



In partnership with the UK Health Security Agency

A scoping to understand the health and wellbeing needs of sex workers in Yorkshire and the Humber: A summary

The Department of Health and Social Care (Office for Health Improvement and Disparities) and the UK Health Security Agency (Yorkshire and Humber) have undertaken a rapid scoping exercise across the region between May and August 2022, to better understand the health and wellbeing needs of sex workers and the health inequalities they experience. This was done to identify work taking place and where support is needed to improve health outcomes and reduce inequalities experienced by sex workers.

The scoping included:

- A review of literature
- Meetings with key stakeholders such as sex worker projects, the police, NHS services, local authorities and an expert by experience
- A survey with local authority public health teams

Key findings:

- The term sex worker encompasses diverse groups and there is no one agreed definition.
- The health and wellbeing needs of sex workers varies and can be based on the type of work they are doing e.g., those working on-street tend to experience far worse health inequalities and disadvantage than those working indoors.
- Most of our understanding comes from insight from service providers rather than formal data sources, and there are gaps to address such as the needs of those working indoors.
- Much of the current focus is on tertiary prevention and we need to look at upstream work to ensure sex workers are supported better.
- There are some excellent frontline support services in existence usually focused in our urban centres.
- Funding and commissioning arrangements are complex and there is no strategic oversight at a regional or sub regional level.
- At place, there is evidence of strong partnerships at an operational level but less so at a strategic level although there are some exceptions to this.
- We found no evidence of work happening regionally to support place-based approaches despite this being an area that could benefit from collaboration e.g., sharing good practice in responding to health needs.

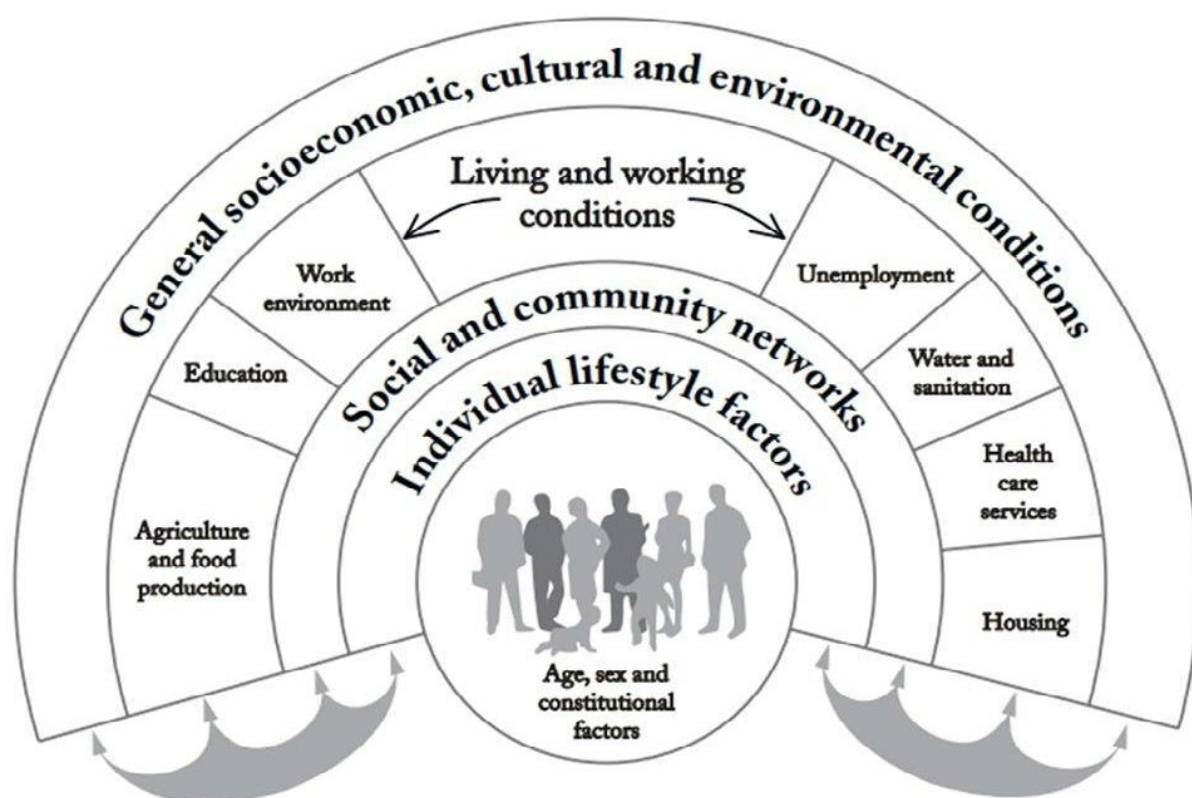
Recommendations

1. Develop a framework for a public health approach

A public health approach to sex work across YH would allow a broader focus on [prevention](#) and the [wider determinants](#) of health. Without addressing this, we will not be able to make a long term, sustained impact to benefit sex workers and those affected by sexual exploitation.

We need to better understand what the wider determinants (see figure 1 as an illustration) mean for those involved in sex work or have experience of sexual exploitation to help determine how, across YH we can have the greatest impact. The importance of wider determinants was looked at by [UCL Institute of Health Equity](#) in 2014 which provides a useful framework.

Figure 1: Determinants of health



Source: [Dahlgren and Whitehead](#)

Much of the work being done across YH is focused on [tertiary prevention](#) (helping people manage long-term, often-complex health problems – particularly true with the women working on the streets) rather than taking a [life course](#) approach and

addressing needs earlier on. Of course, there needs to be support across all realms of prevention and there are examples of this across YH, but there is variation and areas could benefit from learning more from each other. A better focus on the wider determinants of health would enable services to support women more by being able to address the social, economic and environmental factors affecting their health, such as housing, employment and education. It was reported that often, women can lack meaningful support from friends and family, have insecure housing, no qualifications or formal employment experience. Without addressing these factors longer term we will not be able to make a long term, sustained impact to benefit sex workers and those affected by sexual exploitation.

Recommendation 1

Explore what the wider determinants mean for those involved in sex work to inform a framework for a public health approach to sex work.

2. Definitions and scope

There is a need to have a shared understanding of sex work and sexual exploitation across the region (and nationally). The term 'sex work' is generally used when we talk about inclusion health, however, this then ignores the needs of those who would not describe themselves as a sex worker.

Recommendation 2

Work with stakeholders to establish an agreed definition of sex work, survival sex and sexual exploitation. This should be done with statutory agencies (OHID, NHSE, UKHSA, LAs, and the police) as well as specialist providers and those with lived experience.

3. Data and intelligence

There are a number of areas requiring attention regarding data and intelligence.

Recommendation 3

Look more in depth at available data sources within the region (e.g., GUMCAD, police and sex worker projects) to improve our understanding of numbers, types of work, demographics, health needs and how service models relate to outcomes e.g., specialist primary care provision vs. mainstream and outreach vs. static sites. This is particularly important for indoor working where data and intelligence are lacking.

4. Subgroups

The needs of those involved in sex work are diverse and there would be benefit in having a focus where there is a lack of information to support certain groups such as trans and migrants working in the sex industry.

Recommendation 4

- Further explore the needs of migrant and trans sex workers to inform future work.
- Work with local authorities to identify opportunities to influence work around [adverse childhood experiences](#) (ACEs). There is a need to establish a joint approach on this in relation to sex work and sexual exploitation.

5. Strategies and levers

As well as needing a dedicated focus in YH, it is also important to identify opportunities to embed the needs of sex workers into planned/existing regional and place based workstreams, for example [JSNAs](#), the [Women's Health Strategy for England](#) (2022), [ICP strategies](#) and the [HIV Action plan for England 2022-25](#). Also important is to better understand more widely regarding work already been done in this space and opportunities to influence it, e.g., violence reduction units, PCCs, community safety partnerships etc.

Recommendation 5

Identify opportunities to embed the needs of sex workers into planned/existing regional and place based workstreams.

6. Training and awareness

There is a need to raise awareness about the needs of sex workers across YH to ensure professionals practice in a trauma informed way, without judgement and have the knowledge to support individuals. This is wider than health services and should also include the police and social care sector.

Recommendation 6

Work with sex worker projects to scope out training already being provided and where more is needed.

7. Networking and sharing of practice

Whilst partnership working is good in LA areas, the scoping identified many areas of good practice which other areas would benefit from learning about. For example, the strategic work in Leeds, in Bradford their multiagency approach, support around housing and also their work on domestic and sexual violence, Netreach in North Yorkshire and York (where a member of staff explores websites to identify those who may be being exploited), the importance of working with women with lived experience in Sheffield, the way different approaches to primary healthcare can result in better health outcomes (Bradford) and the research into how to better support those wanting to leave sex work ([NUM](#)). Then, there are police force areas that have been able to significantly improve the trust that women have in them.

Recommendation 7

UKHSA, NHSE and OHID to host a learning session(s) with stakeholders to enable networking of sharing of work. This could be done over one longer session or a number of shorter ones with different themes, e.g., housing, police approach, strategic oversight, co-designing work with those with lived experience, the needs of migrants etc.

8. Leadership

There needs to be agreed senior level leadership at a regional, sub regional and place level to support an integrated approach to sex work and sexual exploitation.

Recommendation 8

A small multi-agency steering group should be formed to oversee recommendations within this report. This should include representation from women with lived experience, sex worker projects, primary care, UKHSA, OHID, NHSE, community safety partnerships, ICBs and local authority public health.

To receive the full report email cathie.railton@dhsc.gov.uk