



Social Science Research Papers

**SELLING SEX IN THE CITY:**  
An Evaluation of a Targeted Arrest Referral  
Scheme for Sex Workers in Kings Cross

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Tiggey May  
Alex Harocopos  
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**Selling Sex in the City:**  
An Evaluation of a Targeted Arrest Referral  
Scheme for Sex Workers in Kings Cross

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## PREFACE

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This report is the latest in a series of research papers from the Faculty of Humanities and Social Sciences, South Bank University. The aim of the series is to publish working papers and the findings of research projects which would otherwise not be readily available in the entirety to the scholarly community and other interested parties.

In this paper, the authors report on their evaluation of the work of the Capital Care Project, an arrest referral scheme targeting sex workers in Kings Cross, set up and managed by the Camden and Islington Health Service Trust and the Metropolitan Police. The report charts the progress of the project and the impact it has on those who have contact with it, finding that it is seen as a valuable resource by sex workers, police officers and agencies working in the area. The authors offer recommendations for improving the delivery of the project for those involved and for those setting up similar schemes.

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Finally, we are very grateful to clients of the scheme who agreed to be interviewed.

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# CONTENTS

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EXECUTIVE SUMMARY	v
CHAPTER 1: Introduction	1
CHAPTER 2: The Capital Care Project and its Clientele	5
CHAPTER 3: Policing Kings Cross	11
CHAPTER 4: Refferals made by the Capital Care Project	15
CHAPTER 5: Summary and Recommendations	25
REFERENCES	31
APPENDIX A: Capital care Assessment Form	33

## EXECUTIVE SUMMARY

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This study has assessed the work of the Capital Care Project (CCP), an arrest referral scheme targeting sex workers in Kings Cross. It has examined the impact the project has had on sex workers, police officers and agencies working in the area. We interviewed 55 of the project's 100 existing clients and examined changes in their access to suitable accommodation, health services, and reductions in drug use and sex working. Unlike other evaluations of arrest referral schemes there was little expectation that we would find significant reductions in drug use or sex working. Sex workers often have a range of complex issues which they need assistance with, for example, housing, violence from partners or clients and accessing sexual health services, before changes in drug use and sex working are likely to occur. In addition, six months after the inception of the project staffing problems occurred which impeded the project's progress.

### **The Capital Care Project**

The CCP was set up and managed by the Camden and Islington Community Health Service National Health Service Trust (C and I Trust) and the Metropolitan Police. Workers carried out a basic assessment, in a police custody area, on women who had been referred to them by Operation Welwyn police officers. Information gathered included details on an arrestee's drug use, physical, sexual and emotional health.

In one year project workers saw and assessed 100 individuals. However, the information they collected was sketchy in part and often incomplete. Data available showed that:

- Many of the women were either homeless or living in temporary accommodation and only ten had any contact with appropriate agencies or hostels; and
- Most were using heroin and crack in combination.

### **Policing Kings Cross**

Policing Kings Cross was the remit of Operation Welwyn, a specialist street crime unit. The focus of the unit is vice and drug offences, and improving the quality of life for residents, businesses and commuters in the area. Generally, officers felt that the area was an open sex and drug market, and believed that there was a core group of around 20 sex workers, although many more women worked on an occasional basis. Officers felt that to resolve the problems connected with street sex work they needed to work in partnership with other agencies. Most felt that the project provided the women with a positive alternative to the cycle of arrest and conviction.

### **Referrals made**

Initially the number of women referred to services was low. Many women were unaware of the range of services they could be referred to by a Needs Assessment Worker (NAW). In addition staff shortages significantly impeded referral work. However, at the time of interview:

- 16 respondents had been referred or given advice regarding sex working agencies;
- 11 women had been referred to a local Drug Dependency Unit (DDU);
- 10 women had been successfully referred to a local hostel with a further six waiting for rooms to become available;
- 32 women had been referred to the Kings Cross Primary Care Centre (KXPCC) for an appointment with a doctor or nurse;

- 9 women had been referred to services to commence vaccination courses;
- 7 women had received a legal referral or advice regarding their legal situation; and
- 5 women were either offered practical assistance or had appointments booked for them to visit a benefit adviser.

### **Recommendations**

In developing arrest referral schemes for sex workers, three issues need to be taken into consideration:

- Workers should not rely on custody work alone to reach the target group. Other imaginative ways of contacting sex workers should be implemented to maximise the potential for referrals;
- Expectations of projects should be realistic. Reductions in drug use and sex working are likely to take some time with this client group; and
- Appropriate services to refer sex workers to, both in and outside of a sex working area, is integral to a project's success.

The work of the CCP was valued by sex workers, the police and agencies working with sex workers in the Kings Cross area. However, problems were encountered by the scheme in its initial stages. These included:

- The project being staffed by only one worker for five months;
- Arrested sex workers being unaware of the range of services they could be referred to by an NAW; and
- An initial assessment form that did not provide enough information for appropriate referrals to be made.

All of the problems were overcome, but development into new areas of work suffered as a consequence. However, after a new member of staff was appointed progress with work outside of the custody area recommenced and the project was formally introduced at:

- HMP Holloway;
- A local women's hostel; and
- Highbury Magistrates' Court, London

Areas of work that the CCP need to invest time in and develop include:

- Ensuring that sex workers report violent incidents from clients or partners to the police as many incidents still remain unreported;
- Ensuring that an 'Ugly Mugs'<sup>1</sup> strategy is employed, and that detailed information on individuals who have committed violence against a sex worker is disseminated to other sex workers, projects working with sex workers and to the police;
- Ensuring that sex workers have access to alternative accommodation - where possible outside of the Kings Cross area;
- Ensuring that sex workers are referred to appropriate treatment services. Some clients will also benefit from an NAW acting as an advocate and liaising with other services; and
- Although the CCP targets 'hard to reach groups' and has needed a longer period of time to bed-in and be trusted by their client group, reductions in drug use should become a priority in the second year.

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<sup>1</sup> 'Ugly Mugs' is a term used to refer to clients who have committed attacks on sex workers.

## **Effective management of the project**

For the first year of the scheme the day-to-day management of the CCP fell disproportionately on the Metropolitan Police. This arrangement benefited both workers and the C and I Trust as a strong police backing of the scheme established joint ownership by both the police and the C and I Trust. However, it may now be prudent to let the Trust take a leading role in the future management of the project.

Police managers need to keep custody staff well informed about the CCP. Three different arrest referral schemes operate in the custody suites in Camden and Islington and it is likely that a degree of confusion could arise. Officers are likely to need frequent reminders about the aims of the project; and

The CCP management must ensure that police officers working on Operation Welwyn, and custody staff, are provided with adequate feed-back on the project's work. This information should be provided at quarterly intervals in accordance with the project's confidentiality policy.

When setting up similar projects we feel the following points should be considered in order to provide a model of 'best practice':

- Workers with knowledge of the issues relevant to street sex workers and problematic drug use should be employed;
- Where possible, a female worker should be appointed in accordance with Section 72(d) Sexual Discrimination Act (1975);
- There needs to be a range of services to which to refer women;
- It is important to consider strategies aimed at relocating sex workers to non sex working areas to assist them in exiting sex work;
- Where several agencies exist within a locality, and all are working with the same client group, steps need to be taken to avoid duplication of the services provided;
- Guidelines for working with juveniles and adult sex workers in custody areas must be developed;
- It is important to have a clear and concise confidentiality statement;
- A client consent form, which has been agreed by all agencies working in the area, needs to be developed to enable workers to track clients for internal monitoring purposes; and
- Appropriate lines of management should be implemented according to the setting in which the work is taking place.



# INTRODUCTION

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Sex work or prostitution is the performance of sexual acts solely for material gain. Sex work itself is legal in Britain, but soliciting and procuring are not. In 1999, there were 3,679 prosecutions in England and Wales under Section 1 of the 1956 Sexual Offences Act (a common prostitute loitering or soliciting for the purposes of prostitution). However, this only represents the number of offences detected and not the number of active street sex workers which is probably much higher. Although there has been a shift in sex markets, which has resulted in a rise in the number of women working in off-street establishments, there are still a considerable number of women working on-street<sup>2</sup>.

The links between sex work and drug use have been well documented (May et al., 1999; Ward et al. 1997). In a review of sex work and drug use, Plant (1997) concluded that street sex markets were well suited to the needs of dependent drug users. Rhodes et al. (1993) found that 14% of injecting drug users in London were involved in sex working. American research has also found that sex workers often have a role within drug marketplace economics – (especially crack cocaine markets) which includes distributing and carrying drugs, and selling sexual and other services for drugs (Feucht, 1993).

Research on criminally involved drug-using populations has found that those involved in sex work tend to have a particularly heavy spend on drugs. For example, an evaluation of arrest referral and probation referrals identified some sex workers as having a weekly drug spend in excess of £1000 – as against an average of £400 for offenders committing acquisitive crime (Edmunds et al. 1999). May et al. (1999) found a weekly drug spend of £600 among sex workers. These patterns of heavy use may reflect, on the one hand, the need for some form of palliative for those involved in an often dangerous and sometimes emotionally draining business. On the other, sex work itself can provide a sufficiently high income to facilitate heavy drug use.

If sex workers often show patterns of highly problematic drug use, there are signs that they are under-represented as clients of both treatment services and of arrest referrals schemes (see Edmunds et al., 1999, 2000). There are many possible reasons for this which may include: the relative lack of services for women; the childcare problems which stem from admitting drug problems to “helping” agencies, and – in the case of arrest referral schemes – the fact that being charged with soliciting is an irritant rather than a catastrophe. The short period of time sex workers spend in custody also limits the ‘widow of opportunity’ that is available to arrest referral workers. Problem drug users arrested for shoplifting or burglary, for example, have a much greater incentive to engage with arrest referral schemes because of the possibility of a custodial sentence.

This report presents the results of a 12-month study into an innovative arrest referral scheme in Kings Cross, London, tailored specifically to the needs of drug dependent sex workers. Kings Cross is an inner city area with a reputation for street sex work and open drug selling. The markets, which exist within close proximity of each other, operate 24 hours a day, seven days a week. The area has numerous public transport links and a vast transient population. There is a high proportion of short-term housing, including a number of hotels and hostels. Local businesses consist largely of fast-food outlets, convenience stores and family-run businesses, with few high-street stores.

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<sup>2</sup> Matthews (1997) estimated that there were around 600 active street sex workers in Greater London alone.

In 1991, the level of street sex work and drug selling in Kings Cross reached new heights. In response, a specialist police unit - Operation Welwyn - was established and assigned to police the Kings Cross area. Operation Welwyn formed one of several local initiatives designed to reduce crime and the fear of crime, thereby improving the quality of life of those living, working or passing through Kings Cross. Four years later, money was secured from central government in the form of a Single Regeneration Budget (SRB) grant. The Kings Cross Partnership was set up to administer this grant. A significant amount was done by the partnership throughout this period to contain the drugs and sex markets, though it is fair to say that both were sufficiently well entrenched as to defy complete eradication. One explanation as to why it has not been possible to eradicate the problem is the interdependence of the two markets (cf. May et al, 1999): the sex market provided a high-spending core of buyers for the drug market, and the drug market served to draw in 'punters' for the sex market. In 1998, the KXPCC along with Operation Welwyn submitted a further application for SRB funds to set up a

targeted arrest referral scheme for sex workers. They identified a core group of women who were being repeatedly arrested and in many cases locked into the cycle of sex work and drug use. The scheme's underlying concept was that a Needs Assessment Worker (NAW) would be available to any woman who was arrested for sex working in Kings Cross, to provide assessment and referral on to treatment agencies. The bid for SRB money was successful and the Capital Care Project (CCP) began in May 1999.

### **Methodology**

This evaluation examined the work of the CCP from its inception in June 1999 until August 2000. It details the process of delivering the project, and its impact on individuals who had contact with it. It also offers recommendations for improving the delivery of the project and for those wishing to set-up similar schemes aimed at arrested sex workers. Our original intention was to conduct 30 interviews with women who had passed through the scheme six months after initial contact with a NAW. However, the scheme suffered in its early stages from staff shortages, and initial progress was slow. Therefore a decision was made to extend the evaluation for an additional six months and to include a further 30 interviews.

We compiled information on the project from a number of sources. Assessment data were collected from 100 individuals who had contact with the NAWs between July 1999 and August 2000. From these, we interviewed 55 women about their experiences of the project, the assistance they had received and any changes in their lives that had occurred as a result of referrals that had been made. Interviews were based on face-to-face semi-structured questionnaires and took an average of 45 minutes. In addition to this, in-depth interviews were conducted with the workers and management of the scheme, as well as agency professionals from five other services in the area. All fieldwork was carried out between January and August 2000. Interviews took place in various settings including the KXPCC, Tolpudde Street Police Station, semi-public locations and prisons.

Initially, women who were arrested and assessed by an NAW were asked if they would participate in the evaluation. If they agreed they then signed a consent form enabling us to contact them for interview. We used several methods to re-contact women. These included writing to their last known address, asking the NAWs to collect a mobile phone number (where applicable), and using the Prisoner Location Service to track arrestees who were either on remand or had been sentenced. In the case of juveniles

who had been seen by an NAW, permission to interview was sought from the relevant Social Service department. We also tried to contact women by visiting court on the day they were due to appear for charges of soliciting or loitering. Unfortunately, this did not prove fruitful due to the unpredictability of court listings.

The decision to extend the evaluation to include a further 30 interviews was taken following the resignation of one of the NAWs. A replacement worker was not secured for five months and the scheme suffered from not having two full-time staff. By this time, we had completed 25 interviews with women who had been in contact with the NAWs, and had identified some initial problems. It seemed sensible, therefore, to feed back our preliminary findings (in the form of an interim evaluation), and to extend the study to cover a period of time when it was once again fully staffed. In the second phase of the study we adapted the questionnaire to provide greater detail on the nature of the assistance provided.

It was clear that if we were to rely solely on clients to contact us we would not reach our interview target, and that a more proactive approach was needed. Consequently, the research team based themselves at the KXPCC for a total of 44 evening sessions. We also accompanied the NAWs on outreach sessions to locate appropriate women. This allowed us to interview clients who dropped into the centre without prior appointment and others whom we encountered on the streets. A further strategy to contact women who had passed through the scheme included designing a poster for display in a number of services used by sex workers in the Kings Cross area. Finally, we ensured that a letter from the CCP was placed in the KXPCC files of all the women who had been in contact with an NAW, asking if they would be willing to participate with the research. These letters were given out to women when they came in for an appointment. All respondents who participated in the study were asked to sign a consent form prior to the interview (if they had not already done so at assessment).

We carried out 21 interviews with officers from Operation Welwyn. In addition, two in-depth interviews were conducted with the Inspector of the unit, who also co-managed the CCP. The police also provided statistics of cautions and charges for offences related to street sex work, drug offences, and robbery.

### **Structure of the report**

Chapter Two examines how the CCP was established, describes the organisation of the scheme, and summarises data from assessments that were carried out with clients during the first year. Chapter Three discusses the views and experiences of officers from Operation Welwyn. Chapter Four presents the findings from our interviews with 55 women who have passed through the scheme, and describes the referrals made by the CCP. Finally, in Chapter Five, we offer some concluding thoughts on the work of the scheme, how it can be built upon and improved and our thoughts on best practice for schemes designed to target sex workers.

# THE CAPITAL CARE PROJECT AND ITS CLIENTELE

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This chapter examines the development of the CCP. It looks at how the project was established, the organisation and project work that has been done thus far, and the assessments that were carried out in a 12-month period.

Kings Cross is synonymous with street sex work and drug sellers. The area has a reputation as a place where sex and drugs can be bought 24 hours a day, seven days a week. In 1991 it was estimated by the police that there were in the region of 150-190 known drug sellers operating in the area<sup>3</sup>. It was around this time that Operation Welwyn was set up. At the time of research the unit had been in existence for just over eight years, although during that period both its policies and structure had undergone a number of changes. However, uniformed officers maintain a high visibility in the area and concentrate on drug and soliciting offences. The Operation Welwyn CID team assist the uniformed officers with drug possession offences but concentrate on drug supply offences.

Table 2.1 illustrates the range of offences that occurred in the Kings Cross area and the cautions and charges made by Operation Welwyn in a five-month period from April to August 2000. Our original intention was to present data for the period July 1999 to June 2000. However, Operation Welwyn changed their methods of collating statistics in April 2000 and therefore we are unable to present figures prior to that date. Offences listed are those most frequently associated with street sex and drug markets.

Table 2.1 Cautions and charges for Operation Welwyn offences April – August 2000

Offence/initiative	Cautioned	Charged
Loitering/soliciting (S.1(1) Street Offence Act 1959)	69	165
Man soliciting woman(S.1(1) Sexual Offence Act 1985)	87 letters <sup>4</sup>	22 processed
Juvenile protection initiative (Place of safety)	3	0
Living off/exercising control (S.30 Sexual Offences Act 1956)	0	0
Living off earnings of male prostitution(S.5(1) Sexual Offences Act 1967)	0	0
Brothel Keeping (S.33 Sexual Offences Act 1956)	0	0
Procuration (S. 22(1)(a) Sexual Offences Act 1956)	0	0
Unlawful sexual intercourse (S. 6(1) Sexual Offences Act 1967)	0	0
Possession Class A (Misuse of Drugs Act 1971)	0	25
Possession with Intent to Supply A/B (Misuse of Drugs Act 1971)	0	4
Robbery (Theft Act 1968)	0	10
Section 1 (Police and Criminal Evidence Act 1984) (Stop and search)	201 (S/S)	12 (arrests)

<sup>3</sup> This figure is quoted in the induction pack for new officers on Operation Welwyn.

<sup>4</sup> This indicates that a letter has been sent to the registered keeper of a vehicle which has been stopped in the area and warned by police officers for 'kerb crawling'.

Throughout the 1990s, Operation Welwyn worked in partnership with a wide range of agencies to reduce the number of drug sellers and sex workers and to ameliorate the fear of crime<sup>5</sup>. Between 1993 and 1994 a total of 4,000 stop and searches were conducted, and 2,000 arrests or cautions were recorded<sup>6</sup> by Operation Welwyn (Lee, 1995). Although the figures presented in Table 2:1 only represent a five-month period they suggest there has been a considerable reduction in the number of stops and searches, and arrests since 1994. Nevertheless the percentage of stops and searches made by the unit resulting in an arrest, was half that of the national average (6% as compared to 12%). This indicates that officers still make considerable use of this tactic to ‘manage’ the open drug market, but with less success when compared to the national picture. However, since 1993 the number of officers working on the unit has reduced and the remit has expanded. There has also been an emergence of off-street sex establishments which may have partly relocated a proportion of street sex workers to saunas, parlours and working flats. Also high visibility policing in the area may have acted as a deterrent to potential street sex workers and drug sellers who were considering ‘working’.

### **Project aims and objectives**

When first discussing the implementation of a targeted arrest referral scheme, the Metropolitan Police and the Camden and Islington National Health Service Trust (C and I Trust) shared a belief that the drug and sex markets were symbiotic. They hoped that by reducing the number of sex workers in Kings Cross there would be a natural decline in the number of drug sellers. An equally important aim was to improve the quality of lives of women who sold sex in the area. We interviewed professionals from several agencies offering drug and accommodation services in Kings Cross. All felt there was a need for a targeted arrest referral scheme in the area - providing there were sufficient services to which to refer clients. However, workers spoke of the importance of having realistic expectations:

“It’s a revolving door problem. The women may be getting arrested a lot, but it could be a long time before they turn round and say, ‘I’ve had enough’”.

There was a belief amongst professionals that any ‘window of opportunity’ should be used to make contact with clients, and that the point of arrest was an appropriate moment at which to do this. It was with this goal in mind that the CCP was established and granted funding from the Single Regeneration Budget<sup>7</sup> for an initial 12-month period. The project’s aims were to:

- Assist women who sell sex to break the cycle of repeat offending and problematic drug use;
- Reduce the associated risks to women who sell sex; and
- Reduce associated risks to the community in Kings Cross.

The means by which these aims were to be achieved were formulated in terms of three objectives:

- To offer all women a needs assessment at point of arrest, at Tolpuddle Street Police station (the police station that women were taken to when arrested);

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<sup>5</sup> These goals are still central to the ethos of Operation Welwyn.

<sup>6</sup> The arrests were all related to drug or soliciting offences.

<sup>7</sup> The budget is managed by the Kings Cross Partnership (Partnership) who backed the initial funding proposal for the Capital Care Project.

- To refer women to appropriate support services in Camden and Islington; and
- To offer a free and confidential service to all women who were referred.
- The organisation and work of the project

The CCP employed two NAWs who were jointly managed by the C and I Trust and the Metropolitan Police. The two workers were partly based at the KXPCC but also provided assessments at three local police stations for women who had been arrested<sup>8</sup> and referred by Operation Welwyn.

The project differed from other arrest referral schemes in that it targeted a particular group of arrestees, namely sex workers. The project was set an initial target in the first nine months of making contact with 30 women, who had been arrested by Operation Welwyn. Although this target may appear modest, both the Trust and the Partnership acknowledged that sex workers were a ‘hard to reach’ group for services, and often had a complex set of needs.

Workers divided their time between custody areas and the KXPCC. They were available either at the police station or could be called to attend the station, by an officer, to provide a basic assessment for an arrested woman. Assessments were conducted either in the custody area or a police interviewing room. Working within this environment often relies upon the goodwill of custody staff; all the NAWs and Operation Welwyn officers worked hard at fostering good relations and ensuring the co-operation of custody staff in often very busy and sometimes chaotic custody areas. During an assessment the NAW collected basic information about a woman’s drug use, physical, sexual and emotional health, and obtained signed consent to act as an advocate, on the client’s behalf, with other services. Further appointments were offered at the KXPCC to enable an NAW to follow up on the assessment and refer women to appropriate services.

Management of the scheme was divided between the C and I Trust and the Inspector from Operation Welwyn. Although the manager from the Trust worked full time on the project for the first six months<sup>9</sup> the Metropolitan Police were very much the lead agency in providing support and guidance to the NAWs. Both the police and the NAWs were particularly keen to have a proactive police officer to ensure the scheme retained a high-profile in the borough’s policing plans. The unit’s Inspector worked particularly hard at ensuring that the NAWs were accepted by officers from Operation Welwyn and also that they felt part of a team, and not ‘outsiders’ working in isolation. This approach proved particularly beneficial both for officers and NAWs.

### **Developing and extending the project**

Although the NAWs stated that assessment work at the police station was an integral part of the scheme and an important point of engagement, all felt that if the CCP was to maximise its potential it had to provide other services. There were two components that workers believed were important to the scheme. First, ensuring that women were aware of the KXPCC and the services it offered and second, assisting women who were either homeless or in temporary accommodation to find more permanent housing. Work at HMP Holloway was also considered important. Visiting women who had passed through the scheme and were subsequently imprisoned gave the NAWs time to apply for services, such as detoxification or housing places, on behalf of their client. Workers

<sup>8</sup> Individuals were referred if they had been arrested for: soliciting, loitering, on a warrant or were a juvenile.

<sup>9</sup> After the first six months the manager from the C and I Trust was only contracted to work on the project for one day a week.

also accompanied women to appointments at the Drug Dependency Unit (DDU) and other specialist services, such as rape crisis centres.

We asked the NAWs to complete a diary for a week to illustrate the work they did. Detailed below is a typical day shift. Night shifts involved being accessible to sex workers at the KXPCC until ten o'clock, after which they attended the police station to be available to arrested women.

*Thursday 31<sup>st</sup> August 2000*

10.00am Begin work and attend the police station for the officers' parade.  
Discuss concerns surrounding three clients with line manager – two juveniles and a client with mental health problems.

11.00am Meeting at women's hostel with client; see two other clients at the same time.

13.00 Client administration at women's hostel

13.30 Take client to appointment at the DDU

15.00 Return to women's hostel to discuss referrals with clients that were visited in the morning.

16.00 Client administration. Begin to process three referrals. Two for accommodation and one for a detoxification appointment.  
Complete one telephone assessment with an arrested woman at the police station.

18.00 End work.

**Initial problems**

Within a relatively short period the project had established itself within the area and been widely accepted by officers working on Operation Welwyn. However, there were 'teething problems' regarding access to the police station. Initially, civilian staff were unaware of the CCP and would not allow the workers access unless they were accompanied by an officer. This impeded early assessment work and was time-consuming for all concerned. The Inspector from Operation Welwyn later ensured that police access cards were given to the NAWs to avoid a recurrence of the problem.

Development work had begun in both a local women's hostel, to address the housing needs of clients, and HMP Holloway. Plans were also being put in place to establish regular outreach sessions with local drug services. However, after six months one of the workers resigned and a replacement was not secured for a further five months. Although a sessional worker was employed, the scheme suffered from only having a single permanent full-time worker. Problems were compounded by the fact that the worker was male. One agency professional commented that during this period a small number of women had stated they did not want to speak to a male NAW. Referral work in the custody areas continued, but the work conducted in the women's hostel and HMP Holloway had to be suspended. The result of this was that women were only able to access an NAW when they had been arrested, which made follow-up work limited and difficult to track.

Development work resumed almost as soon as the new worker had been appointed. Outreach sessions resumed during the day, at least once a week and one evening a month. Once a month one of the NAWs also accompanied an outreach worker from CLASH<sup>10</sup>. This enabled workers to make contact with women they had initially

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<sup>10</sup> CLASH (Central London Action on Street Health) conduct outreach work, drop-in times, and a range of clinical services for all project users.

assessed at the police station and women who had not been arrested but were in the area sex working. It also ensured that client work was not duplicated. Although the inter-agency liaison between the CCP and the police was viewed as a benefit, this was offset by the fact that agency professionals felt that some sex workers were suspicious of the link between officers and the NAWs. It was suggested that this problem could be overcome by NAWs setting clear boundaries with the police.

### **Capital Care assessment data**

The project began to assess and refer women in July 1999. Workers from the scheme collected basic information on each of the women with whom they had contact. This was gathered during an assessment that was carried out every time a woman was seen by an NAW at the police station. From the period of July 1999 until August 2000, 198 assessments were carried out on 100 women of whom:

- 52 were assessed once;
- 23 were assessed twice;
- 13 were assessed three times;
- Five were assessed four times;
- Five were assessed five times;
- One was assessed six times; and
- One was assessed ten times.

Unfortunately, the quality of information collected during the assessment stage made it difficult to comment with any certainty on levels of drug use or referrals. Although in some cases clients may have been too affected by drugs to complete an assessment, forms were often incomplete and provided very little information on arrestees. Consequently this has made the analysis of these data difficult.

It was our intention to use the assessment data to examine changes in drug use, as well as levels of referrals made by the CCP. However, this was not possible as the initial assessment form was not able to identify all the needs of arrested women. Similarly, arrestees were unaware that the NAWs could refer them to a range of services, and not solely those addressing drug misuse. This situation resulted in an initial paucity of requests from arrested women and consequently few referrals from NAWs.

After the CCP had been running for nine months we presented some initial findings from our evaluation. This resulted in modifications to the assessment form and the implementation of a formal system for tracking clients who had been referred to services. Unfortunately this occurred too late in the evaluation period to improve the assessment data available to researchers. Given these problems, the information presented below is all that we can offer on the 100 women who were assessed. Data comprises age, ethnicity, housing situations and drug use.

The average age of those assessed (n = 100) was 28 (range 16 to 48). The majority described themselves as white (76%), eight per cent as black, and seven per cent as mixed race. The ethnicity of the remaining nine per cent was not recorded. All but one were assessed whilst in police custody. Most (59) had been arrested under Section 1 (1) of the Street Offences Act 1959, for soliciting or loitering. Twenty eight had been arrested on a warrant, and seven were juveniles and therefore exempt from prosecution under the new Home Office guidance to the police, Circular 109/59. One assessment



was conducted in a local hostel and thus no offence was recorded. Of the 40 for whom data were available, the average number of arrests in the month preceding contact with an NAW was two.

At the time of the initial assessment, almost three-quarters were either homeless (28), living in temporary housing (21) or staying with friends or family (23). Eighteen were in rented accommodation and five owned their own home. Of the remainder, one was staying with a client, and the other was living in local authority care. During the initial assessment, arrestees were asked whether they were in touch with any housing services. Despite the high level of accommodation needs, only 10 women reported any contact with appropriate agencies or hostels.

Information gathered at assessment on drug using behaviour was often incomplete. We believe therefore that data presented in Table 2:2 is likely to under-represent the frequency and quantity of drugs used.

Table 2:2 Drug use of those assessed (n =100)

Drug type	Number using	Number using daily	Route of administration
Heroin	53	38	34 inject: 17 smoke/chase
Crack	73	45	4 inject: 61 smoke
Prescription methadone	11	11	11 oral
Benzodiazepines	5	5	5 oral
Alcohol	7	5	7 oral

Twenty-five clients reported using both heroin and crack daily. All those injecting crack were using every day. Of the 45 daily crack users, data were available on the daily spend of 41; the average (median) for this was £80. Drug expenditure data were available on 23 of the daily heroin users. This group were spending an average (median) of £40 per day.

### **In summary**

- The CCP was set up to assist women who sell sex to break the cycle of repeat offending and problematic drug use; Two NAWs were employed and jointly managed by the C and I Trust and the Metropolitan Police; *The workers were partly based at the KXPCC but also provided assessments at three local police stations; The scheme suffered initial problems with staffing, which affected both referral rates and the further development of the project;*
- With two workers in place development work at HMP Holloway and a local hostel recommenced and was welcomed by women and other professionals in the area;
- One hundred individuals were assessed by the CCP between July 1999 and August 2000;
- Although 49 were either homeless or living in temporary accommodation, only 10 women had any current contact with appropriate agencies or hostels;
- 53 women were using heroin at the time of their first assessment, of whom 38 were using every day; and
- 73 women were using crack at the time of their first assessment, of whom 45 were using every day.

## POLICING KINGS CROSS

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Kings Cross has been policed by Operation Welwyn for just over eight years. At the time of research the unit comprised 32 officers from the Camden and Islington police borough, North West Traffic and Territorial Support Group, the City of London Police and the British Transport Police. Twenty-four uniformed officers patrolled Kings Cross and had sole responsibility for arresting sex workers. A dedicated CID team of one detective sergeant, one detective constable and five constables concentrated entirely on drug arrests. The unit was managed by an Inspector who had day-to-day responsibility for much of the policing in Kings Cross. Tenure on Operation Welwyn was two years for uniformed officers and three for CID officers.

This chapter examines the views and experiences of officers from Operation Welwyn. Officers were asked to describe their perception of street sex work and drug selling in Kings Cross, and to highlight any aspects of the project they perceived to be positive and any problems they had experienced. We interviewed 22 officers – the unit Inspector, four sergeants and 17 constables, nine of whom had more than a year's experience of working on Operation Welwyn.

We asked officers what they considered to be the remit of Operation Welwyn. Unsurprisingly 17 stated that they were there to police vice and drug offences, although two officers within the group also mentioned robbery. The remainder (4) described their primary role as enhancing the quality of life for local residents, businesses and commuters. Two typical responses are detailed below:

“To try to keep the lid on drugs, prostitution, kerb crawling and improve the quality of life for the residents”.

“To improve the Kings Cross area for the people that live, work and travel through, to police prostitutes, drug dealers and juveniles”.

### **Policing street sex workers**

During the interview, officers were asked to summarise their perception of street sex work and drug use in Kings Cross. Few described the area in positive terms and most felt that a specialist unit was still needed to keep the problems of sex work and drug selling from escalating. One officer commented that it would take a very brave Borough Commander to amalgamate Operation Welwyn into a generic police shift system. Although some officers felt that the number of sex workers and drug users/dealers in the area had decreased, an equal number believed that Kings Cross continued to be a thriving sex and drug market operating 24 hours a day, seven days a week. Several officers also spoke of the unacceptable level of violence in the area that they believed was a consequence of the two open markets.

We asked officers to provide a ‘best guess’ of the number of women working both on-street, off-street, and the number of known juveniles attempting to work in the area. On average officers believed there were about 20 (range 10 - 30) women who constituted a core group of regular sex workers. All the officers believed that the vast majority of known street sex workers in the area were problematic Class A drug users. When discussing the number of more casual sex workers, officers stated that there could be as many as 150 who would work at some point in a year. Officers were unable to estimate the number of women working off-street as none had any experience of policing off-

street sex markets in Kings Cross. There was a general consensus amongst officers that they would not intervene unless a complaint was received about an off-street establishment. Their view of street sex workers in Kings Cross is typified by this quote:

“The majority are in a vicious cycle. I feel sorry for them, they come here for the drugs, it is a busy place to police”.

Juvenile sex workers were a particular concern of the officers on the squad. There was great will in both the uniformed and CID sections of Operation Welwyn, to ensure that juveniles were picked up as quickly as possible and taken to the police station as a place of safety. They believed that partnership work across agencies went a long way to ensuring that Kings Cross did not receive a reputation as an area that was easy for juveniles to work in. At the time of research, the average number of juveniles estimated to be working in the area was three, although this ranged from one to seven.

Officers were asked about drug selling in Kings Cross. Ten felt that crack was now the main drug in the area, although most commented that drug dealers were selling both heroin and crack to maximise their profits. Officers generally felt pessimistic about policing drug sellers; many felt that street sellers were easily replaced after an arrest had been made and that the number of test purchase operations<sup>11</sup> needed to increase if an impact was to be made on the area. All agreed that in Kings Cross, the sex and drug markets enjoyed a mutually sustaining relationship. Perceptions of the drug market are illustrated in the following quotes:

“It is completely rife, mainly with crack and heroin. There are about 30 dealers working in the area. They hang about in groups of five or six, possibly more. Crack is the main drug here”.

“It is rife, 24/7. It is all shift work on the Cross, they are like police officers, they work all of the time. It’s all heroin and crack, most [drug dealers] deal both now”.

“It is getting worse, there are more dealers now and nothing seems to improve”.

### **Views of the scheme**

We asked officers what their expectations were of a targeted arrest referral scheme, and if they thought the CCP had had an impact on the area. They were also asked to discuss the positive attributes of the scheme, as well as any problems that had arisen, and how these had been resolved. Finally, they were asked how they would like to see the project develop.

Ten officers felt that one of the main aims of the scheme should be to assist sex workers to break the cycle of sex work and drugs, by providing women with appropriate exit strategies. Other officers felt that specific advice or assistance should also be provided, such as help with housing (5), referrals to health services (5) and drug rehabilitation centres (2), and guidance with domestic violence situations (1). Below are quotes illustrating what officers believed a targeted arrest referral scheme should deliver:

“Offering people - especially juveniles - every opportunity of dealing with their problems. They should be offered help in relation to housing, health, drugs, and mental problems”.

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<sup>11</sup> Test purchase operations involve police officers posing as drug buyers to collate information on sellers with a view to making an arrest.

“To get them out of the area, stop them from working and give them other options”.

Although 13 officers stated that the CCP had made an impact on sex working in the Kings Cross area, none were able to describe precisely how this had been achieved. A few officers discussed how the scheme had made policing easier by improving their relationship with sex workers, and several mentioned that they felt happier not to be just arresting women, but to also be referring them to an NAW. Quotes below illustrate officers’ opinions of the project:

“Women now know that there is someone there for them in the police station, they have started to ask for them [NAWs] when they’re arrested”.

“Even if it only helps a tiny minority it’s helping. Many girls just want to talk, it’s independent advice and helps with relationships between them [sex workers] and us ”.

Officers discussed a number of positive aspects of the scheme. The benefits of partnership work were mentioned as well as the availability and dedication of the workers. Three spoke of the assistance NAWs provided when dealing with juveniles<sup>12</sup>. A recurring theme throughout the interviews was how the CCP could facilitate exit strategies for sex workers. Officers believed the cycle of being arrested, charged and fined at court was an exacerbating factor in trapping women into their situation, and they viewed the project as being able to provide an alternative to this. Officers had generally embraced the CCP and felt that it was an integral and indispensable part of Operation Welwyn. Below are quotes illustrating officers’ perceptions:

“It works, people do get referred and that must be good. It is a complex problem to sort out”.

“It’s good, the perception that there are people out there who are willing to help. It’s good to have a joint partnership and for us [police] to take on board some different opinions”.

On the whole, officers could not fault the scheme (13). However, a minority felt that the project should share certain information with them; one officer cited an example of an NAW knowing the correct name of a woman they had arrested for robbery and officers being unaware that this was the case.

Officers’ thoughts on how the scheme could be improved focused on the NAWs providing more cover. Nine stated that they would like to see 24-hour cover at the police station, although they conceded that this was impractical. Other suggestions included: increased project resources, improved links with agencies outside of the Kings Cross area and improving the awareness of the scheme amongst non-Operation Welwyn police officers.

### **In summary**

- Officers believed that there was a core group of around 20 regular sex workers in Kings Cross of which the majority were problematic Class A drug users;
- The average number of juveniles thought to be working in the area was three;

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<sup>12</sup> Juveniles often have to wait for a duty social worker to become available, which in some cases can take a considerable amount of time. This often results in an officer staying with the juvenile, which can place a strain on under-staffed shifts.

- Almost half the officers interviewed believed the aim of the CCP was to assist sex workers to break the cycle of sex and drugs;
- 13 officers reported that the scheme had had an impact on sex working in Kings Cross;
- Positive aspects of the scheme included the benefits of partnership work and the dedication of the NAWs;
- Officers stated that they would like to see more resources given to the scheme in order that the NAWs could provide more cover at the police station; and
- Police officers were enthusiastic about the scheme and felt that it had benefited both their relationship with arrested women, and provided a means to break the cycle of arrest and conviction.

# REFERRALS MADE BY THE CAPITAL CARE PROJECT

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This chapter examines what the CCP achieved for the women who were seen by a NAW. In order to understand some of the issues that the NAWs were asked to address, and to assess the impact of the CCP, we interviewed 55 women who had passed through the scheme<sup>13</sup>. We looked at referrals that were made to accommodation agencies, health services, benefit agencies, and legal representatives, as well as advice and information that was provided on injecting practices. We also examined whether there had been any changes in sex working practices or drug use, though as discussed below, it is questionable whether one should expect rapid improvements for this particular group.

## **Profile of respondents**

We interviewed 55 women who were seen by NAWs from the CCP between July 1999 and August 2000. The average age at interview was 28 (range 17 to 47). All were unemployed; however, 22 were not claiming benefit. At the time of interview, two-thirds were either homeless (12), living in temporary housing (14) or staying with family or friends (10). Of the remainder, 13 were in rented accommodation, four in prison, and two lived in squats. Although almost two-thirds had children under the age of eighteen, only one interviewee lived with her child. Thirteen respondents' children were in the care of social services; the remainder were looked after by relatives or friends. Only three respondents had told their children how they earned their money.

## **Early lives**

The majority (36) described their childhood as unhappy with half (28) disclosing some form of abuse. For 25, this was sexual; however, one type of abuse was rarely found in isolation, and many had also suffered physical and emotional abuse as well as some form of neglect. The main perpetrators were immediate family or those in a position of trust. Thirty-one had spent time in local authority care and of these, almost half had at some point been placed in secure accommodation.

Only five respondents had stayed on at school past the age of 16. Whilst at school, three-fifths had been suspended – mainly for fighting or truancy – and 22 excluded. Unsurprisingly, due to the continued disruption throughout their school years, educational attainment was low, and less than half (23) had obtained any educational or vocational qualifications.

## **Working lives**

The average age of entry into sex working was 20 years (range 13 to 36), although 24 respondents began to work before they were 18. Of these, four-fifths had been in local authority care. We asked respondents why they began to sex work. Twenty mentioned money as a deciding factor, with eight claiming they were influenced by friends who were already working. For six, it was a case of economic survival:

“I had no money and I was on the street. I didn't know what else to do so I just walked around Sussex Gardens [London sex working site] watching others and picked up how to work.”

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<sup>13</sup> In total we interviewed 55% of all Capital Care clients that had been assessed in a year period.

Almost half (20) stated that the need to fund their drug use was the main reason for becoming involved with sex work. In some cases, respondents had chosen to sex work rather than commit acquisitive crimes, seeing it as more lucrative and less likely to attract a custodial sentence. A further ten attributed their sex working directly to coercion by men:

“My ex-husband started me off. He forced me into it. He was 22 years older than me and I was very naïve and young.”

At the time of interview, all but one of our respondents worked primarily on the street. On average they had worked within the Kings Cross area for four years, although this ranged from two months to 11 years. We asked respondents why they had chosen to work in Kings Cross. Over half stated that it was due to the reputation the area had as a thriving sex market where drugs were readily available. Table 4:1 below details their working lives.

Table 4:1 Working lives

Average age at entry into sex work	20 years
Average length of time sex working	7 years
Average length of time working in King’s Cross	4 years
Average number of days worked per week	6
Average number of clients seen per week	26
Average earnings per week	£700

Two-fifths of the women we interviewed worked both day and night; the remainder worked only at night. The majority (42) had regular clients. Only ten respondents would accept a form of payment other than money. For nine, this was drugs; in the remaining case it was stolen goods such as gold jewellery.

We asked respondents how they felt about sex working. Seven stated that on balance they were fairly happy with their work, citing money as the predominant reason. Other considerations were the feeling of control it gave them and the opportunity of meeting new people.

“I like robbing men. I can use my brains and their stupidity, and earn loads of money.”

“[I like] meeting people, the money, and hours are flexible.”

However, the majority (32) disliked their work and its associated danger:

“[I dislike] having to have sex. Not knowing who you are dealing with. Feeling horrible and dirty.”

“[I dislike] everything. It feels like you have been raped half the time; mauled. I despise the men, I despise the job.”

Thirty women had experienced some form of violence from clients since the arrest referral scheme was set up in June 1999. Thirteen had been physically assaulted, two had suffered sexual violence, and the remaining 15 had experienced a combination of the two. Very few attacks were reported to the police. Only nine women who had experienced violence made a formal statement to the police, although a further five

disclosed details on an informal basis. Some of the reasons given for not reporting such incidents to the police are illustrated in the following quotes:

“They ask for registration numbers. If you haven’t got them they tell you there is no point.”

“They never do anything. I was hit in the face and told the police and they told me to sort it out myself.”

“I didn’t think it was worth it. They always say it is your choice to work so deal with it. I was raped anally once and they did nothing about it.”

“You don’t bother to report things in Kings Cross. They don’t bother with it. They’re not bad it is just that they don’t care.”

Of the nine who had reported the incident to the police, four were asked what action had been taken. Only one had resulted in an arrest; one was ongoing, and two had withdrawn their statements – either due to a fear of reprisal, or through concern about being treated as an ‘unworthy victim’ by the courts.

“I reported it [physical/sexual attack], but withdrew the complaint. They [the police] were really good to me. Took me to hospital and talked sense to me, but I was too frightened [to pursue the complaint].”

Very few women who had suffered an attack had disclosed the incident to an NAW. In some cases, this was due to the fact that women had only sporadic contact with the CCP. As one respondent commented:

“I hadn’t seen the NAW for ages and it [sexual attack] happened in between [contacts]”.

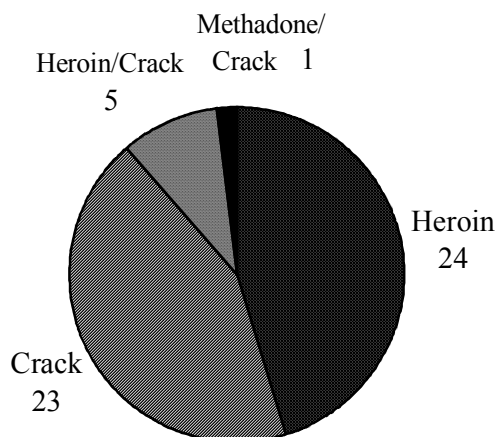
It was clear after the first 25 interviews had been conducted that if the NAWs were to collate information on violent incidents, they would need to include a specific question about violence on the assessment form. This was fed back to the workers at the interim evaluation meeting and the assessment form was altered accordingly. Of the six respondents who had disclosed an incident to the NAW, five stated that they had been offered advice and support, and in two cases the NAW had accompanied the client to a doctor or hospital.

### **Drug use**

Unsurprisingly, illicit drug use featured prominently in the lives of our respondents, and at the time of interview, all but two had a primary drug problem. (see Figure 4:1). The average age at which respondents first used an illicit substance was 15 and this was usually cannabis. Respondents first tried their current drug of choice around five years later at the age of 20.



Figure 4:1 Drug(s) of choice (n=53)



Of those who had a preferred drug, 48 considered their use to be problematic. However, four of the five respondents who did not perceive their use as a problem were spending on average £400 a week on crack. One explanation could be that many women did not identify crack as a physically dependent illicit substance, unlike heroin, and therefore were less likely to consider their crack use as problematic. Over two-thirds of all interviewees had injected at some point in their lives, with 28 injecting at the time of interview. The average age of first injecting was 21 years. Of those who had injected, three-quarters had at some point shared injecting equipment<sup>14</sup>.

The average (median) spend on drugs of those we interviewed was £650 per week (range from £10 to £2000). Most respondents (51) purchased their drugs from sellers in Kings Cross, and for three-quarters this was their main or preferred supply. The remaining 14 bought drugs in Kings Cross during work hours only. We asked respondents about any causal linkages between their sex work and drug use. Of the 41 whose drug use pre-dated their sex work, 37 stated that the former led to the latter.

### Referrals made by NAWs

The NAWs made a variety of referrals. The majority of these focussed on sex work and drug problems, though, as discussed below, a variety of other referrals were also made.

### Sex work referrals

There are a number of services operating within the Kings Cross area which maintain contact with the women through regular outreach sessions. In addition, there is a satellite drug service which visits the area six days a week to distribute clean injecting equipment and condoms. However, the number of women we interviewed who were attending services was low. Only 12 women had ever received assistance in connection with their sex working prior to contact with the CCP. We asked respondents whether they had been referred to any agencies for support regarding their sex work since meeting an NAW. Sixteen reported that they had been given advice and information about appropriate services. Of these, appointments had been booked for three women, two of whom had attended. Although some women (13) stated that they were not interested in receiving information about specialist agencies, in other cases, reasons why

<sup>14</sup> Injecting equipment includes: needles, syringes, filters and spoons.

respondents had not been given advice about services were less clear. A recurring theme throughout the evaluation was that respondents were not always aware that the NAWs were able to refer them to a range of services and consequently were not asking for assistance.

### **Drug referrals**

Following on from the interim evaluation of the project, the research questionnaire was adapted in order to gain a more accurate representation of the work of the CCP. Just over three-fifths of all respondents had accessed a drug agency prior to contact with an NAW. We asked those who were interviewed after the interim evaluation (30), which services they were currently in touch with. Twenty-two women were in contact with a mobile needle exchange run by the Angel Drug Service (ADS). Other agencies mentioned included the DDU (2) and CLASH (2). However, we believe this under-represents the work being done by services in the Kings Cross area, as women do not always equate contact with an outreach worker with having contact with an agency. Following an assessment with a worker from the CCP, women were referred to a range of services for assistance with their drug use (See Table 4:2). Referrals were tracked by an NAW who contacted the relevant service and asked whether a client had attended.

Table 4:2 Drug referrals from the Capital Care Project

Type of drug agency referred to	Total number of individuals referred	Number of women attending appointments
Drug Dependency Unit	11	4
Crisis Intervention Centre	5	2
Community Advice & Information Service	4	0
Youth Project	2	0
Rehabilitation Centre	1	0
Detoxification Unit	2	1

Referrals to the DDU were divided between two clinics, one of which operated on a first come first served basis.

### **Accommodation referrals**

A recurring theme throughout the interviews was the difficulty women experienced with accommodation. As previously stated, the majority were homeless or lived in temporary accommodation, and many felt that housing was an issue that needed to be addressed before either drug use or sex work could be tackled. At the time of interview over two-thirds (37) had experienced difficulties with accommodation since their first assessment with an NAW. In response to this, a fast-tracking system to a local hostel had been set up to which 16 respondents had been referred. Of these, 10 had successfully been placed in hostel accommodation; three failed to turn up for appointments and two decided that due to its location, the hostel was unsuitable. The remaining woman was not allowed to apply for a room until she could produce some form of identification. A further six were in the process of applying for a room, or waiting for a vacancy to become available.

Further to this, in collaboration with the hostel, the NAWs initiated a satellite clinic for their clients. This enabled them to see all those who had been referred at least once a week, in order to discuss future housing options and other needs. At the time of interview, workers were attempting to look into alternative housing options out of the area, as both felt that the close proximity of the hostel to Kings Cross was less than ideal. However, alternative accommodation was proving to be a scarcity both in and outside of London.

Nine women, who had experienced housing problems, had either not asked for assistance, did not realise that the NAW could help them with their accommodation difficulties, or could not remember the outcome of their assessment. Below are two comments from interviewees regarding their housing situation.

“I haven't asked for any help because I didn't realise he could help with stuff like that”.

“[I was] referred to \_\_\_\_\_ [a local hostel], I had been NFA [homeless] for 6 months”.

Housing referrals increased after the fast-tracking scheme with the local hostel had been set up. This coincided with the re-design of the initial assessment form following the interim evaluation meeting between researchers and NAWs. The revised assessment form contained specific questions about arrestees housing situation. (See Appendix A for the revised initial assessment form).

### **Health referrals**

The CCP is partly based within the KXPCC. The Centre is open four nights a week and is available for use by anyone who is not registered with a General Practitioner. A doctor and nurse work from 7.00pm until 10.30pm. Improving sex workers' access to health services was a primary aim for the workers and was felt to be an important aspect of the scheme from its inception. Both NAWs stated that being based at the KXPCC was an advantage that could not be overlooked when discussing health referrals. One service the NAWs worked closely with at the KXPCC was a sexual health service available one night a week for all clients. It was, however, mainly aimed at women who sell sex and was provided by a specialist sexual health nurse.

Nearly all (48) of the women interviewed disclosed health problems that had caused them concern. For some this constituted not being able to sleep for long periods of time, or suffering from constipation. For others the concerns were far more serious, for example, badly infected abscesses due to injecting problems, and breathing concerns associated with prolonged periods of smoking crack. Six women in the first 25 interviews stated that they did not realise that the NAW's could refer them to health services other than the KXPCC. However, after the assessment form was re-designed, women were asked if they needed any advice, information or assistance with any health problems. The differences are illustrated below:

“I didn't think he [NAW] could refer me anywhere”.

“ [I've had a] mental health referral, and a referral to the doctor here [KXPCC]”.

Although 32 women had had previous contact with the KXPCC, many only used the service when they were in crisis and not for routine procedures such as Hepatitis B vaccinations and sexual health check-ups. The referral workers often re-introduced clients to the centre and encouraged clients to book appointments for sexual health check-ups and any tests or vaccinations they had not received. One service the NAWs carried out on an un-official basis was supplying sex workers with condoms. It would be appropriate, however, if this service was put on an official basis and formed part of their remit both at the KXPCC and whilst on outreach.

Of the 55 women who were interviewed just over half (32) had been referred to the KXPCC to see a doctor or nurse. A further nine interviewees were unclear as to whether they had been referred or not. Of the 14 who stated they had not been referred, six did

not realise that the NAWs could refer them to health services, six did not require any help at that time and two were referred to accident and emergency departments.

Vaccination and injecting advice was widely available from a number of services in the Kings Cross area. However, the NAWs found that one benefit of being based at the KXPCC was that they were able to offer women immediate referrals. Of those who were injecting at the time of their assessment (34), 15 were given information about safer injecting practices and where to collect clean injecting equipment. Two women were given advice about appropriate vaccinations and a further nine received referrals to begin vaccination courses such as Hepatitis B.

### **Benefit referrals**

All 55 women were unemployed at the time of interview and 19 had experienced difficulties claiming benefit since first contact with an NAW. Of this group, six had either not asked for, or not wanted assistance, with their benefit problems, and a further four were unaware that benefit advice was part of the NAW's remit. Five clients were either offered practical assistance or had appointments booked for them to visit a benefit advisor. Of these, four successfully started to claim benefits – the other missed her appointment. One respondent was also given information regarding her social security entitlement. The remainder were either 'putting off' applying for benefit, unaware they could apply, or in the process of changing benefits.

### **Legal referrals**

All of the women we interviewed had had previous contact with the criminal justice system and for many the process of being arrested was neither a threat nor a traumatic experience. Many (47) of the women passing through the CCP had been to prison. Just over a third (19) had served at least one short prison sentence for non-payment of fines relating to soliciting convictions. Thirty-five had also served a sentence other than one relating to a fine default. For just over half (21) this was for an acquisitive crime. Seven clients had received a referral or assistance with legal problems. This ranged from advising a client to re-contact their probation officer, to suggesting they contact a fine enforcement officer at court to discuss fine arrears. Referrals were mainly to solicitors.

Again, after the interim evaluation the NAWs began to ask women if they needed any legal assistance. This information was included on the assessment form, as workers were previously unaware of the level of fine arrears that women had accrued. Interviewees felt that once they were in arrears, they would have to serve a prison sentence and therefore just waited for the warrant to be executed on their next arrest.

### **The scheme's impact on drug use**

Previous evaluations have measured the impact of arrest referral schemes by considering the differences in levels of drug use and criminal activity prior to and following an individual's contact with a referral worker. We were aware, however, that the project had been in existence for only six months when the evaluation began and therefore reductions in sex working and drug use were unlikely to be as encouraging as those presented in previous evaluations of generic arrest referral schemes (cf. Edmunds et al., 2000). Leaving aside the fact that the project was in its infancy, sex workers often have complex interlinking needs, involving health care issues, assistance with violence from clients and partners, child-care issues, and housing difficulties - in addition to problems with their drug use. A further issue that many women have to confront when

seeking advice from an NAW is the added pressure of funding their partner’s drug use. It is important therefore to have realistic expectations.

We found remarkably little change in levels of drug use. In order to assess the impact of the scheme, we asked respondents about their drug use both in the month preceding their first contact with the NAW and in the month before interview. Table 4:3 presents the changes in levels of heroin and crack use between the two periods.

Table 4:3 Changes in levels of heroin and crack use before and after contact with an NAW

	Heroin Use		Crack Use	
	Month before contact with NAWs	Month prior to research interview	Month before contact with NAWs	Month prior to research interview
Numbers using	41	40	53	52
Numbers using every day	37	35	45	37
Average <sup>15</sup> amount used per day	.8g	.7g	5 rocks	5 rocks
Average amount spent per day	£50	£50	£100	£80
Number injecting	31	28	5	5
Number smoking/piping	10	12	48	47

When considering changes in the patterns of use, several factors should be taken into consideration. These include:

- their chaotic lifestyles which made it hard to accurately recall drug use;
- the difficulty in recalling drug use over a long period of time; and
- partial or incomplete assessment data with which to compare interview data.

We have considered and rejected the possibility that our sample of 55 was biased towards the ‘failures’ who remained in Kings Cross. In the first place we managed to interview a (small) majority of those seen by the CCP. Secondly, many of those who we were not able to contact were reportedly ‘away-day women’<sup>16</sup>. Finally, many of the women working in Kings Cross often work in other sites across London and may well have been elsewhere at the time of research. It should also be remembered that a number of women who were seen by an NAW will have decided to exit sex work as a consequence of their first arrest and the associated fear of having a criminal record.

Although only a small number of women had reduced their drug use, this should not be viewed as totally discouraging, given both the short period of time the scheme had been running when the evaluation commenced and the client group that the CCP was targeting. We asked those who had reduced their drug use why they thought it had changed. Influencing factors included; a less chaotic lifestyle, which had often been influenced by a relationship and/or responsive prescribing,<sup>17</sup> prison and self-determination. In three cases, respondents specifically mentioned that advice and support from an NAW had had a positive effect.

<sup>15</sup> Averages used are the median, not mean.

<sup>16</sup> ‘Away-day women’ refers to women who travel to the area, some a considerable distance, just to sex work and then return home.

<sup>17</sup> Responsive prescribing involves prescribing methadone which has been tailored to an individual drug user’s need.

“[Drug of choice] has gone from crack to cannabis. [The scheme] really helped me; it was a big influence on me. If I needed a chat I’d phone him [the NAW].”

### **In summary**

- 55 women were interviewed who had worked in Kings Cross for an average of four years;
- Almost two-thirds (36) described their formative years as unhappy, and 28 disclosed some form of abuse as a child;
- The average age at entry into sex working was 20, although almost half (24) had begun work before the age of 18;
- Women were earning from sex work (average £700) and spending on drugs (average £650) a similar amount per week;
- An initial problem at the start of the project was that many clients were unaware of the range of services the NAW could refer them to;
- Although many women had prior contact with drug agencies before contact with an NAW, few women had sought assistance with their sex working;
- 16 respondents were given advice, information or referrals by an NAW to appropriate sex working services;
- 11 women were referred to a DDU, with four attending their assessment appointments;
- The numbers using both heroin and/or crack declined after contact with a NAW;
- The numbers injecting heroin declined slightly after contact with the NAW;
- Although many (30) women had been attacked by clients, few reported any incidents to the police or an NAW;
- Accommodation was a significant concern for many interviewees;
- Referral workers implemented a fast-tracking system for clients to a local hostel and set up a satellite service to conduct one-to-one work with referred women;
- Ten women were successfully referred to a local hostel and a further six were waiting for rooms to become available;
- 48 women disclosed health problems that had caused them concern since their initial assessment;
- Just over half (32) had been referred to the KXPCC;
- Nine women were referred to services to begin vaccination courses such as Hepatitis B; and
- Since the interim evaluation, and the re-design of the assessment form, successful referrals had increased.

## SUMMARY AND RECOMMENDATIONS

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This report looked at the work of the CCP and referrals initiated by the NAWs. It also examined the impact of the project on police officers and other agencies working in the area. This final chapter summarises our main findings and explores the strengths and weaknesses of the scheme. It also provides recommendations for the project and other arrest referral schemes that intend to target sex workers.

### **The main findings**

This report is based on data collected from 100 women who had been assessed by an NAW from the CCP, 21 semi-structured interviews with Operation Welwyn police officers, and 55 interviews with sex workers who had passed through the scheme. Views from the CCP management, the Kings Cross Partnership and treatment and accommodation agency workers were also elicited.

### **The Capital Care Project**

The CCP was set up and managed by the C and I Trust and the Metropolitan Police. Two NAWs were employed who were partly based at the KXPCC and partly at three local police stations. Workers carried out a basic assessment in a police custody area on women who had been referred to them by Operation Welwyn. Information gathered included details on an arrestees' drug use, physical, sexual and emotional health. In addition, development work was formally initiated at a local women's hostel and HMP Holloway, as well as joint outreach sessions with other drug services.

Over the year covered by the study, 100 individuals were seen and assessed by the project. Many of the women were either homeless or living in temporary accommodation and only ten had any contact with appropriate agencies or hostels. Most of the group were using heroin and crack in combination.

### **Policing Kings Cross**

Policing Kings Cross was the remit of Operation Welwyn, a specialist street crime unit. Generally officers felt that the area was an open sex and drug market that operated 24 hours a day, seven days a week. Officers believed that there was a core group of around 20 sex workers, although many more women worked on an occasional basis in the area. Officers were encouraged by the partnership approach that was taken to assist sex workers and most felt that the project provided the women with a means to break the cycle of arrest and conviction.

### **Profile of respondents**

The profile of our respondents (55) suggests that many had multiple problems for which they needed assistance. Almost two-thirds (36) described their childhood as being disrupted; few had attained formal educational qualifications, and just over half (28) disclosed some form of abuse in their formative years. Thirty-one interviewees had also spent time in local authority care.

The average age at entry into sex work was 20; just over half of all respondents had worked for longer than six years. Many women (37) had been working in the Kings Cross area for at least four years prior to the establishment of the CCP. The majority of women disliked their work and its associated risks, and many felt unprotected by the

criminal justice system. In most cases women thought there was little point reporting attacks to the police. Spells in prison for non-payment of fines were commonplace, and few women were fearful of prosecution. Although almost all interviewees disclosed health problems that had caused them concern, hardly any were registered with a general practitioner. Interviewees were spending an average of £650 per week on illicit drugs, although this ranged from £10 to £2000. Thirty respondents were regularly spending over £550 per week. Thirty-seven women directly attributed their sex working to their drug use.

### **Referrals made**

Initially referrals were slow, as many women were unaware of the range of services they could be referred to by an NAW. In addition, staff shortages significantly impeded referral work. However, of the 55 women interviewed:

- 16 respondents had been referred to, or given advice about, sex working agencies;
- 11 women had been referred to a local DDU;
- 10 women had been successfully referred to a local hostel, with a further six waiting for rooms to become available;
- 32 women had been referred to the KXPCC for an appointment with a doctor or nurse;
- Nine women had been referred to services to commence vaccination courses;
- Seven women had received a legal referral or advice regarding their legal situation; and
- Five clients were either offered practical assistance, or had appointments booked for them to visit a benefit adviser.

However, the number of women taking up referrals was very low.

### **Further development of the Capital Care Project**

Referring criminally active drug users to treatment services has been identified by the UK Anti-Drugs Co-ordination Unit as one strategy for tackling drug-related crime. Arrest referral schemes were highlighted by the Home Secretary as a priority to be pursued by the police in 1999/2000. Focusing arrest referral effort at particular groups within the criminal justice system is a relatively new idea, and the CCP was the first to target sex workers through arrest referral mechanisms. There was a general consensus from sex workers, the police and agency professionals, that the CCP had established itself effectively within the area, and that the work they were doing was complementary to work already being undertaken by other services.

In developing arrest referral schemes for sex workers three factors need to be taken into consideration:

- Workers should not rely on custody work alone to target women. Other imaginative ways of contacting sex workers should be implemented to maximise the potential for referrals;
- Expectations of projects should be realistic. Reductions in drug use and sex working are likely to take some time with this client group; and
- Appropriate services to refer sex workers to, both in and outside of a sex working area, is integral to a projects success.



## **Custody and development work**

Targeting 'hard to reach' groups like sex workers and referring them to treatment services cannot be achieved by custody work alone. It soon became clear that for the greatest impact to be achieved by the CCP, the NAWs would have to initiate work with other agencies. As previously stated, many women had spent time in prison and most felt that there was a likelihood of additional sentences being served<sup>18</sup>. It was with this in mind that the NAWs began to co-ordinate work with the CARAT team (Counselling, Assessment, Referral, Advice and Throughcare) currently working at HMP Holloway. Further development work planned by the project included providing a court service for sex workers. This will, however, have to be monitored carefully as those on soliciting charges often do not attend court on their assigned date.

The CCP is an innovative project. However, as with any innovation there were initial difficulties. One problem was that arrested sex workers were unaware of the range of services to which an NAW could refer them. This was overcome by the NAWs re-designing the initial assessment form to include specific questions. The new form lists specific areas around which the NAWs can provide assistance, and workers now ask explicitly about each problem (see Appendix A for the revised assessment form). Although there is a pan-London assessment form for generic arrest referral schemes, those intending to target sex workers should follow an assessment design similar to that of the CCP. Unlike many arrestees detained at a police station, the period of time spent in custody by sex workers can be very short (about 20 minutes) and a lengthy assessment form would be less practical in such circumstances and would undoubtedly yield less information than a short one.

Few sex workers felt that violence from clients was a problem the CCP could help with. Violence from clients is an everyday concern for sex workers, and although Operation Welwyn officers stated that they took the issue particularly seriously, the women we interviewed did not believe this to be the case. The revised assessment form did include questions about violence, but schemes targeting sex workers need to focus specifically on violence from clients. The information collected can then be used to inform both police officers and other agencies working in the area about the extent of the problem and the volume of under-reporting.

Policies need to be implemented to respond to the belief amongst sex workers that violence from clients, and indeed from pimps and drug dealers, is just 'part of the job'. Targeted arrest referral workers can serve as an invaluable bridge between the police and sex workers. For many women, the process of reporting a violent incident and following it through to its conclusion is a daunting one, and often one of the reasons why reporting rates are low. NAWs can act as an advocate at the police station on behalf of women and assist them through the criminal justice system.

Any project working with sex workers should implement an 'Ugly Mugs'<sup>19</sup> strategy. The CCP and similar targeted schemes need to collect detailed information on individuals who have committed violence against a sex worker and disseminate it to women, projects working with sex workers and the police<sup>20</sup>. Targeted schemes are in a

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<sup>18</sup> Although fewer than 400 women were sent to prison for fine default in 1998 (Home Office, 1999), the main group within the sentenced female prison population were drug offenders. Many interviewees felt imprisonment would be a likely outcome for either their outstanding fines, or other minor offences.

<sup>19</sup> 'Ugly Mugs' is a term used to refer to clients who have committed attacks on sex workers.

<sup>20</sup> The Safety, Violence and Policing working group are in the process of producing national guidelines on violent clients for all projects to follow.

unique position to take the lead in collating such information as they have well-established links with both the police and other agencies. This would ensure a coherent strategy (for collation and dissemination) in a street sex working area.

Housing emerged as an important problem for sex workers. Relocation was mentioned by many as a prerequisite for discontinuing sex work. Whilst the work that was undertaken at a local women's hostel was invaluable, the CCP needs to develop links with alternative accommodation providers outside the Kings Cross area. However, both workers stated that suitable housing in most locations is in short supply.

### **Referring sex workers to drug services**

Although there were only marginal reductions in drug use from women accessing the CCP, those who had, found the support and assistance from an NAW particularly helpful. Many women felt that reducing their drug use was hampered by what they perceived to be the unreasonable restraints of drug services. These included, unacceptably long waiting lists (over three months) for methadone prescriptions and inflexible opening times. The CCP project were able to fill this gap as all the NAWs were experienced drugs workers and were available to women at the KXPCC until 10.30pm. In many cases, workers also initiated the process of booking an appointment for a prescription assessment and where possible accompanied women to appointments. At the time of research the NAWs had not established a formal fast-tracking procedure with the clinic that provided prescriptions in the area. However, workers at one clinic stated that many sex workers would fit the criteria to be treated as a priority. It would be advisable for arrest referral schemes that work with 'hard to reach groups' to be aware of policies that are in place for prioritising clients.

During the research many of the women discussed the difficulties of accessing the Angel Drug Service (ADS), a popular service amongst street sex-workers, and one that had conducted outreach work in the area for a number of years. The NAWs and the ADS management and staff need to work in partnership to provide sex workers in the area with a comprehensive service that they can rely upon.

A service many interviewees and professionals considered to be absent from the area was a specialist stimulant service or a programme within an existing service<sup>21</sup>. There is evidence to suggest that crack and sex markets appear to have a link. Ward et al. (1997) found that crack use and the organisation of distribution within drug markets were closely linked with the sex industry; they also found that both use and availability of crack were growing. May et al. (1999) found that crack appeared to pull sex and drug markets together and stated that once entwined, an elaborate strategy of both treatment and enforcement would be needed to tackle the problem. Previous evaluations (Edmunds et al. 1999), have discussed the need for appropriate services to which to refer arrestees, and have commented that there will be a limited payoff from any referral scheme if treatment is not tailored to the needs of drug users. Many police officers considered crack to be the most widely consumed drug in the area, and over 50 of the 55 respondents had used crack in the month prior to interview. If drug agencies are to incorporate stimulant programmes into existing services they must find creative ways to advertise the service as some clients may be apprehensive about accessing drug services that they perceive to be tailored only to the needs of opiate users.

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<sup>21</sup> At the time of research the ADS had a crack programme but few interviewees were aware of it and one interviewee stated she had been waiting two months to be accepted onto it.

The CCP targets an especially ‘hard to reach’ group and needs a longer period of time to bed-in and win the trust of their client group. We are not surprised that there should be very limited changes in early months. However, reductions in drug use should become a priority in their second year<sup>22</sup>. Referrals to treatment services and reductions in drug use should be closely monitored by both the workers and the project management.

### **Management of the project**

For the first year of the scheme the day-to-day management of the CCP fell disproportionately on the Metropolitan Police. Although many benefits were derived from this arrangement, as the project evolves and develops it would seem prudent for the balance to change and be weighed more heavily in favour of the C and I Trust. This proposal is favoured by the management from Operation Welwyn. Managers from a setting other than the criminal justice system are unlikely to have either the knowledge or understanding of working as a drugs worker in a police station. However, the Inspector from Operation Welwyn also commented that his expertise did not lie in the development work currently being undertaken. Whatever future management structures are put in place, the positive working relationships fostered between the C and I Trust and Operation Welwyn at the inception of the project should enable any problems to be ironed out with the least friction. Further recommendations for the management of the project include:

Police managers need to raise awareness of the CCP among custody staff. Camden and Islington have four arrest referral schemes operating and this should ensure that those arrested for soliciting are offered the services of an NAW from the project<sup>23</sup>; and

CCP management must ensure that police officers working on Operation Welwyn are provided with adequate feed-back on CCP work and referrals. This information should be provided in accordance with the project’s confidentiality policy.

When setting up similar projects we feel the following points should be considered in order to provide a model of ‘best practice’:

- Workers with knowledge of the issues relevant to street sex workers and problematic drug use should be employed;
- Where possible a female worker should be appointed in accordance with Section 72(d) Sexual Discrimination Act (1975);
- There needs to be a range of services to which to refer women;
- It is important to consider strategies aimed at relocating sex workers to non sex working areas to assist them in exiting sex work;
- Where several agencies exist within a locality, and all are working with the same client group, steps need to be taken to avoid duplication of the services provided;
- Guidelines for working with juveniles and adult sex workers in custody areas must be developed;
- It is important to have a clear and concise confidentiality statement;
- A client consent form which has been agreed by all agencies working in the area needs to be developed to enable workers to track clients for internal monitoring purposes; and

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<sup>22</sup> This will only occur, of course, if there are appropriate services to which to refer women to.

<sup>23</sup> The four schemes operating in the area meet regularly and discuss and problems they are experiencing and exchange ideas. At present the four complement one another and there appears to be minimal duplication.

- Appropriate lines of management should be implemented in accordance with the work being conducted by the workers.

The clear message from the experience of the scheme which we have evaluated is that where street sex markets exist there is a case for implementing a targeted arrest referral scheme. However, care should be taken to tailor the scheme to the needs of sex workers, and should not replicate generic schemes currently operating in many police stations around the country. The CCP is viewed as a valuable resource by sex workers and police officers alike and one that should continue. Funding for the project should be actively sought to guarantee its continuation.

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**APPENDIX A:  
THE CAPITAL CARE ASSESSMENT FORM**

CAPITAL CARE PROJECT

**ADULT ASSESSMENT FORM**

**NOTE: THIS FORM MUST BE COMPLETED IN BLOCK CAPITALS**

Name..... Date seen..... Time seen (24) .....

Address..... D.O.B..... Age..... Ethnicity.....

..... Phone Number.....

Postcode..... Type of accommodation .....

Borough of residence C/I..... Other..... Length of Time.....

Name of police station.....

*Name of arresting police officers*

.....

Please list drug use in order of preference

SUBSTANCE	AMOUNT (BAGS/£)	METHOD	FREQUENCY	DURATION

**Health:**

Physical.....

Emotional.....

Sexual (including last check-up)

.....

**Do you need any help/support/advice on the following?**

Drugs and their effects	
Injecting behaviour	
Alcohol	
Housing	
Benefits	
Health	
Communicable diseases	
Legal issues	

**APPENDIX A:  
THE CAPITAL CARE ASSESSMENT FORM**

ID	
Sex working	
Violence	
Counselling	
Family	
Education/Employment	

**POSSIBLE REFERRALS**

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**REFRRAL TAKEN UP**

**(This section to be followed up by F/T staff)**

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**ANY OTHER INFORMATION**

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**Are there any questions that you would like to ask me?**

Appointment made.....If not, why.....

Permission to liase form signed.....

**Give reason if full assessment was not carried out .....**

Name Of Worker:.....