

A Public Health Approach to Improving Outcomes for Sex Workers across the East of England

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INTRODUCTION and BACKGROUND

As an inclusion health group, sex workers often experience the most extreme health inequalities including mental health issues, sexual health conditions, addictions and poor health in general (Figure 1). These are exacerbated by homelessness, violence, exploitation, poverty, and criminalisation. However, this population is largely unidentified (even within broader inclusion health work) due various factors including stigma and the hidden - often transient - nature of sex work.

There are between 60,000 and 80,000 sex workers in the UK and up to 94% are female¹. When asked if they would like to leave sex work, 9/10 women said they would².

Work in the East of England was prompted by an increase in syphilis seen in a group of sex workers. This led to an online survey for commissioners, public health leads and service providers to better understand the needs, scale, range, and distribution of sex worker populations across the region.



Figure 1: Inequalities experienced by sex workers

OUTCOMES

- The survey results highlighted areas with limited knowledge of local need, inconsistent data collection and a lack of joint working, although examples of good practice were also identified. The outbreak of syphilis and the results of the regional survey prompted local authority, UKHSA and OHID colleagues across the region to jointly discuss the unmet needs of sex workers.
- Staff began to consider what provisions were available within their localities and started to question the extent to which data (or the lack of it) was contributing towards gaps in service delivery in some areas. This led to further work facilitating learning, encouraging new ways of working and information sharing across the region such as highlighting the work of a dedicated GP service (Peterborough) and effective system wide multi-agency working (Luton). Figure 2 highlights the breadth of partnership working required to enable improvements in outcomes and equity for those selling sex.
- The Sexual Health Facilitator for the East of England has led on this regional workstream and based on engagement with partners, has defined the regional public health approach needed to improve outcomes for those selling sex as outlined in Figure 3.

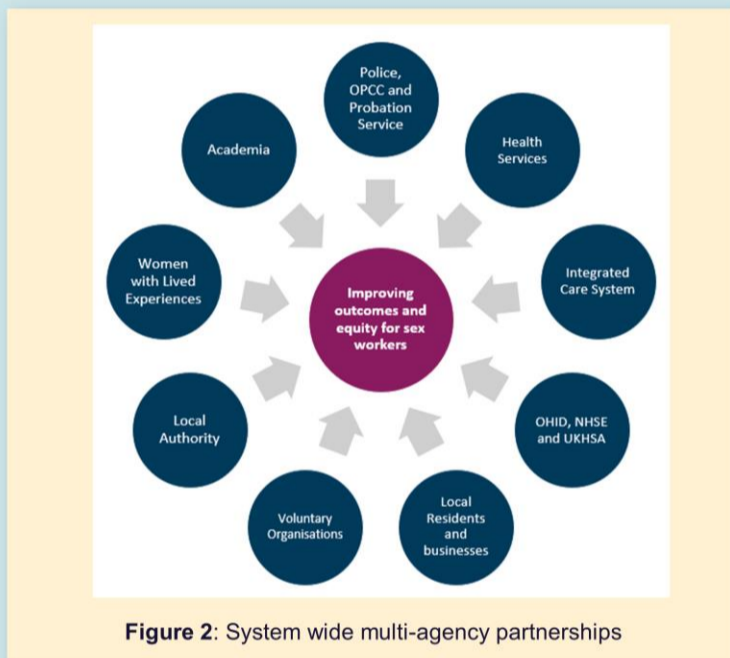


Figure 2: System wide multi-agency partnerships

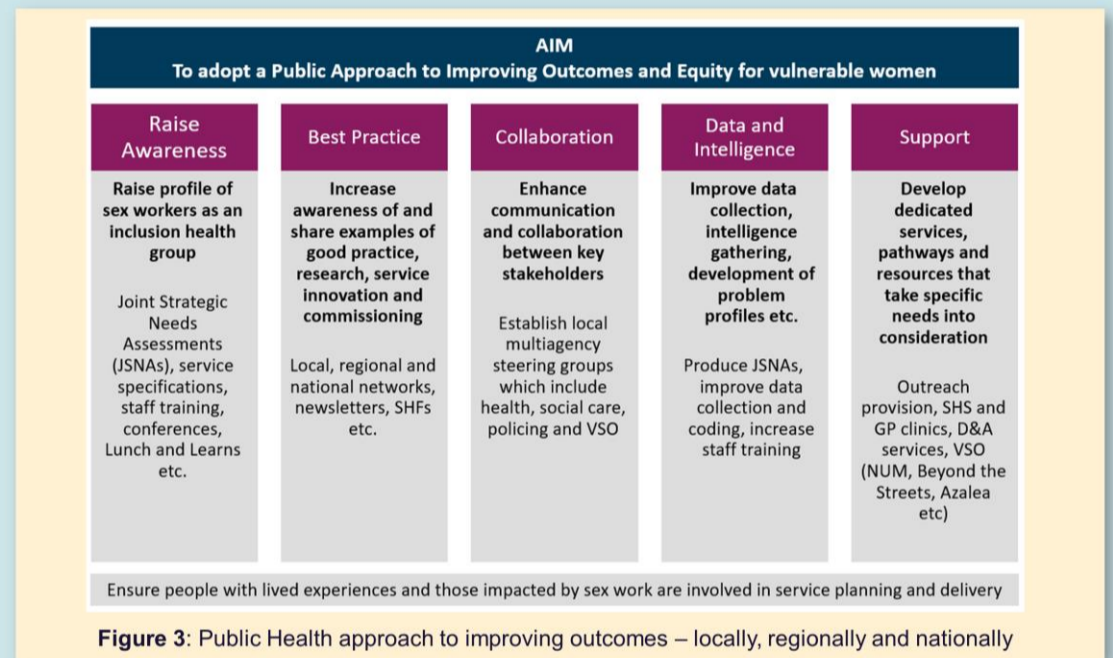


Figure 3: Public Health approach to improving outcomes – locally, regionally and nationally

RESOURCES

As a result of initial local discussions, UKHSA is working with partners to develop the following resources:

- Self-assessment tool aimed at all key partners
- Development of EoE Law Enforcement Public Health tool for frontline police officers (based on the Yorkshire and Humber model)
- Case study template for local government, service providers, the police and voluntary sector
- Sex worker *Ladder of Interventions* to determine if a measure is deemed acceptable or not
- Library of research, policy and best practice via open access Knowledge Hub platform
- Bespoke advice, guidance and awareness raising sessions are also available on request.

Figure 4 presents factors that should be considered when working to improve outcomes for sex workers.



Figure 4: Factors to consider when improving outcomes for sex workers

DISCUSSION and SUMMARY

The health and wellbeing needs of sex workers varies from person to person and can be based on the type of work they are involved in. For example, on-street workers tend to experience worse health inequalities and disadvantages than those working indoors/online. However, most of our understanding stems from insight gathered by service providers and the voluntary sector, rather than via formal data sources.

Exceptional frontline support services are in existence across the region, usually focused within urban areas. Funding and commissioning arrangements are, however, often complex with ongoing budget constraints and competing public health priorities to contend with.

At local level, there is evidence of strong operational partnerships but less so at a strategic level. Senior level leadership at a regional, sub regional and local level to support an integrated approach to sex work and sexual exploitation is essential.

Effective partnership working, robust data collection and evidence gathering, and the commissioning and delivery of person centred services are all vital, if the East of England is truly committed to improving outcomes and equity for those selling sex.

In summary, the following issues should be taken into consideration to enable collective local improvements:

- Recognising sex workers as an inclusion health group and understanding the extreme inequalities they face, must be prioritised by all key partners
- It is important to understand the local needs, scale, range and distribution of sex work within a locality, but not be restricted by a lack of data when sex work is known to be prevalent locally
- Sex workers are not routinely recorded within health datasets and therefore largely absent from service developments and strategic planning
- Effective partnership working, and strong relationships need to be established across health, local government, voluntary and policing organisations
- To effectively address this complex and sensitive issue, a public health approach should be considered by all local authorities, health services, NHS England, ICBs, UKHSA and OHID.

ACKNOWLEDGEMENTS

Personal thanks are extended to everyone across the East of England that responded to the regional survey, who contributed to subsequent discussions and have openly shared their experiences with us – your time, passion and commitment will result in making a real difference to people's lives.

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