women describe the impact that this has had on their lives, giving them a purpose and recognising their inherent value and ability:

"I need a purpose….it gives me a purpose and makes me feel useful and one day I'm hoping that I can work again full time." (Street Talk support worker)

"Someone trusts me to be involved, you know, to look after other people, well not look after, I don't know 'look after' is too strong a word, but support other people, you know really vulnerable women as well, that means a huge amount to me." (Street Talk support worker)

Other women provided examples of education, employment and volunteering opportunities through partner agencies and extended networks.

Box 6: Summary of potential secondary outcomes
• Reduced substance misuse • Reunion with children or family • Improved mental health • Exit involvement in prostitution • Employment, education and finding 'a purpose'

7 – Developing a Theory of Change

Building on the evidence from the literature review and the findings from the evaluation, the following 'theory of change' has been developed for the Street Talk service:

Access and engagement	Intervention	Primary outcomes	Potential secondary outcomes
Gentle / Unpressured /Patient	Bearing witness / accompaniment	Bearing witness / accompaniment	Reduced substance misuse (or abstinence)
Informal / Approachable	Containment / create 'protected space'	Achieve stable base (immediate practical problems resolved)	Exit involvement in prostitution
Proactive / persistent	Countering internalised negative voice	Manage & understand emotions and behaviours	Stable housing
Reliable / continuity / Focus on building trust	Recognising links & patterns	Improved partner environment	Reunion with family and / or children
Flexible / responsive to need	Holding in mind	Increased self-esteem (reduced shame & blame)	Improved mental health
In / outreach (support workers for 'hard to reach')	Taking problems seriously: advocacy, practical and social support	Increased confidence (hope and belief that change is possible)	Find a purpose (employment)
Support across transitions	Working to strengths	Reduced isolation	Independence

This theory of change can provide a clear articulation for Street Talk staff, partners and funders of how the Street Talk model aims to support women to change their lives. This theory of change can also be used to support data collection for future service evaluation by providing a clear set of primary and secondary outcomes against which the women's progress / journeys can be measured.

8 – Conclusion and recommendations

The evaluation suggests that Street Talk is providing a service that is valued by its 'customers', both host partner organisations and the women. Both the literature review and the interviews suggested that Street Talk is filling an identified gap in the service landscape: it differs markedly from much other service provision in its focus on emotional wellbeing and mental health and by the way that the service is appropriately tailored to the women's needs and lives. The women interviewed indicated that the relationship with Street Talk staff and the support offered to them by the service was extremely important to them, and they highlighted a variety of ways that the service had changed their lives. The evaluation also suggested that Street Talk can offer benefits to women even where they only work with the service for a short time. However, interviews and case files also demonstrated that the service had maintained longstanding relationships with some of the most complex women.

The most striking feature emerging from the case file analysis was the extreme level of trauma that characterised the women's lives; so much so that both researchers working on the case file analysis indicated that they had found the process distressing. Of course, this pales in comparison to the women's lived experience. Although the case files indicated that some of the women had not substantially progressed, they also indicated that in many cases – and perhaps against the odds – women managed to achieve at least some periods of recovery, achieve some of their goals and build some meaningful relationships. In a small number of cases the achievements were remarkable. However, interviews with both the Street Talk counsellors and the women themselves highlighted that irrespective of progress against either primary or secondary outcomes, there was value in bearing witness to and accompanying them on their journey – 'just being there'.

The importance of this is indicated in this quote from Blackwell (1997):

"Presentations of extreme distress following horrific and traumatic experiences tend to evoke a powerful wish to be helpful and an associated fear of impotence. Helping activity, while not in itself unreasonable in appropriate circumstances can nevertheless serve the needs of the worker more than those of the client and obscure the more fundamental desire for holding, containing and bearing witness." (Blackwell, 1997, p.1)

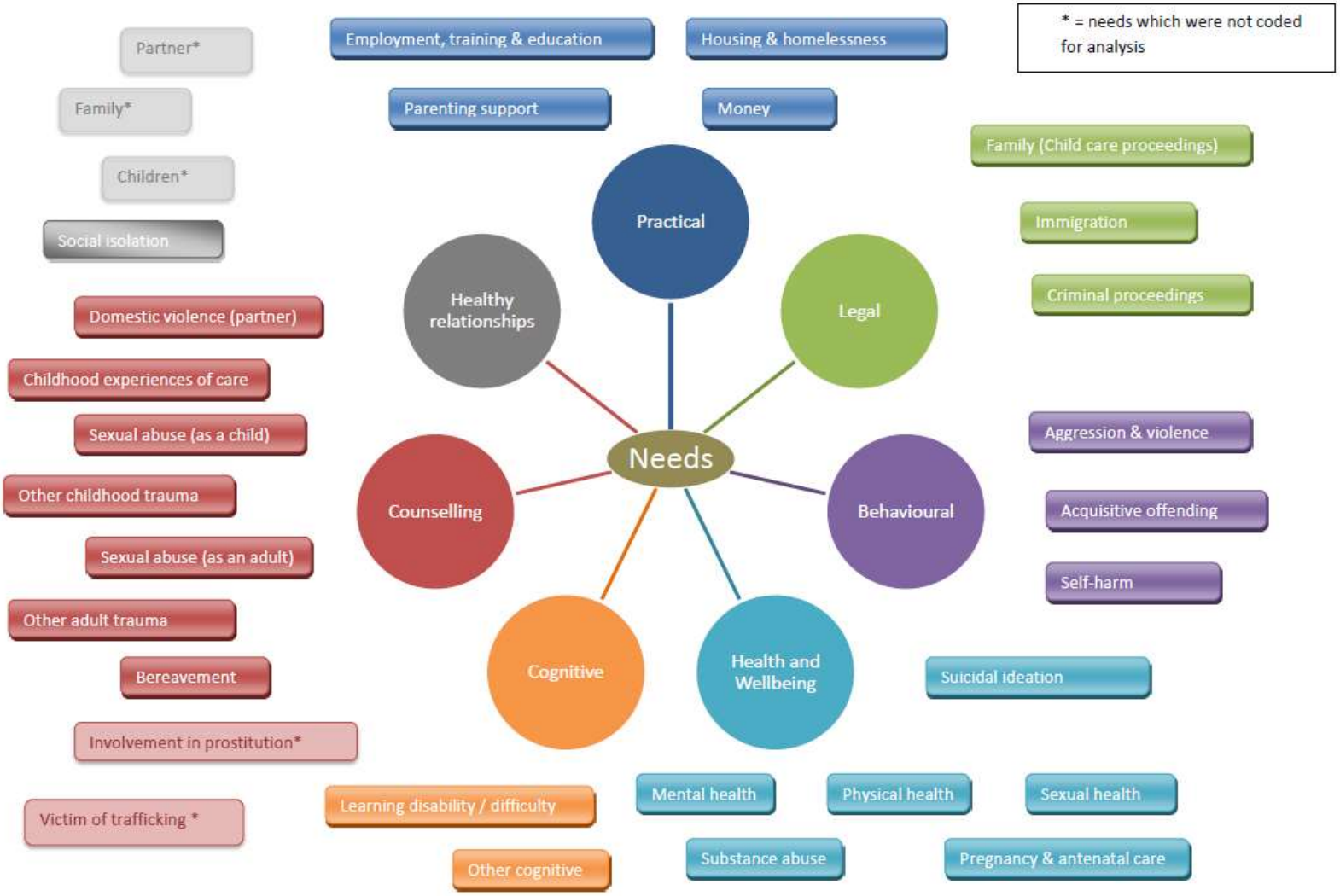
As has been highlighted by the interviewees, this is a challenging case to make to funders who may be focussed on clear targets and measurable outcomes. Nevertheless, that does not mean that the case cannot or should not be made.

The process evaluation indicated that there is clear potential for the Street Talk service to develop and grow. However, in order for this to happen, some of the current sustainability and continuity concerns would need to be addressed. The process evaluation suggested the following recommendations for future service development and improvement:

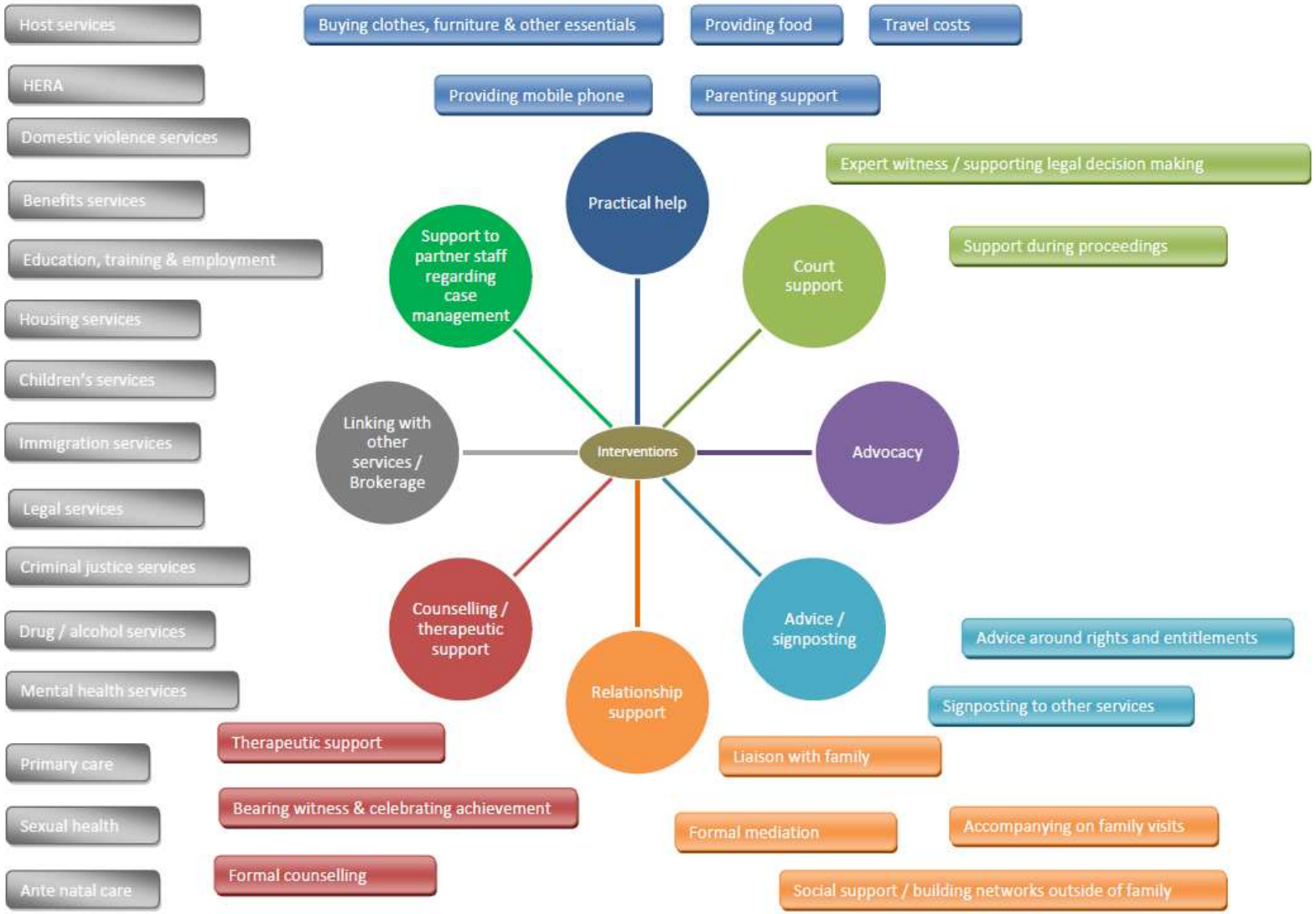
- Clear external communication of service model
- Foster sense of 'team' internally
- Clear articulation of support worker role, internally and externally
- Explore benefits and feasibility of Street Talk's own premises
- Consider securing fundraising support
- Formalise and systematise data collection and activity recording
- Explore potential for increased and improved impact monitoring arrangements

Appendices

Appendix A - Needs Chart



Appendix B – Interventions Chart



Appendix C – Literature review

Literature Review

Caroline Parker and Hannah Douglas

(Completed December 2012)

1 - Introduction

Street Talk is a small London-based project that offers therapeutic and practical support to women involved in street based prostitution[5] and women who have been trafficked. This review has been undertaken to provide a background into the needs of those involved in street based prostitution and trafficked women, and to provide an overview of existing services that currently work with these individuals.

Trafficking can manifest itself in a variety of forms. The European Convention defines trafficking as follows:

"'Trafficking in human beings shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs"[6].

Human trafficking then, like slavery, brings someone into a situation of exploitation. This process will have multiple phases and the point at which the process becomes exploitative is not always evident. For example, many people who are employed illegally in the UK to do dangerous jobs for less than minimum wage will have entered the country willingly, albeit illegally. Making a distinction between trafficking, illegal immigration and smuggling is therefore difficult as well as contentious[7]. While the majority of the literature on human trafficking has focused almost entirely on individuals trafficked for sexual exploitation (Stepnitz, 2009; Peters, 2010; Vance, 2011) a substantial portion of trafficked people will be trafficked into other forms of exploitative labour. HM Government's (2011) Human Trafficking strategy reports that, of the recorded 1,254 potential victims of trafficking in the UK referred to the National Referral Mechanism from 1 April 2009 to 31 December 2010, 43% were trafficked for sexual exploitation, 29% for labour exploitation, 17% for domestic servitude and a further 11% were unspecified. When trafficking is discussed in this review, this includes all forms mentioned in the above definition unless otherwise stated.

Estimating the true scale of human trafficking is methodologically challenging. Like much serious and organised crime, much remains unreported, undetected and therefore under prosecuted (Goodey, 2008). Estimates should therefore be approached with caution. One study by the Home Office

[5] As opposed to women involved in 'indoor' of 'off street' prostitution who work out of brothels and massage parlours

[6] European Convention, supra note 40, Article 4(a) (2005)

[7] See International Centre for Policy Migration for more details

postulates that the number of trafficked women in England and Wales could be anywhere between 142 and 1420 (Kelly and Regan, 2000) while another from 2003 placed the number of victims of trafficking for sexual exploitation in the UK at 4000 (HM Government, 2009). A study by the Association of Chief Police Officers (ACPO) meanwhile posits that there are over 2,600 women who have been trafficked into England and Wales specifically for sexual exploitation (ACPO, 2010).

The academic literature frequently refers to the tendency among governmental bodies and stakeholder groups to champion figures based on questionable assumptions, as well as the tendency to exaggerate the figures for sexual exploitation and underestimate the figures for other forms of exploitation (Peters, 2010; Vance, 2011). If we look at the number of individuals that the UK government recognises as being victims of trafficking, the picture changes again. The UK's trafficking victim identification body, the National Referral Mechanism (NRM) was set up in April 2009. Between April 2009 and December 2010, 1,254 potential victims were referred to the NRM as potential victims. The NRM recognised just 287 of those referred as being actual victims of trafficking (SOCA, 2012).

It is difficult to estimate accurately the number of people involved in prostitution in the UK. A Home Office (2004) study uses the estimation, based on the 1999 Europap-UK survey, that there are around 80,000 people involved in prostitution in the UK. The UK Network of Sex Work Projects (UK NSWP, 2008a) estimates that there are between 50,000 and 80,000 women involved in prostitution. Of these, it estimates that around 72% are involved in indoor prostitution and 28% (14,000 to 22,400) are involved in street based prostitution (UK NSWP, 2008a). The number of people involved in street based prostitution in any geographical area will fluctuate over time and counting the number people involved in prostitution in any particular area is again methodologically challenging. This is reflected in contradictory estimates for single locations; for example the police estimated that there were 45 people involved in street based prostitution in Stoke-on-Trent in January 2008, while an agency supporting those involved in prostitution estimated that the figure was around 130 (Kinnel, 2008).

This review will assess the needs, pathways and responses to both those involved in street based prostitution and trafficked women. While an overlap between these two groups exists, it is important to maintain this distinction. Not all prostitution is forced. Not all migrants who are involved in prostitution are trafficked. There is a tendency for such distinctions, between trafficking and migrant prostitution, as well as "exploitation of prostitution" and "prostitution" to become blurred (Butcher, 2003). The needs of trafficked women may be distinct from the needs of those involved with street based prostitution and within each group there may be considerable heterogeneity presenting a diverse spectrum of needs which cannot readily be generalised. One key question when conducting a needs assessment will therefore be the extent to which the women who come into contact with Street Talk are a distinct group with a distinct needs profile.

For the initial review, recommended research was included, along with a search of their references. Various databases were searched using terms relating to involvement in prostitution and trafficking.[8] A secondary search was also undertaken in combination with terms relating to identified themes. Priority was given to recent research from the UK, although international research was included where deemed useful.

[8] Google, Google Scholar, PubMed, Westlaw, Web of Knowledge, Psych Info, Sage Journals, EBSCO host-Medline, Cochrane, Science Direct

2 – Pathways In

Involvement in prostitution

There is a vast literature on entry into involvement in prostitution, much of which focuses on correlates. Correlates include socio-economic variables such as poverty, family breakdown, or class (Yates *et al.,* 1991; Shaw and Butler, 1998) as well as factors relating to childhood experience, such as being put into care, running away from home, experiencing child abuse and association with 'risky' adults during adolescence (Barnados, 2006; Coy, 2008; Sandwith, 2011). Substance misuse is another risk factor (Cussick, Martin and May, 2003).

As well as correlates, various reports analyse the way in which these events influence the decision making process involved in initiation into prostitution (Doal and Pound, 2008; Dodsworth, 2011). For example, Coy highlights how following childhood abuse women may begin to feel that they are only valued for sexual purposes and become "psychologically and ontologically accustomed to their bodies being sexually used by others" (2008, p.1419). It is important to note that there is no general agreement about any single cause of entry into prostitution; the focus in the literature is rather on risk factors and associated variables, rather than causality.

The pathway into prostitution has been theorised in a number of ways. A widely cited model for understanding young girls' entry into prostitution is that proposed by Sara Swann. She conceived of the process as one of ensnarement whereby a girl meets a man who impresses her and who she comes to see as her boyfriend. The man is in a position of dominance, is characteristically possessive and jealous and pulls her out of her existing social world into one of isolation. He becomes the most important person in her life, for whom she would do anything, culminating in her having sex with other men at his instigation (Swann, 1998). This pathway applies therefore only to young individuals involved in prostitution who have pimps. In contrast, other authors emphasise a degree of agency exercised by women entering prostitution (Pearce, 2006; Coy, 2008). Coy argues that prostitution may be understood as an option that equates with a vulnerable woman's sense of self. In Coy's study of those involved in prostitution who were in care as children, peer introduction and drift into street prostitution sub-culture were also identified as pathways into prostitution (Coy, 2008).

Funding a drug habit is another well-documented pathway in the literature (Cusick and Hickman, 2005; Matts and Hall, 2007). Drug addiction is said to act as a "trapping factor", with prostitution used as the means of funding the addiction (Cusick *et al.,* 2011). The extent to which drug use comes before initiation into prostitution is unclear. Coy (2008) found that prostitution usually precipitated drug use, while Sandwith (2011) found that half of the sample had begun involvement in prostitution to fund their drug habit. Some women with drug habits may make a conscious decision to enter prostitution as a means to avoid incarceration. In a study by May, Harocopos and Turnball (2001) many respondents saw prostitution as more lucrative than acquisitive crime, and saw it as less likely to result in a custodial sentence.

Trafficking

An Anti Trafficking Monitoring Group report cites the 'root causes' of trafficking as poverty, discrimination, low employment opportunities and 'psychological vulnerability' (ATMG, 2012). Violence is cited as another potentially critical stage in the pathway into trafficking, although evidence here is limited. There is some evidence that trafficked women experience high levels of violence prior to being trafficked. In the POPPY Project (2008), of the 118 sampled trafficked

women, 34% had been raped or experienced sexual abuse prior to being trafficked and 29% had experienced domestic violence prior to being trafficked. The report gives two main explanations for these high levels of violence. It could be that these women are targeted by recruiters specifically because they have been victims of male violence, alternatively violence could be used against these women in order to groom them for trafficking (POPPY Project, 2008).

While the data on correlates for human trafficking is generally poor (Goodey, 2008), two generalisations may be made; trafficked women tend to be both economically disadvantaged and young (The POPPY Project, 2008). The pathways into trafficking are multiple and diverse. The limited available evidence suggests that victims of trafficking come from a range of geographical areas including Eastern Europe, Asia, Africa and South America. A 2006 report by the United Nations Office on Drugs and Crime (UNODC) found that within Europe, the UK ranked highly as a destination for trafficked people. It is likely that the extent of trafficking occurring via specific routes varies over time, although frequently reported countries of origin for trafficked people include Bangladesh, Bulgaria, China, Colombia, Lithuania, Nigeria and Pakistan (Child Exploitation and Online Protection Centre, 2009; Webb and Burrows, 2009).

While popular conceptions of human trafficking often depict the process as originating with forced kidnapping of 'victims', and so by nature exploitative from beginning to end, often the human trafficking pathway will begin with voluntary legal or illegal migration. Recruiters of trafficking victims are often unaware that they are recruiting people to be trafficked (Surtees, 2008). They may assume that they are assisting the individuals to migrate as illegal economic migrants. Trafficked women may enter the country legally, for example as a domestic worker on a Migrant Domestic Worker (MDW) visa to work in a private household. This is the case for a significant number of women trafficked for forced labour (Anker, 2006). The point at which this person becomes a victim of trafficking is ambiguous, but cited turning points include; misinformation regarding the nature of their work, confiscation of official documentation, and withheld wages (Stepnitz, 2009). The global context in which the trafficking occurs is therefore complex, involving a number of proximate and distal social and economic factors, from inequality in global markets to conflict and war (Goodey, 2008).

3 - Needs of trafficked women and women involved in street based prostitution

It is important to note that women involved in prostitution are a heterogeneous group and as such have diverse histories, motivations and needs. Research suggests those involved in street based prostitution have very different health experiences, risk-taking behaviour and services-use profiles compared to those involved in indoor prostitution (Jeal and Salibury, 2007).[9] Individuals involved in street based prostitution are more likely to suffer from drug and alcohol problems, are more likely to share needles and are more likely to have unprotected sex (Jeal and Salibury, 2007). Concepts such as complex needs, multiple needs and multiple exclusions have gained greater currency in the literature (Corston 2007; Sandwith, 2011). These terms refer to cases where individuals suffer from multiple issues concurrently; including drug and alcohol problems, mental health problems, homelessness, poverty, violence and isolation. There is significant overlap in the range of needs

[9] However, research in London published by Eaves since this literature review was completed suggests an emergent group of 'transient' women who move between on and off street prostitution who may be falling through the gaps in services. It challenges the perception that women who sell off-street sex are almost always stable and low needs (Bindel, Breslin and Brown, 2013).

experienced by vulnerable females in general and women involved in street based prostitution (Doal and Pound, 2008).

Research into the needs of trafficked women has focused on those in trafficked for the purposes of sexual exploitation. There is a lack of evidence around other kinds of exploitation. Consequently, our understanding of the needs of trafficked women is limited.

Health and Sexual Health

Health inequalities among women involved in prostitution are largely a consequence of persistent drug use, poor engagement with health and welfare services, poor housing conditions, alcohol misuse and high levels of violence (Campbell, 2008). One study of women involved in prostitution in London, reported a mortality rate among participants that was 12 times the expected rate for women of a similar age (Ward, Day and Weber, 1999). The study also identified higher levels of sexually-transmitted infections among women involved in prostitution than the general population, although interestingly this was associated with numbers of non-commercial sexual partners and not partners at work. Estimates for the overall prevalence of HIV in those involved in prostitution in the UK vary from between 0 and 3.5% (Day and Ward, 2004).

Most data on the health of trafficked women comes from self-report studies. Among trafficked women that have recently entered post-trafficking support services, one study found that 63% of participants reported suffering from ten or more concurrent symptoms. The most common symptoms were headaches, fatigue, back pain and memory problems (Zimmerman *et al.,* 2008). There is little information on the sexual health needs of trafficked women in the United Kingdom (Oram *et al.,* 2012).

Traumatic experiences

Those involved in street based prostitution experience high levels of sexual and physical assault. While figures vary according to study design, people involved in prostitution report much higher levels of physical and sexual assault than the general public. The Home Office (2004) reports on one study that found that 10 of 19 'pimped' women said they had been raped. Over three quarters have been physically assaulted (Prison Reform Trust, 2012). Research by Järvinen, Kail and Miller (2008) finds that 47% of people involved in street based prostitution report being kicked or punched while 63% report experiencing client violence during their lifetime. A literature review of over 36 research papers documenting trauma and violence experienced by those involved in prostitution lists: rape, kidnapping, threats with weapons, stalking, being tied up, tortured, beaten with objects and run over by vehicles as types of violent encounters they have experienced (Lindeland, 2010).

In addition, people involved in prostitution have experienced high rates of childhood physical, sexual and emotional abuse, as well as neglect and other forms of maltreatment (Hester and Westermarland, 2004; Lindeland, 2010). Among 36 studies cited in Lindeland's review (2010), childhood sexual abuse rates among those involved in prostitution varied from 46% (Viddiparti *et al.,* 2006) to 75% (Roxburgh *et al.,* 2005). Estimates of physical assault at the hands of a parent or carer varied from 40.9% to 73% (Farley *et al.,* 2003; Stoltz *et al.,* 2007; Choi *et al.,* 2009). In Jeal and Salisbury's (2004) study of women involved in street based prostitution in Bristol, of those that reported experiencing emotional, physical or sexual abuse in childhood, 70% reported experiencing sexual abuse.

There are no general estimates of prevalence of violence for trafficked women, and evidence is limited. A meta-analysis of 19 studies found that women trafficked for sexual exploitation

experience high levels of physical and sexual assault, although whether trafficked women involved in prostitution experience more or less violence than women involved in prostitution who have not been trafficked is not known (Oram *et al.,* 2010). This is consistent with findings from the POPPY Project (2008), which reported high levels of violence and assault among trafficked women (POPPY Project, 2008). While evidence documenting the childhood experiences of trafficked women is limited, a high proportion of women in the POPPY project report experiencing violent assault prior to being trafficked. Since most women are trafficked in early adulthood, abuse prior to trafficking presumably occurs during childhood or later adolescence.

A number of organisations have raised concerns about the level of physical assault experienced by migrant domestic workers more generally (Human Rights Watch, Amnesty International). One study of migrant domestic workers found that that nearly one in five registered domestic workers experience physical assault (Kalayaan, 2010). How women trafficked into domestic servitude compare with trafficked women more generally is unknown.

Mental Health

Given the significant experiences of trauma reported among women involved in prostitution, it is perhaps unsurprising that what literature there is on the mental health of this group suggests that mental health problems predominantly relate to trauma rather than psychosis (Jeal and Salisbury, 2007; Rossler *et al.,* 2010). Individuals involved in prostitution suffer higher rates of depression, mood disorders and anxiety disorders than the general population (Hutton *et al.,* 2004; Roxburgh *et al.,* 2006; Rössler *et al.,* 2010). A study of the health needs of those involved with prostitution in inner city Bristol found that 68% of those involved with street based prostitution reported anxiety or depression (Jeal and Salisbury, 2004). It is estimated that 68% of women involved in prostitution meet the criteria for post-traumatic stress disorder which is a similar prevalence to that found amongst victims of torture or combat veterans (Ramsay *et al.,* 1993).There is some evidence that prevalence of mental disorders in individuals involved in prostitution is highest during their first year of work (Rössler *et al.,* 2010). Evidence from women in the criminal justice system who have been convicted for prostitution related offences indicates that women involved in prostitution have even poorer mental health than female offenders in general. Over 48% have experienced psychological problems or depression compared to 33% of all female offenders (Cabinet Office, 2010a).

In the literature on trafficking mental health problems again tend to be trauma-related. Depression, post-traumatic stress disorder, trust issues, and self-harm are the most common psychological symptoms among trafficking victims with mental health problems (Banović and Bjelajac, 2012). In a meta-analysis, depression was reported in between 54.9% and 100% of cases and experience of anxiety in between 48% and 97.7% of cases of trafficking (Oram *et al.,* 2012). In the POPPY Project report, 64% of participants had experienced feelings of anxiety and 57% reported being depressed (POPPY Project, 2008).

Drug and alcohol use and associated health issues

The relationship between drug use and prostitution has been extensively documented (Sanders, 2007; Cabinet Office 2010a; Sandwith, 2011). According to a study by Jeal and Salisbury (2004), 85% of those involved in street based prostitution report using heroin and 87% report using crack cocaine. Associated health issues include chest infections and tuberculosis for crack users; deep vein thrombosis, abscesses, and blood-borne viruses (such as HIV/AIDS and Hepatitis B) for injecting users (UK NSWP, 2008b and 2008c) as well as weight loss and insomnia (May and Hunter, 2006). While commonly referenced as prevalent among those involved in street based prostitution,

evidence on the levels of alcohol use among this group was limited, at least in the literature reviewed. Analysis of client records from one drop in and out reach service supporting women involved in street based prostitution in a London borough reports 37% of women using alcohol on a daily basis (Hough and Rice 2008).

Research on drug use among trafficked women is more limited. Research by Zimmerman, Hossain and Watts (2011) suggests that it is not uncommon for those trafficked for the purposes of prostitution to be forced or coerced into using drugs. For those trafficked for other reasons, evidence is even more limited.

Relationships and children

Research on the personal relationships of women involved in street based prostitution is sparse. In a study of women involved in street based prostitution in Manchester, Stoke-on-Trent, Kirklees and Hackney, the vast majority of sampled women were single, while 20% were cohabiting with their boyfriend or pimp (Hester and Westmarland, 2004). There is no consensus in the literature on the proportion of women involved in street based prostitution who have pimps. Several studies have reported that the majority of women involved in prostitution do not have pimps while others suggest that the majority do (May, Harocopos and Hough, 2000).

Research into the children of women involved in prostitution is limited (Beard *et al.,* 2010) and so it is difficult to estimate the proportion of women involved in street based prostitution that have children. However, qualitative research undertaken at Street Talk's partner organisation, the Chrysalis project, suggested that separation from children (often through care proceedings) was a significant concern for the women exiting street based prostitution (St Mungo's and Revolving Doors Agency, 2010). In one study 20% of female offenders in prison reported having been involved in prostitution prior to custody (NOMS, 2012). Around 66% of female offenders in prison have children under 18 (Prison Reform Trust, 2012), and a study of female offenders with multiple needs found that 70% of the mothers had had their children removed (Hamilton and Fitzpatrick, 2006). Nearly 18,000 children are separated from their mothers by imprisonment each year (Prison Reform Trust, 2012). Separation from children is a source of enormous distress for mothers and is damaging for their children (Mazza, 2002; Corston, 2007).

The most significant personal relationship for trafficked women is the relationship they have with their trafficker and associates. Women who have been trafficked may be dependent on their traffickers for "psychological and physical survival" (Hodge and Lietz, 2007). Traffickers may attempt to increase compliance and further isolate their victims by confiscating passports or using violence (Hodge and Lietz, 2007). Little is known about the family histories of trafficked women and whether or not they had children before or after being trafficked. In the POPPY Project (2008) one third of trafficked women had at least one dependent child, usually living elsewhere.

Homelessness

A large proportion of individuals involved in street based prostitution will experience homelessness (Beynon, 2010; Sandwith, 2011). As a group they have been referred to as the 'hidden homeless' (Moss and King, 2001). Since street based prostitution is generally a nocturnal activity, those involved rarely sleep on the street at night. They generally sleep during the day in squats, cars, building stairwells, crack houses or acquaintances' sofas, meaning that they are often missed in street counts. Those who do manage to secure tenancies are at high risk of having their homes taken over by others, often male drug dealers (Davis, 2004).

Women involved in prostitution are often barred from women-only hostels (Davis, 2004; Northern Rock Foundation, 2008) and homeless women involved in prostitution who stay in mixed-sex hostels face further risks of being targeted by men because of their earning potential (Moss and King, 2001). A report by the homeless charity Crisis found that some of those involved in prostitution do so not only to fund drug use but also to gain accommodation. In the Crisis study, there were occasional reports of women engaging in prostitution to obtain money to pay for a bed for the night. More commonly, those involved in prostitution reported targeting clients who will let them stay the night (Reeve, Casey and Goudie, 2006).

There is little research that focuses on the housing situation of trafficked women. This is probably due to the invisibility of these individuals relating to their situation as coerced workers. Housing clearly becomes an issue when the person is freed from their situation. When a trafficked individual comes to the attention of an organisation, housing is often one of the basic needs that this group needs support with (Banovic and Bjelajac, 2012).

Conflict with the law

Significant numbers of trafficked women from outside the EU will have entered the country illegally, either voluntarily or through coercion. Even among those who have entered the country legally, many of them will not be in possession of a visa allowing them to work. As such, trafficked women from non-EU countries face a number of legal challenges owing to their immigration status. The National Referral Mechanism (NRM) was set up in 2009, as a framework for the identification of victims of human trafficking and to ensure that victims receive the appropriate protection and support. To be referred to the NRM, potential victims must first be referred by a 'first responder' agency (these include both governmental and non-governmental agencies such as local authorities, NSPCC, Salvation Army) to a 'competency authority' (CA). At this point, the CA must make a primary assessment regarding whether there is "reasonable grounds" to believe that the individual is a victim of trafficking. If the decision is affirmative, the individual may be granted a 45 day period of reflection and recovery, which is depicted as a period in which the victim can reflect on what they wish to do next, and has particular significance for foreign nationals as it means they cannot be deported during this period. If the primary assessment concludes that there are not "reasonable grounds", the individual is not entitled to the assistance and protection available to trafficked persons.

A number of barriers exist which may prevent a trafficked person from receiving victim status. Fear of not being believed as well as the fear of deportation means that many trafficked people do not consent to being referred. In one non-governmental organisation where staff had identified 72 presumed trafficked persons, just 22 accepted to be referred to the NRM (ATMG, 2010, p.37). Next, only a minority of those who declare themselves victims of trafficking are granted victim status. It is current policy to decline to classify people as victims of trafficking if they were trafficked in the past but not currently (ATMG, 2010). As of the 18 January 2010, 557 referrals had been made to NRM. Just 16% of these were granted victim status by the NRM. While for UK citizens, 76% who were initially referred were granted victims status, just 11.9% of foreign nationals from outside the EU were granted victim status (ATMG, 2010).

While the exchange of sexual services for money is not in itself illegal in the UK, those involved in prostitution may be prosecuted for soliciting in a public place, and clients may be prosecuted for kerb crawling (UK NSWP, 2012). Antisocial Behaviour Orders (ASBOs) are also used to combat street based prostitution (Hunter and May, 2004). Many groups are concerned about the

criminalization of prostitution through enforcement of soliciting and kerb crawling legislation and the use of ASBOs, and argue that such criminalisation places individuals involved in prostitution at increased risk of harm. According to the UK NSWP, criminalisation leads to a "revolving door syndrome whereby those involved in prostitution have to work additional hours to raise money for fines, or build up further criminal record for non-payment of fines" (UNNSWP, 2004).

4 – Models of Exit

Exiting prostitution

Exit from street based prostitution has been conceptualised using a number of different theoretical frameworks (Mansson and Hedlin, 1999; Sanders, 2007; Baker *et al.*, 2010). In the academic literature on career exit there is a general consensus that exit from prostitution depends on the interaction of a number of factors such as childhood experience, financial circumstances, personal relationships, engagement with services and individual characteristics (Cusick *et al.,* 2011) and exit is often a complex, non-linear process (Manson and Hedlin, 1999; Hester and Westermarland, 2004; Sanders, 2007).

The emphasis on structural, relational and individual factors varies according to model. Mansson and Hedlin's (1999) 'Breaking the Mathew Effect' Model, was developed from their interviews with 23 Swedish women who had been involved in prostitution who had exited between 1981 and 1995. Mansson and Hedlin emphasise that exiting is a progressive series of events that culminate in exit, rather than one single event. They identified the most significant challenges facing women wishing to exit; coming to terms with their experiences of prostitution, coping with intimacy outside of prostitution, stigma and marginalisation. Their model was an attempt to provide a theory of change that accounted for individual differences, such as differences in resilience. They found that structural issues, such as housing, and relationship issues, such as family support, influenced likelihood of exit, but they emphasised that the individual's internal coping strategies were crucial.

Building on Mansson and Hedlin's model, in a Home office report, Hester and Westermarland (2004) conceived movement from one stage to another as contingent on the needs of the individual and the support available. Their model emphasises that movement between stages is non-linear, and as women engage with support agencies, more choices become available to them, facilitating

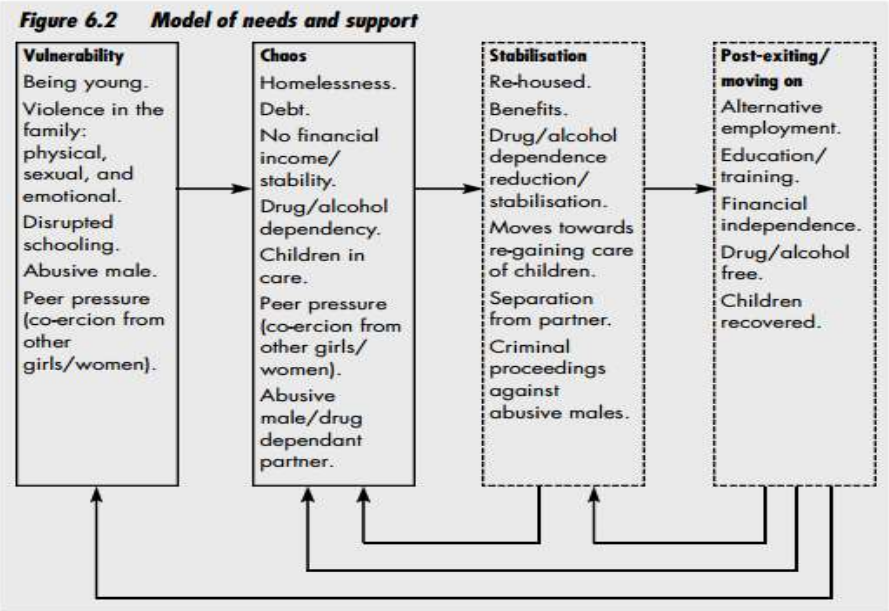


Image 1 Reproduced from Hester and Westermarland (2004)

progress.

A typology developed by Sanders (2007) differentiates between four different kinds of exits, the idea being that different kinds of exits require different kinds of support. In contrast to models such as Mansson and Hedlin then, the emphasis is on the course of events and the situation that the individual is in, rather than the qualities of the individuals themselves. The typology identifies four ways out of prostitution; reactionary, gradual planning, natural progression, and yo-yoing. The reactionary exit is triggered by a significant positive or negative life event. The gradual planning and the natural progression exits both occur slowly and cumulatively. Exit by gradual planning occurs with the assistance of specialist services that work with women to deal with addiction, exclusion and other practical issues, and bit by bit exit becomes possible. Natural progression on the other hand occurs when those involved in prostitution reach "a natural point of change" (Sanders, 2007) following the accumulation of negative experiences resulting from prostitution, which together create in the individual a strong desire for a different life which eventually provides sufficient motivation for behaviour change. The Yo-Yo Pattern is characterised by multiple entries and exits from prostitution, often due to money required for drug use or imprisonment.

One widely cited general model of behavioural change is the 'Stages of Change' model, developed by Prochaska and DiClemente (Prochaska and DiClemente, 1983; Prochaska, DiClemente and Norcross, 1992). This model is useful for understanding readiness to change. Individuals progress from 'precontemplation', where individuals are totally immersed in what they are doing and do not consider changing their problem behaviour, to the 'contemplation' stage, where they become conscious of their problem behaviour and consider taking action. Next, individuals reach the 'preparation' stage, where they make small changes with the intention of making larger changes in the near future. Then larger changes in behaviour are achieved and they are said to have reached the 'action' stage. Should this behaviour change persist for more than six months, individuals are said to have entered the 'maintenance' stage. At every stage individuals may come up against barriers which bring them back a stage, so the provision of services to deal with relapse is crucial. Progression from one stage to the next is contingent on 'processes of change', such as helping relationships and self-evaluation. At any particular stage, a specific process will be particularly important to achieve progression.

A Home Office (2011) review of effective practice in responding to prostitution identifies the following components of holistic support from Prochaska, DiClemente and Norcross (1992)'s work:

Stage	Priority for practitioners
Precontemplation/Contemplation	"Building trust and assessing needs, addressing immediate safety, developing good relationships with service users to encourage re-attendance."
Preparation	"Improving health, accommodation, relationships, agreeing a care plan, helping client believe that they are capable of making a long-term change. Specific goals set; re-contacting supportive family members, reducing illicit drug use."

Action and Maintenance	"Support people who have made significant life changes such as addressing drug use and their involvement in prostitution. Focus on how to develop new supportive social networks and developing relapse prevention strategies in relation to drug use/prostitution."

Exiting a situation of trafficking

As such, exiting trafficking is constitutive of exiting a situation, rather than changing a behaviour; so exiting trafficking is fundamentally different from exiting prostitution. There are no exit models for trafficked people. This partly reflects their invisibility as a group, but another more fundamental problem is the diversity in experiences within this group. The experience of someone working as an underpaid illegal agricultural labourer may be very different from someone in forced prostitution that any exit model would have to be so general as to be largely uninformative.

5 - Meeting needs and supporting exit

Mainstream services

The literature review has demonstrated that both trafficked women and women involved in street based prostitution often have multiple and complex needs, meaning that intervention approaches are multiple and varied. Consequently, both groups of women are likely to require support from a wide range of mainstream services if the full range of their needs is to be met. These include but are not limited to mental, physical and sexual health services, substance misuse services and homelessness services.

Nevertheless, both trafficked women and women involved in street based prostitution face significant barriers to accessing mainstream services. The Cabinet Office's Inclusion Health report points out that "For mainstream practitioners, it can be hard to tune into the complex needs of socially excluded groups and allocate sufficient time and tailored interventions to meet the complexity of their needs" (Cabinet Office, 2010b, p.13). A report by The Social Exclusion Task Force (2007) points out that adults with multiple and complex needs are often in contact with multiple agencies at the same time, without any coordination or oversight. Inflexible appointment based services, bureaucratic service structures and single-issue approach to needs also constitute barriers to engagement with statutory support among those with multiple and complex needs (Rosengard *et al.,* 2007).

Research demonstrates that mainstream services are not able to cope with the specific needs of people involved in prostitution and, aside from acute care, engagement with mainstream services is generally poor (Galatowics *et al.,* 2005; Mellor and Lovell, 2011). Kelly and Lovett (2005) suggest that "Women who sustain the most damage are those for whom the least support and services exist. They, and their lives, are complicated, difficult and do not 'fit' into the ways services have developed." (p.11)

The provision of services for women involved in street based prostitution is difficult because of the insecure and often chaotic nature of many of these women's' lives. Mainstream services may be inaccessible due to inflexible operating hours and fixed appointment times (Cabinet Office, 2010a; Sandwith, 2011). Women involved in prostitution can find it difficult to access services which

operate nine to five opening hours due to night time working (Hannington *et al.,* 2008). In a study of self-reported experience of mental health services among women involved in street based prostitution, over half of the women surveyed struggled to keep appointments with GPs (Jeal and Salisbury, 2004).

Research shows that many individuals involved in prostitution are put off using mainstream services because of fear of being judged (Hunter and May, 2004; Bright and Shannon, 2008). There is also evidence that those involved in prostitution who do use mainstream services experience judgemental attitudes from staff (Brighton Oasis Project, 2003; Aris and Pitcher, 2004). Long waiting times are a further barrier to access. Jeal and Salisbury (2004) found that the most common factors that made accessing healthcare difficult were attitudes of other patients and staff, and waiting times. Additionally, those involved in prostitution may be barred from services due to specific problems such as drinking or drug-taking (Cabinet Office, 2010b).

Similarly, a Griffin Society Report (Sandwith, 2011) identifies barriers to accommodation provision including judgemental staff attitudes and long waiting lists. Additionally, many women-only hostels do not allow women involved in prostitution to stay there because of the dangers posed to other users who are often there as a result of domestic violence (Davis, 2004).

With regards to mental health care in particular, mental health services are reported to "too readily exclude people with drug and alcohol problems" (Cabinet Office, 2010b, p. 17), so-called 'dual diagnosis' of mental health with co-occurring substance misuse problems. Mainstream mental health services are supposed to work with excluded group such as those with dual diagnosis (Department of Health, 2002a). However, it is often the case that it is hard to get such services to engage with patients who have dual diagnosis, multiple needs or chaotic lives (All Party Parliamentary Group on Complex Needs and Dual Diagnosis, 2011). This includes 'assertive outreach services' which were established with the specific purpose of providing mental health care to groups that struggle to engage with traditional services. The provision of targeted mental health services for people with dual diagnosis is insufficient (Cabinet Office, 2010b).

The needs assessment demonstrated that for both groups mental health issues frequently relate to experiences of trauma rather than being psychosis based. Such issues are usually dealt with in primary care (Hague and Cohen, 2005); however there is general consensus that primary care services are unable to meet the needs of women with multiple and complex needs (Department of Health, 2002b; Reeve *et al.,* 2006; Corston, 2007). A lack of trauma informed mental health services also creates a barrier for these women (Rose, Freeman and Proudlock, 2012). Additionally, most mental health care for women continues to be provided in mixed sex environments (Barnes *et al.,* 2002) which in many cases may not be suitable for vulnerable women.

Trafficked women are only likely to use services if they have escaped from their situation as coerced workers. Following escape potential immigration problems, lack of social support, language difficulties and fear of the authorities all constitute significant barriers to engagement with services (UK NSWP, 2008a; Home Office, 2011). Victims of trafficking may not wish to give consent to being referred to the NRM for several reasons including fear of deportation and imprisonment as well as the desire to find employment, further limiting their access to services (ATMG, 2013).

Involuntary services

In addition to voluntary engagement with mainstream services, people involved in prostitution and trafficked women may also be compelled to engage with a range of legal services including criminal

justice, family and immigration services. After escape, the first person that a trafficked woman will come into contact with is likely to be a police or immigration officer and many foreign national trafficked women will be referred to asylum or immigration centres (Jobe, 2008).

Targeted services

Barriers to engagement with mainstream services, as well as specific needs of individuals involved in prostitution and trafficked women, highlight the need for services targeted specifically at these groups or at wider groups of which they may form one constituent part e.g. services targeted at women offenders.

The largest contractor of services for victims of trafficking is the Salvation Army. Since 2011, the Salvation Army has received central funding to provide assistance to adult victims of trafficking. As primary contractor, the Salvation Army works with a network of providers and oversees a range of services that target trafficked people. This includes 19 safe houses (including that run by Street Talk's partner Medaille) providing 141 beds, across England and Wales, a 24/7 facility to transport people who have been trafficked, and a range of other services providing legal advice, translation services, counselling and psychological assistance, health care and referrals. Provision is exclusively for people who consent to being referred to the NRM and who have received a positive 'reasonable grounds' decision. In addition a number of smaller organisations operate outside of the Salvation Army and its partners providing services such as accommodation, legal advice, counselling, and educational programmes. One such organisation is HERA.

Reviews of service provision for people involved in prostitution (Bindel, 2006; Rice, 2008; Campbell, 2009; Cusick *et al.,* 2011) demonstrate that among interventions targeted specifically at those involved in street based prostitution, a number of different service models exist which differ in terms of their stated primary aim, their method of access and the number and kinds of services offered.

Nevertheless, these services appear to share a number of core components. In response to the barriers outlined above, these services are both easy or effortless to access and non-judgemental. They provide or support a safer environment for women involved in prostitution. They frequently broker access into other services and, no matter what their stated primary aim, most appear to provide at least some support for exiting involvement in prostitution or drug use.

Primary aim

The primary aim of an intervention targeted at women involved in prostitution can be seen as varying along a continuum which ranges from harm minimisation through to exit strategies.

(1) Harm minimisation

Harm minimisation is a public health approach that aims to reduce the harms associated with prostitution or drug abuse without actively promoting exit (Cusick *et al.,* 2011). These interventions try to mitigate harm in a number of key areas including sexual health, substance misuse and violent assault. They engage with clients at any stage of their involvement in prostitution and adopt a position of moral neutrality, avoiding user fear of stigma or judgement. They do not require that their clients actively change or intend to change their behaviour (Cusick *et al.,* 2011). They are characterised by a pragmatic acceptance that women involved in prostitution partake in activities which put them at high risk of harm and they then attempt to reduce that harm. Harm minimisation interventions vary in complexity in terms of the numbers and types of services offered. The most simple harm minimisation interventions offer services such as provision of condoms, needle

exchange, and ugly-mug schemes. Other harm minimising interventions are more complex and offer a broader range of services.

(2) 'Routes out'

A number of interventions targeted at people involved in prostitution have the explicit primary aim of assisting exit from prostitution or drug abuse (or both). These interventions are referred to as 'exiting' or 'routes out' and they aim to assist those who have made the decision to try to exit (Home Office, 2004). Since prostitution is often tied to issues of homelessness and substance misuse (McNaughton and Sanders, 2007), exiting interventions often provide practical support for finding alternative jobs, or specialist therapies for overcoming drug addiction (Cusick *et al.,* 2011). Sustaining these changes will require great motivation and attitudinal changes, and so exiting interventions must also provide emotional support (Hannington *et al.,* 2008). Jan Macleod from the Women's Support Project, stresses the importance of dealing with the women's complex range of needs and problems if exit from prostitution is to be supported: "When working with women in prostitution, service providers need to be expert in dealing with poverty, ill health, domestic violence, childcare, sexual abuse, rape, mental health, then, and only then, can you start dealing with the prostitution" (quoted in Bindel, 2006).

There is clearly significant overlap between some of the more complex harm minimisation interventions and exiting interventions. A review of 11 projects for people involved in prostitution demonstrated that regardless of stated primary aim (exiting, harm minimisation, meeting basic needs) all reviewed projects provided some sort of support for those who wished to exit (Campbell, 2009). Just six of the 26 projects included in a 2007 review by UK NSWP of specialist services for those involved in prostitution described the primary aim of their work as 'exiting services' compared to 17 which described their primary aim as 'harm reduction'. However, the kinds of services offered by different projects were broadly similar. Many offered in-house drug treatment, training, education and skills development, health care, counselling and therapeutic provisions. In an analysis of the UK NSWP study, Cusick concludes; "differences between services appear therefore to be in the ethos or funding requirements underlying service remits rather than the actual services available" (2011, p.153).

(3) Diversion schemes

A number of services aim to divert those involved in prostitution away from the criminal justice system and into support services. Diversion schemes aim to break the cycle of arrests, fines and prison sentences for women involved in prostitution who have been arrested for loitering or soliciting (Rice, 2010). A contrast can be made between diversionary services and exiting services. The primary aim of a diversionary service is to provide an alternative to prosecution. While their referral strategy reflects an additional aim which is to improve wellbeing and support exit from prostitution, this aim is secondary.

Diversion schemes are based on a model whereby following an initial assessment the client is referred to an appropriate support service where they must attend at least one compulsory meeting as a condition for avoiding prosecution. Long-term engagement with exiting services following referral is not compulsory, only attendance at a specified number of appointments (usually no more than two) (Walker, 2007; Rice, 2010). These interventions are positioned outside the criminal justice system, which provides a non-judgemental environment that can minimise the tension created by the current legal context which can criminalise women involved in prostitution and the government's stated aim to simultaneously support those involved in prostitution.

Service models

The literature suggests that services targeted at women involved in prostitution adopt a range of service models:

(1) Outreach

EUROPAP describe outreach as "actively making contact with potential or existing project users on their own territory, or wherever else they may be found, and not waiting for them to seek out project workers. It is a service as well as a method of service delivery. It puts the project firmly on sex workers' territory and as such is about taking resources to sex workers" (EUROPAP, 1998, p.19). Outreach targeted at individuals involved in street based prostitution will generally make contact 'on the beat' (Pitcher, 2006), while outreach to those involved in off-street prostitution will involve visiting local parlours and flats. This enables them to make contact without requiring that individuals involved in prostitution radically alter their lifestyle (UK NSWP, 2008c). Outreach is the most common method of access for simple harm minimisation interventions, such as provision of condoms.

(2) Drop-in

The main features of a drop-in service include the accessibility to other more specialist services and a safe space. Drop-ins may meet basic needs by providing things like hot showers, food and clothes (Flanagan, 2007; Hough and Rice, 2008) or more provide various specialist services, including sexual health clinics, counselling, drug therapies, and educational courses. While a professed wish to exit involvement in prostitution is not a prerequisite for users of this service, such interventions often serve to motivate women to engage with services that offer higher support. Practitioners may use attendance at drop-ins to develop personal relationships with users with the hope of directing users into other support services eventually (Hough and Rice, 2008). Services which operate as drop-ins may concurrently operate outreach work in order to widen access.

(3) Brokerage services

Other services targeted at individuals involved in prostitution, function solely to broker access into other services. Notably among these is diversionary services which do not in themselves provide services to support exit, such as counselling or drug therapy but which arrange appointments for the women at other services providing such interventions (Rice, 2010).

(4) Accommodation-based services

Residential services targeted specifically at supporting homeless individuals involved in prostitution are lacking (Davis, 2004; Homeless Link, 2012) and women-only accommodation services are also considered to be insufficient (Homeless Link, 2012). For the most part, women must use generic homelessness services which include both crisis accommodation and supported accommodation. Nevertheless, accommodation based projects targeting those involved in prostitution do exist in some areas, notably St Mungo's and Commonweal Housing Chrysalis project which is a partner to the Street Talk service.

Broader targeted services

Women offenders and other vulnerable women

At the time this literature review was undertaken there were around 30 women's community centres around England and Wales, funded by the Ministry of Justice, targeted at women who offend

or who have multiple needs (Women's Breakout, 2012). Women's community centres vary in their design and delivery, but they all share the following features: a women-only environment to ensure that women feel safe, support that is tailored to the individual and addresses each woman's unique needs, and a holistic approach that addresses every aspect of a woman's life. They take a multi-agency partnership approach, working with many statutory and voluntary organisations to provide a broad range of services to women to help them address all of their needs. They operate a 'one stop shop' model whereby women can access a range of services in one place (Corston, 2007).

The multiplicity of services available reflects the ethos of Women's Centres; which is to support vulnerable women, to address the underlying reasons behind many women's offending and to provide a safe space for vulnerable women with multiple needs. While reducing reoffending is an explicit aim, the holistic, woman-centred approach is as much a part of the ethos as reoffending targets. Women involved in street based prostitution may therefore come into contact with women's centres, either at some stage in the criminal justice pathway or via referral from outside the criminal justice system. A number of such centres provide support to vulnerable women more generally and as such may also provide support to women who have been victims of trafficking.

Offender services

Finally, women involved in prostitution may also come into contact with a number of other interventions targeted at specific groups of offenders. Notably among this is the Drugs Interventions Programme for drug-misusing offenders. This aims to provide end-to-end offender management including drug testing on arrest and referral into treatment (Home Office, 2007). Given the high prevalence of mental health problems among this group, they may also be directed into mainstream mental health services through criminal justice mental health liaison and diversion services which operate in some areas, national coverage is inconsistent (Talbot, 2012) although this is changing with government commitment to national roll-out.

Appendix D – References

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