



Home Office

Drug Interventions Programme (DIP)

Good Practice Guide to Increasing the Engagement of Adults Involved in Prostitution within the Drug Interventions Programme

1. Introduction

1.1 Purpose of this guide

This document provides guidance for CJITs to assist in improving the engagement of drug misusing adults involved in prostitution within their area, and to develop working practices with specialist projects. The guide aims to:

- provide a brief overview of the issues associated with involvement in street-based prostitution and problematic drug use;
- suggest how local CJITs can forge effective links with local specialist projects working with adults involved in prostitution;
- describe the types of support and services required by adults involved in prostitution; and
- signpost other guidance documents.

1.2 Who is this guide for?

This guide is for DATs, CJITs, police, practitioners and those with a responsibility for commissioning services for adults involved in prostitution.

1.3 The scope of this guide

This guide focuses solely on women involved in street-based prostitution, as the offence of loitering and soliciting applies solely to those involved on-street. While men are also involved in street prostitution, the numbers involved are relatively small and arrests are infrequent – 10 men were arrested for loitering and soliciting in 2005, compared with 1360 women. Research also suggests significantly lower levels of problematic drug use amongst men involved in prostitution.

This guide should be read in conjunction with the following key documents that look at prostitution in a wider context:

- A Coordinated Prostitution Strategy (Home Office, 2006) and Paying the Price: a consultation paper on prostitution (Home Office, 2004)
- Solutions and Strategies: drug problems and street sex markets (Home Office, 2004); and
- Home Office Research Study 279: Tackling Street Prostitution: Towards a Holistic Approach (Hester & Westmarland, 2004).

1.4 Prostitution and the Drug Interventions Programme

The Government published a coordinated strategy on prostitution in January 2006, following the “Paying the Price” consultation. The strategy emphasised the need to tackle demand for prostitution and provide routes out for those involved. As part of this, DIP can play a key role in tackling their addiction behaviour by supporting and addressing problem drug use. Evidence suggests that as many as 95% of women involved in street based prostitution are believed to be problematic drug users. Between June 2006 and June 2007, of those who were arrested for loitering and soliciting for the purposes of prostitution, and were also tested under Inspector’s Authority, 90% tested positive for heroin and/or crack cocaine (of the 368 women who were tested, 330 were positive).

2. The Prostitution Strategy and legal framework

2.1 The Prostitution Strategy – “Paying the Price”

The Coordinated Prostitution Strategy for England and Wales was published in January 2006 following an extensive public consultation exercise. It sets out a framework for local areas to develop their own strategies to deal with prostitution focusing on five key themes: prevention, tackling demand, developing routes out, ensuring justice and tackling off street prostitution. The Strategy is clear that enforcement alone will not work. It needs to be matched with long term support to deal with women’s chaotic lives and complex needs, to enable them to contemplate and hopefully move towards a life away from the streets.

The Government's Strategy and Paying the Price can be found: <http://www.homeoffice.gov.uk/documents/cons-paying-the-price/?version=1>

2.2 Legislation relating to drug misuse and prostitution

Prostitution itself is not illegal, but many of the activities associated with it are. The offence of loitering or soliciting for the purposes of prostitution was introduced in the Street Offences Act 1959, and was gender neutralised in the Sexual Offences Act 2003. Other offences relating to on-street prostitution include kerb crawling and persistent soliciting for the purposes of prostitution (Sexual Offences Act 1985). The latest Criminal Justice and Immigration Bill which has gone before Parliament in the summer of 2007 proposes a number of changes to the offence of loitering or soliciting. It includes proposals to remove the outdated and stigmatising term ‘common prostitute’, whilst retaining the need to prove that an individual loiters/solicits persistently before arrest. Persistence is defined as two or more occasions in any three month period.

The Bill will also introduce a new penalty in the shape of a rehabilitative order, available as an alternative to a fine. The order will require women to have three sessions during a six-month period with a suitably qualified person (who, for example, could be a worker from a specialised project or a drug worker) and has been based on examples of existing successful court diversion schemes. The new orders can include sessions to address substance misuse and should provide a long term exit strategy rather than short term punishment. The bill can be found: http://www.publications.parliament.uk/pa/pabills/200607/criminal_justice_and_immigration.htm.

The recently released Corston Report, “A Review of Women with Particular Vulnerabilities in the Criminal Justice System” by Baroness Corston, recommended the use of these community sentences wherever possible, especially for adults involved in prostitution. The Corston Report can be found: <http://www.homeoffice.gov.uk/documents/corston-report/?version=1>

3. DIP Strategy and Interventions

3.1 Drug testing

Projects may contact and/or engage with individuals during outreach, before they enter the Criminal Justice System. If this has not been the case, DIP should identify these individual’s on their first arrest. Those arrested and brought into custody for loitering/soliciting cannot be drug tested automatically as part of the normal booking

in procedure as neither offences are trigger offences; unlike for example if they were arrested for the offence of robbery which is a trigger offence and would automatically result in a drug test in an intensive DIP area. If they have been arrested in an intensive DIP area (the 70 areas with the highest acquisitive crime across England and Wales), then the power exists to drug test the individual for heroin and crack cocaine where a Police Officer of Inspector rank or above considers that their offending has been principally caused by a Class A drugs misuse. The list of Home Office authorised drug testing police custody suites can be found here: <http://drugs.homeoffice.gov.uk/publication-search/dip/ListAreasEligDrugTesting?view=Binary>.

If a woman has had a positive drug test and is referred to the CJIT when she is believed to be involved in prostitution, good practice should dictate that the CJIT should always speak to local projects to identify if the woman is known and active on any caseload; and if so, to agree which organisation should continue to case manage the individual. If the woman has had no contact with any local project, then the woman should be initially case managed by the CJIT, before a decision is taken as to whether she would benefit from being referred to an alternative project or remain with the CJIT. If an alternative project does not exist, the individual should be taken on to the CJIT caseload.

3.2 Those who are not drug tested

If a decision has been taken not to test a particular individual, or the area is a non-intensive DIP area which does not operate drug testing; drug workers should still try and engage with the women while in custody, ensuring that she is made aware of all available treatment options open to her. Support should be offered through key work and referrals into appropriate services. No legal sanction exists to coerce the women to have an assessment in custody in these circumstances, nor to engage; however the drug worker should at the very least offer harm minimisation advice if engagement is not forthcoming.

3.3 Conditional Cautioning

Conditional Cautioning with a DIP drug rehabilitative condition is being rolled out across each Police force by summer 2008, providing an additional community sentence option. This DIP condition can be tailored to best suit each individual, their drug use and their nature of offending; directing women into contact with a qualified drug worker. The measure provides an opportunity to identify drug misusing offenders early in their criminal careers, engaging them in appropriate local treatment and support services before their lifestyle spirals into a more serious declining cycle of drug misuse and crime.

A range of DIP conditions are available, providing the CPS with the flexibility when deciding what condition is most appropriate for the offender and the seriousness of the offence. Conditions range from a One Session Condition (where the individual must attend one assessment) up to a Three Session Condition (attending three assessments).

The DIP condition requires a genuine and practical commitment to attend the individually tailored programme of treatment and support; and if the individual fails to meet the requirements of the DIP condition, then there is the sanction of prosecution for the original offence. Guidance relating to Conditional Cautioning has been produced and can be found here: http://www.drugs.gov.uk/publication-search/dip/DIP_conditionalcautioning_guide.

4. Adults Involved in Prostitution

There is no such thing as a typical individual involved in street prostitution. The women involved come from all classes of society, different ethnic backgrounds and are of all ages. The majority, however, live chaotic lives and have complex needs, and most are Class A drug users. They often face a multiplicity of risks to their physical, emotional and psychological health as well as problems relating to homelessness, lack of food, clothes, warmth, shelter, money and lack of family networks. Many are disengaged from mainstream services such as healthcare, housing and benefits and have a history of frequent contact with the Criminal Justice System (some having hundreds of previous convictions).

Female adults involved in street prostitution may have partners who are addicted to Class A drugs themselves and are reliant on the money generated by their partner to also fund their habit. It is important therefore to be able to offer women the opportunity to move away from their ties, although this may not be accepted, offering them the possibility of a drug free future. Any move will be a long term process, with the need to develop positive links and getting reintegrated back into community life.

If women do not wish to move from their partners, it would also be vital to consider the drug treatment needs of their partners and factor these needs into any care plan that is produced. Any treatment offered to partners should be entirely separate from what is offered to women. CJITs would be best placed to offer this service as the woman/worker relationship may be jeopardised if the specialised project becomes involved. All the time that the woman's partner continues to misuse Class A drugs, the chances of the woman successfully tackling her addiction and finding routes out of prostitution will remain slim. Wider issues would also need to be looked at, such as boosting self esteem and developing healthy relationships.

5. Linking to Existing Projects

Over the last couple of decades we have seen many, often voluntary-sector and faith based projects, develop and establish themselves where there is an active red light area. It is imperative that CJITs engage and work together with these projects in relation to their DIP clients, rather than offer duplicate services or services not tailored to the specific needs of the women involved.

These women require an all-embracing service package which is often more extensive than those of "traditional" DIP clients. While it may be possible for CJITs to offer a dedicated and flexible service package to this client group, if services are already in place from a separate provider, then we recommend that the CJIT works together in partnership, or indeed pass the case over to the specialist provider for them to case manage the individual. Dedicated teams are often able to spend longer on the streets to develop relationships and bonds with women through outreach, which may help to support them into treatment in the long term. Furthermore, established projects that have greater wrap around services (e.g. activities, showers, tenancy support and training) are likely to attract clients by self referring; these may include "DIP" clients.

There is a high probability that new women entering the DIP caseload who have come into the Criminal Justice System through prostitution related activity are already being supported by local projects. It is therefore vital that the two organisations work in partnership, and the client is allocated to the most appropriate organisation, rather than being retained on an unsuitable caseload to meet targets. Three examples have

been included which demonstrate the combined work of CJITs and projects. Trust, a specialist voluntary agency that runs a DIP funded Court Diversion Scheme in Lambeth; Doncaster Streetreach are a long running project who have had to develop working links with the local CJIT and Newcastle GAP project was created as a response to the identification of a hidden sex market – a demonstration of what is needed to deal with a particular problem.

5.1 Trust (Lambeth)

We have seen examples of projects developing DIP services for adults involved in prostitution and the Criminal Justice System. Trust is an established specialist service supporting women involved in or exiting street prostitution. In 2003, Trust launched a Court Diversion Scheme for women arrested in Lambeth. This scheme is DIP funded and therefore the Trust became part of Lambeth's virtual CJIT team. Trust's two Court Diversion Workers case manage this client group, offering assessment, interventions, key work, referrals and ongoing support. Trust works closely with other partner agencies including the Police, Camberwell Magistrates Court and the CPS to deliver the scheme. The workers also liaise closely with the DIP virtual team via an integrated DIP data system to ensure a co-ordinated pathway through treatment.

The aim of the scheme is to identify need and provide women with a comprehensive long term support package to address current issues, increase stability and identify exit strategies; rather than short term punishment through a custodial or community sentence which will do little to resolve the individual's need.

Trust works alongside Lambeth's Restriction on Bail co-ordinator to ensure that women involved in prostitution are offered the most appropriate scheme at court. Trust also provides Required Assessment appointments for women who had a positive drug test while in custody. Women tend to fully engage during follow-up assessment appointments which are held by the Trust, as women attend the project which they are familiar with and where they are often already on the caseload.

The police ensure that individual's who are arrested and charged with loitering and soliciting are bailed to appear at the designated court (Camberwell Magistrates Court) on a Wednesday. In the build up to their court appearance, Trust workers will contact the women to remind them of their court appearance and the support on offer at court. At court, those who fit the criteria will be offered the scheme and the requirement is for them to attend 2 appointments within the extended bail period of four weeks. A comprehensive assessment will be undertaken during the initial appointment. The second appointment will be agreed between the woman the Trust worker as to what is most appropriate regarding her care plan goals. Trust has a named link worker from Lambeth's Substance Misuse team to ensure co-ordinated and planned treatment. The Trust also delivers training and support workshops to agencies seeking a greater understanding of the complex needs of women involved in prostitution and for partnerships who would want to develop similar diversion schemes.

5.2 Doncaster Streetreach

Streetreach has been providing a service to adults involved in prostitution within Doncaster since 1991. Excellent working relationships have been developed with new partnership organisations which have been formed in the local area over recent years. The local CJIT recognises that Streetreach are in a better position on some issues to specifically case manage those who are involved in prostitution. Effective

communication is therefore vital within these partnerships to effectively case manage these women.

Where women come into contact with the CJIT and they have a history of prostitution, the worker will contact Streetreach to identify whether that person is currently engaged on their caseload – if they are, then they are referred back to them, or at least kept informed of latest developments. One file for each woman is held centrally, and that file is held by the provider who has the woman on their respective caseload. Notes are placed on files of women still thought to be active on the street, ensuring that the CJIT contacts Streetreach if that woman re-appears.

Conditional Cautioning is operated jointly between the CJIT and Streetreach, and a caution is only issued if both organisations agree. In addition, Streetreach plays a key role in local agency forums operating within the Doncaster area; these forums discuss the case management of individuals on each organisations case load.

5.3 Newcastle Cyrenians “GAP Project”

Developed in Newcastle-upon-Tyne in early 2006, the GAP Project provides an outreach and drop-in service for women involved in prostitution across the city. The prostitution market in Newcastle is very different from other towns and cities across England and Wales. Women work mainly in off the street locations, but they display the same characteristics as many women who work on the street in other locations. GAP was set up as a direct response to a Government Office research study which found groups of women working within a hidden sex work market.

The extent of the problem was previously not known, and so a new approach was needed to deal with the identified problem. The women described common experiences of violence, Class A drug use, involvement in acquisitive crime and homelessness. Due to the closed nature of the market, women were particularly reluctant to disclose information to mainstream agencies and their complex and varied needs meant that they were either not in services at all, or fall between existing service provision.

Run by Tyneside Cyrenians, the GAP Project uses an assertive outreach style of work to engage with this group of vulnerable women. Contact is generally gained through word of mouth and structured peer support is an important part of this process. Improved health and reduced re-offending are key aims of GAP, but comprehensive support focussing on improved self-esteem and resolution of practical problems are fundamental factors in its success. The GAP is needs led in its approach and its development has been shaped by the women using the service. The development worker liaises with the CJIT and with relevant agencies to facilitate appropriate routes for women to access services. Most are now engaged in drug treatment and with healthcare provision and are living safer, less damaging lives with a sense of hope for the future.

6. The Role of Specialist Prostitution Teams

Special teams should provide the all-embracing service which women need, covering the whole spectrum of issues. The level of the service will depend on the resources, size and capacity of each specific project. CJITs should not offer identical services, but they should be prepared to offer supplementary assistance if required. The CJIT should be aware what projects operate in their local area and what they can offer.

Services that specialist projects may offer include:

- Outreach – including harm minimisation advice, making initial contacts, relationship building and providing services to women while they are working (such as food, hot drink, condoms, and in some areas, clean needles).
- Drop-in facilities.
- Specific interventions to deal with crack and polydrug use.
- Models of prescribing – need to be flexible with fast track access.
- Follow-up schemes – ability to deal with relapse effectively.
- Structured day care/drop-in services
- Accommodation – emergency/short/long term – could be done in partnership with the CJIT or local council due to shortages in some local housing provisions. Local councils have a duty to provide short and long term housing to anyone in their district who is homeless or at risk of being made homeless, under the homelessness legislation - Part 7 of *the Housing Act 1996*, amended by *the Homelessness Act 2002* and *the Homelessness (Priority Need for Accommodation) (England) Order 2002*.
- Job related training.
- Education.
- Drug related support for partners/associates.
- Self defence and advice on how to minimise the risk of being attacked.

7. Identifying local specialist projects

Two organisations are able to identify what local projects operate across a particular area; these are the United Kingdom Network of Sex Work Projects (UKNSWP) and the National Christian Alliance on Prostitution (NCAP). Their contact details are –

UKNSWP – website address: www.uknswp.org; phone: 0161 275 9272;

NCAP – website address: www.ncapuk.org.

8. The Role of the CJIT

CJITs should offer a supplementary service with this client group, aware that specialist projects are in existence that should be best placed within the local community to provide the designated service which adults involved in prostitution need.

It is imperative that each local CJIT has identified whether local project(s) are operating within their area and what services each provides. Ways of working/protocols need to then be agreed with each project, with formal agreements reached which outline how the two projects can work together. If no local service is available, the CJIT should case manage that individual until such time as assistance is no longer required or an appropriate service is found.

CJITs should consider the following when engaging with this client group:

- Whenever a woman enters custody or appears for treatment who is believed to be involved in prostitution, the CJIT should always contact the local project to identify if that woman is known or is active on the organisations caseload. Women have in the past been active on more than one caseload at the same, potentially accessing multiple scripts.
- Identify early what services the local project can and cannot provide, and adjust services accordingly.

- Some services should be offered in partnership to bring services together, for example joint outreach. Female workers should be used if the target group for the outreach is female. An agreed working approach should be established beforehand.
- Counselling skills, including listening and being non-judgemental are paramount to help clients engage.
- Challenge women's assumptions, especially if they claim to only have a "recreational drug use".
- If it is decided that the individual should remain on your caseload, offer a variety of treatment options, both short and long term. When offering specific services to women, the CJIT should keep the specialist project informed.
- For those not ready to engage, offer access to wraparound services and access to day programmes and remain in contact.
- Challenge the view that they are receiving sufficient treatment already, in light of their subsequent arrest and repeated street activities.
- Utilise the two Required Assessments by arranging the follow-up assessment so that either a designated CJIT worker or the local specialist project can undertake it.
- If the individual is not drug tested for whatever reason, drug workers should try and engage with women voluntarily to build trust, provide relevant and up to date treatment options and encourage engagement with treatment/support.
- Any induction for new DIP staff should involve a visit to shadow these specialist projects. Joint training/workshops could be used if projects do not have the capacity for individual visits.
- Regular meetings should be held between the CJIT and specialist projects to discuss case progression and access to services.
- Clear and agreed information sharing frameworks between the CJIT and specialist projects should be developed.
- Services for partners/associates of the women involved should be signposted. These are best delivered by the CJIT rather than the woman's treatment provider.

9. Partnership Working

The Government's strategy on prostitution makes clear that local areas need to develop their own response to prostitution to reflect their local sex market. This response is likely to need the input of a host of different agencies including: the community safety team, Local Strategic Partnerships, children organisations, social services, health agencies (including PCTs), housing agencies, enforcement agencies (Police and CPS), domestic violence, job training agencies and finally DATs and CJITs.

The CJIT should identify whether a local prostitution steering group is in existence (if this is not known already) and work closely with the lead agencies to develop a response. If one is not in existence, it would be vital to get all the main agencies around the table to develop a co-ordinated response.

10. Working with the Police

It is important that all prostitution specific schemes and CJITs work closely with the police, or at the very least are in communication with the prostitution and vice tactical

advisor (TAC) of the local police force¹. All police operations involving adults involved in prostitution – e.g. operations which are designed to close down brothels or target the red light area – should be undertaken in partnership with treatment agencies to ensure that long term support and entry into treatment is available for all the individuals who are identified. An award winning example is Operation Demi-John which involved West Yorkshire Police working in partnership with a range of treatment agencies from the private and voluntary sectors while undertaking operations in red light areas across Leeds. The key message which was delivered was that help and support is available to all women involved, but continued criminal activity is not welcome.

11. Effective Management of Services

11.1 Planning

Drug and sex markets are subject to local circumstances but tend to be closely intertwined. CJITs need to be aware of their local community, their needs and problems and what organisations are already in existence based on a thorough assessment. Where demand is high, consideration should be given to create or fund specific services for those involved which offer outreach or contact services and provide a gateway access to specialised drug treatment provision. It is vital that agencies within the same locality do not offer duplicate services.

A designated strategic lead will need to ensure that the prostitution strategy is delivered in a cohesive way and that all the supporting agencies are on board. It is for the strategic lead to ensure that all the needs connected to those involved with prostitution are addressed through joining up the existing strategies.

Outreach can help design future services, as it can identify the make up of the local market, any change in patterns over time (for example a change in location, a rise in any particular ethnic background) as well as informally canvass opinion from those affected.

11.2 Monitoring and evaluation

In addition to the DIR, there should be standard monitoring data agreed for all local agencies providing services to women involved in prostitution. As part of screening and assessment procedures to help monitor service activity and inform future harm reduction and other service responses, information could be collected on work patterns, contacts, housing status, whether the client is known previously, age, ethnicity and drug use if known. .

12. Conclusion

The majority of areas with a street-based sex market have a specialised project that provides a comprehensive care package for adults involved in prostitution. It is vital that CJITs work in partnership with these projects, where they exist, rather than offer duplicate services or enter into competition to get clients onto their caseloads.

¹ The TAC advisor is a new post which has been developed, with at least one advisor being in position in each police force. The TAC advisor should be aware of all operations and activity involving adults involved in prostitution, and should provide the first point of contact for any adult involved in prostitution enquiry which is directed into that force.

The suggested range of services detailed in section 6 makes up the vital components of the comprehensive care package which is needed. While the majority, if not all of the services mentioned might be provided by the specialist projects, referral links among appropriate service providers should be established to deal with those services which are not able to be provided. CJITs need to ensure that workers have the experience and the capacity to meet the needs of adults involved in prostitution who come into contact with the CJS via an inspector's authority and to ensure that any schemes or activities are well-supported by both drug treatment and specialist services.

13. CONTACT DETAILS

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