Women's Health and Well-being Project

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Project Title: Women's Health and Well-being Project

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1. Summary

Through our pre-existing work in Edinburgh saunas, we are aware that women involved in the sex industry are vulnerable and in need of considerable support. However, they come up against many barriers that prevent them from accessing this support. These barriers include fear, stigma, financial pressure, mental health issues, or drug and alcohol dependence. These women are likely to have low self-esteem and therefore will be unable to make proactive choices in terms of their health and well-being. Through effective engagement we can empower women to access services, therefore giving them the tools to make positive and safer choices.

There was anecdotal concern that women working in lap dancing bars faced similar challenges and experienced similar vulnerabilities to those women working in saunas, although they were a group that health and social care services had little contact with. There was a need to explore this further with the intention of offering these women support and interventions to empower their decision making and reduce their risk. We have taken a proactive approach to this by making contact with these women, with the outcome being the hope to build this work into core services.

2. Background

The Women's Clinic has become well established as a partnership between NHS Lothian and voluntary sector agencies, delivering health and welfare support and interventions to women involved in sex work in Edinburgh. The clinic is delivered from Spittal Street centre, with outreach visits to the city saunas on a weekly basis. Through existing work streams it is known that women involved in sex work are vulnerable and experience disproportionate inequalities compared to the general population in terms of access to health and social care. There is police intelligence and knowledge from the Women's Clinic that these women are often trafficked, many will have a drug or alcohol dependency, and most are forced to live in financial hardship with very little social support.

There was knowledge within the Women's Clinic that men were paying for sex within lap dancing bars despite this not being advertised, causing concern that these women may be harder to reach but experiencing the same health and social inequalities of those women working in saunas where the sale of sex is the advertised purpose of the business. This project was approached as a needs assessment: gaining access to lap dancing bars, communicating with the women and exploring the inequalities and challenges that they experience with the intention of offering support and intervention as appropriate.

3. Aims & Objectives

The NHS and 'Another Way' aimed to work in partnership to assess the health and welfare needs of women working within lap dancing bars in Edinburgh. By taking a partnership approach to this outreach work, we aimed to positively engage with women, to empower them, share information and support them to access services such as health, welfare, employability and criminal justice services. We challenged inequalities in negotiating access to the bars with the bar owners, therefore improving health and social care outcomes for these women.

4. Method & approaches

Considering our aims and objectives, a project team was developed that had the correct skill mix to deliver the support and interventions that we expected might be required within the project. This included a mental health nurse and a project worker from Another Way who would be the front facing team providing consistent input. We believed consistent faces would be reassuring both for the women and the bar owners. The staff were supported in terms of planning and ongoing supervision by Dr Alison Scott (Clinical Lead for Women's Services) and Nicola McCloskey (Service manager – Another Way).

We expected that gaining access to the bars and therefore the women would be one of the most challenging parts of the project. We anticipated some caution and resistance from the bar owners, therefore careful consideration and planning was given to the approach that would be taken. There was a precedent as we already had a positive presence within the Edinburgh saunas and the same conditions of access and confidentiality would be proposed here, however, saunas advertise the sale of sex whereas lap dancing bars do not. Our approach to the lap dancing could not be from a sexual health perspective as it is in the saunas; therefore we took a welfare approach. The team approached lap dancing bars and had conversations with the owners where they negotiated being allowed access to talk to the women and offer them information about general health and welfare services. We hoped that they would recognise this as an opportunity to support the women, and to engage positively with local organisations.

Once access to the bar had been agreed, the team aimed to have a presence within the bars on a regular weekly basis. We allocated three hours per week for outreach visits with the aim of delivering these as flexibly as possible. Women working in bars and saunas often work at the same time and/or day each week so being able to alter our times meant that we could maximise the opportunity to have contact with more women.

The team began to engage with the women, introducing themselves and the purpose of their presence. Information was given about local services, in particular services available to them at the Women's Clinic. The aim was to build trustful and respectful relationships with the women so that they had the confidence to act on the information they were being given and eventually access the services they needed.

When the women went on to access services at the Women's Clinic they were met by a face that is known to them, moderating that initial 'first step' which is often the most difficult. They were able to access specialist support for their various needs, under one roof at a single visit. The staff that are providing outreach to the lap dancing bars are also skilled in risk assessment and safety planning, which is vital in this work.

During the course of the project, we aimed to gather information to evidence the need for this type of intervention, and the outcomes for women. This will inform future proposals to embed this work into the core workload of the sexual and reproductive health service.

5. Findings

There are three lap dancing bars in Edinburgh, all within relatively close proximity of each other. A fourth has recently closed down. Contact has been made with all three bars, and access given to two at this stage. One bar owner in particular was more open to the project, so the team continued to build positively on this contact to use as an example when negotiating with the other bars.

Negotiations are ongoing for access into the third. The number of women present within the bars at the time of visits has varied from two or three to eight women. They were understandably wary of two previously unknown visitors to the lap dancing environment, so the initial contact was very low key, focusing on the staff introducing themselves and their role and talking about confidentiality. They then took a very general approach to gaining the women's trust, asking about general health concerns, families, housing etc. This part of the project, as expected will take some time to embed and we recognise the need to be respectful of that and not take further control from the women and increase their stress.

Seven women have attended the Women's Clinic during the course of the project, saying they heard about the service while at work within a lap dancing bar. All have been supported with benefits and all took condoms away with them. Three women also had a sexual health screen and asked for information about contraception. All are aware of the wider services offered at the Women's Clinic. Although the numbers attending are small we expected this, and are heartened by the positive outcomes for these few women. We hope that they will share their positive experience with others and more women will feel safe in accessing the services and support that they need.

6. Discussion

This has been a challenging piece of work for the project staff. When in the lap dancing bars, the women are wearing their underwear only. Staff found no opportunity to get access to them otherwise, and were therefore very aware of the vulnerability of the women and how their presence might be adding to that. While being as respectful as possible, they felt the women appeared resigned to the fact that their dignity was not important. The team have been exploring ways to deliver a detached intervention while women are waiting to go to work as another opportunity to build relationships. Regular support and supervision was required, available and accessed by the team throughout the project.

While the outcomes in terms of numbers have been small, the vulnerabilities observed and the opportunities for creative ways of working with these women have been recognised therefore we feel this has been a successful project. We have therefore secured further funding to continue this work until the end of March, and have it on the agenda at several strategic meetings where it hoped the value will be recognised and it can be embedded into core services with the appropriate resource attached

7. Conclusion

Those working directly with these women are very aware of the risks and what to look for in terms of assessment. These experiences need to be shared throughout our nursing and voluntary sector networks. Sexual exploitation exists in our communities; although it may not be obvious to the untrained eye. This will lead to missed opportunities to tackle health and social care inequalities, and ultimately a risk of significant harm to vulnerable adults.

8. Dissemination

The results of the needs assessment will be disseminated locally through NHS Lothian strategic planning networks, protection of vulnerable adult groups, sexual health services and with our public sector colleagues. As the work continues, we will provide annual qualitative outcomes.
Even within our own services we fear that opportunities can be missed if staff don't have the knowledge or skills to recognise these risks and therefore don't ask the right questions. A significant amount of work has been done within the sexual health team to raise awareness of sexual exploitation and vulnerable adults, with support as to how questions could be asked and what to do if someone discloses. This has mostly been through protected learning time sessions with input from our voluntary sector partners.

9. Next steps

We plan to present the needs assessment to our strategic planning colleagues for the purpose of embedding this work as a necessary core service. We aim to ask for funding to allow us the staff resource to continue this work continuously, as it is important to nurture the relationships that have been made and further develop these, and to continue positive communication with the bar owners. Outcomes will also be shared with police and council colleagues who input to the licensing board with regard to the issues around an area of the city with a dense population of adult entertainment arenas and how this affects women.

10. References

11. Financial report – See below

FINANCIAL REPORT

	Amount	**How funds were distributed**
First Instalment	£2000	**£1000** to NHS Four hours per week of Band 5 nurse x 12 weeks = £960 (planning meetings, developing publicity, agreeing audit tools, face to face visits, supervision) **£1000** to SACRO Four hours per week of Project Worker x 12 weeks = £960 (planning meetings, developing publicity, agreeing audit tools, face to face visits, supervision) £80 Printing of publicity material (contact cards with clinic information)
Second Instalment	£2000	**£1000** to NHS Four hours per week of Band 5 nurse x 12 weeks = £960 (planning meetings, face to face visits, supervision, evaluation) **£1000** to SACRO Four hours per week of Project Worker x 12 weeks = £960 (planning meetings, face to face visits, supervision) £80 Printing of publicity material (contact cards with clinic information)