

Understanding the population of sex workers – Rapid Health Needs Assessment of York & North Yorkshire

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Contents

1. *Introduction (Pg 3)*
2. *Objectives (Pg 3)*
3. *Background (Pg 4)*
4. *Methodology (Pg 4)*
 - 4.1. *Identification of scope (Pg 5)*
 - 4.2. *Quantitative Data (Pg 6)*
 - 4.3. *Qualitative Data (Pg 6)*
 - 4.4. *Qualitative Data Analysis (Pg 7)*
5. *Results (Pg 7)*
 - 5.1. *National Data (Pg 7)*
 - 5.1.1. *National Data on Sex workers (Pg 7)*
 - 5.1.2. *National Data on Health of Sex Workers*
 - 5.2. *Local Data (Pg 11)*
 - 5.2.1. *Quantitative Data (Pg 11)*
 - 5.2.2. *YorSexual Health Quantitative Data (Pg 11)*
 - 5.2.3. *York Change Grow Live (CGL) Data (Pg 12)*
 - 5.2.4. *York Inclusion Health Register (Pg 13)*
 - 5.3. *Qualitative Data (Pg 14)*
 - 5.3.1. *Estimated Levels of Sex Work in York and North Yorkshire (Pg 14)*
 - 5.3.2. *Strategic & Operational Collaboration (Pg 15)*
 - 5.3.3. *What is Working Well? (Pg 17)*
 - 5.3.4 *What is Not Working Well (Pg 18)*
6. *Limitations of the Work (Pg 19)*
7. *Recommendations (Pg 20)*
8. *Appendix One (Pg 22)*

1. Introduction

This document is an exploratory review of the population and health needs of sex workers. The City of York and North Yorkshire councils want to understand the needs, challenges and the level of support that is currently in place for those individuals and groups that actively take part in sex work.

Sex work is a term used by the [British Medical Association](#) to describe a wide range of activities relating to the exchange of money (or its equivalent) for the provision of sexual services. Sex work can be grouped into two categories:

- Direct Sex Work – The term used to describe indoor and outdoor Sex Work and escort services. This term typically involves the exchange of sex for a fee.
- Indirect sex work – the term used to describe services such as lap dancing, stripping and virtual sex services, a fee is exchanged for this service, often in the form of a transaction.

This piece of work was carried out between October 2025 and March 2026. It covers online and in person sex work, showing the difference in numbers between the two. It utilises quantitative and qualitative data from local, national and regional sources.

2. Objectives

- **Provide an overview of the population**
 - Develop an informed understanding of the size, diversity, and geographical distribution of the sex worker population.
- **Identify key needs**
 - Identify health needs of sex workers in York and North Yorkshire and understand the extent to which these needs are supported by current service provision.
- **Understand barriers to care and support services**
 - Identify the main barriers preventing sex workers from accessing care and support services, including social stigma and gaps in current service provision.
- **Explore partnership and advocacy opportunities**
 - Identify opportunities for collaboration, partnership working, and advocacy to address identified issues and improve access to services.
- **Support future monitoring and system improvement**
 - Generate insights that can inform ongoing monitoring and potentially lead to systematic changes that better support the population.

3. Background

Sex work is legal in the United Kingdom and individuals are permitted to exchange sexual services for money. However, a number of related activities are prohibited under the Sexual Offences Act (2003), including soliciting in public, coercion, pimping, and advertising sexual services.

Despite the legality of selling sexual services, [Sex workers experience disproportionately high levels of health need](#) such as Chronic stress, PTSD, depression and physical illness. Additionally, [sex workers experience high rates of Sexually Transmitted Infections](#) as well as high rates of severe mental health disorders. Many face significant barriers to accessing health care and other services, often linked to stigma, discrimination, and wider social inequalities. A 2025 UK Government [publication](#) on inclusive health protection captured this challenge through the words of a participant with lived experience, who explained that “*there’s no incentive to disclose sex work status. It’s just like you slap that label on yourself and you’re welcoming in the stigma, the paranoia, the ‘coming out’ and all that. That’s all you gain from putting your hands up right now.*”. Additionally, the confusion for professionals and individuals between the legality and the restrictions of the work can prove to be a barrier for sex workers to access services and may impact disclosures.

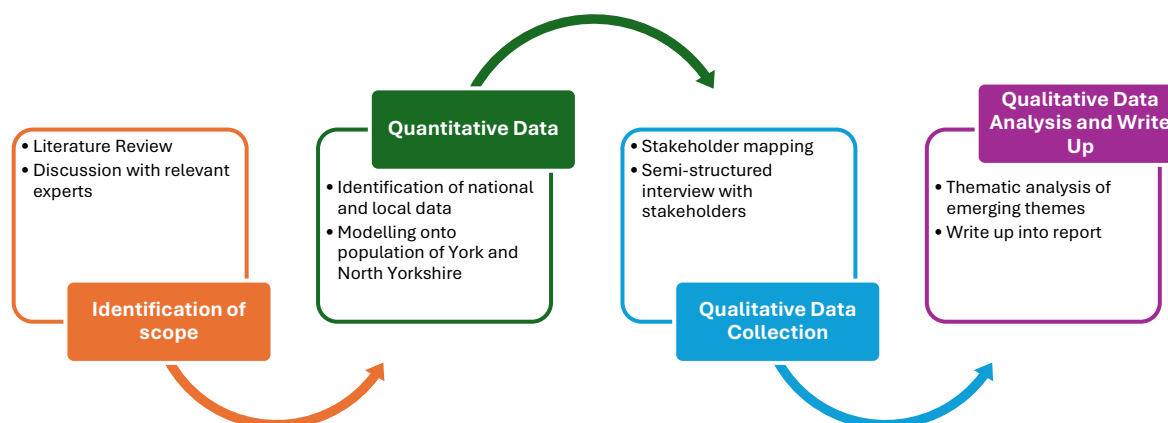
Research summaries in the Yorkshire and the Humber [Public Health Approach to Sex Workers](#) document explains how factors such as poverty, drug misuse, family breakdown and homelessness can influence a person’s entry into sex work. These drivers, combined with the hidden nature of the work and the stigma attached to it, contribute to some sex workers may be a highly vulnerable population with complex health and social needs.

Despite this, sex workers are often overlooked. A [Health Needs Assessment by the University of Birmingham and Birmingham City Council](#) found that sex workers are frequently treated as a “forgotten” group, with professional discussions tending to focus on crime and disorder rather than health and wellbeing. Taking a more explicit public health approach would help address the barriers to healthcare, reduce significant health disparities, and recognise sex work as work - allowing services to focus on the underlying issues that create harm rather than the work itself.

4. Methodology

The methods used for this report are summarised in Figure 1 below.

Figure 1 – Methodology Summary



4.1 Identification of Scope

This work combines both qualitative and quantitative data gained from professionals working with the population and published data sources. The data and intelligence gathered only relates to adult sex work, anything related to child sexual exploitation is out of the scope and is not included in this report.

Organisations were contacted for input to this review were selected based on their service being a likely touchpoint for providing support to individuals engaging in sex work and were contacted with an [introductory email](#) outlining the purpose of the review and the ways in which they could contribute. Although many organisations support sex workers, time limitations meant we could only include a small number of services that are thought to have the most regular contact with the population, Similarly the document does not feature any lived experience from York or North Yorkshire due to time constraints and the original purpose of the report. This is further noted in part

The organisations that participated in this piece of work were:

- YorSexual Health - Provide free and confidential sexual healthcare across York and North Yorkshire. They are part of York and Scarborough Teaching Hospitals NHS Foundation Trust, and work in partnership with City of York Council and North Yorkshire Council.
- YorSexual Health Outreach Team – Specialist outreach workers that engage with those individuals who may not present at the clinic
- North Yorkshire Police - North Yorkshire Police is the territorial police force covering the unitary authorities of North Yorkshire and the City of York
- Changing Lives (York) - An inclusive and supportive service that provides holistic, trauma-informed pathways for women in York. North Yorkshire Horizons were involved in discussions but did not have any key data to provide for this work.
- Changing Lives (Scarborough) - An inclusive and supportive service that provides holistic, trauma-informed pathways for women in North Yorkshire

- Change Grow Live (CGL) – City of York Councils Commissioned Drug and alcohol service
- North Yorkshire Community Safety – North Yorkshire Councils Community safety leads. Working with organisations and partners to ensure North Yorkshire remains as safe as it can be.
- Nimbuscare – A partnership of 11 local GP practices that provides at-scale, community-based health services across York and surrounding areas. Dr Kathy Bill used to offer weekly primary care outreach at the women’s wellness centre in York
- North Yorkshire Council Public Health Teams - Public Health Manager and Officer leading on sexual health..
- City Of York Council Public Health Staff – Strategic leads for Public Health, working with organisations to provide a valuable level of support and care to the population of York to provide improved Community health outcomes.

Additionally, we did not capture any evidence directly from the University of York or York St John’s University. Although evidence on students engaging in sex work has been quoted in this document, it refers to information publicly displayed on their online platforms.

4.2 Quantitative Data

National estimates of the number of sex workers and how that is broken down have been researched for the purpose of this report.

Locally organisations were asked about any data sources they are aware of for the number of sex workers locally. Additionally, they were asked about their understanding of the numbers of sex workers, either through service access or wider understanding.

4.3 Qualitative Data

Organisations were asked to meet with City of York Council staff to discuss the population further. A list of questions was created in a semi-structured interview style that allows for open conversations about the topic to ensure maximum input into this piece. Five questions were put to the organisations. The question set used for North Yorkshire Police was slightly different, because after reviewing the original questions it became clear that they would not give us the most useful information from the other organisations due to nature of the role the police have and how it maybe differs to the specialist services we have contacted. The results section of this paper is aligned with the five questions asked and these provided in Appendix 1.

Meetings took place via both Online (Teams) and in person (where possible) and often involved different professionals and roles within organisations. Due to the collaborative nature of this work between City of York & North Yorkshire Councils, the roles that were

selected from the Internal Directory at City of York were also contacted at North Yorkshire to ensure we remain equal across both localities and support the scope of the project.

Discussions explored professional perspectives on the local sex work landscape, referral pathways, safeguarding concerns, multi-agency working and the barriers to effective support. The combined analysis of professional engagement and national measures & strategies supported an increased understanding of sex work in York and North Yorkshire and helped inform future recommendations for policy, strategy and future research.

4.4 Qualitative Data Analysis

Thematic coding analysis was conducted via Microsoft Excel by a single coder with the information provided by organisations and national and local policies. Those themes were created from the questions and the write up is split into those themes.

5. Results

5.1 National Data

5.1.1 National Data on Numbers of Sex Workers.

The true number of sex workers in the UK is hard to accurately quantify. This is partly due to the hidden nature of the work and the stigma associated with it, which can make individuals reluctant to disclose that they are sex workers. Additionally, it has become harder for people to define what a sex worker is. As such some individuals may not see themselves as sex workers, particularly if they work online or have no direct contact with clients.

[National estimates suggest there are between 90,000 & 110,000 sex workers in the UK](#), However, this refers to in person sex work. Using the proportion of sex workers within the national population to generate a local estimate gives an approximate figure of around between 275 and 325 in York and between 575 and 625 in North Yorkshire. These figures should be treated as indicative rather than definitive, as they rely on applying national ratios to local populations rather than drawing on local data.

A further data point comes from the most recent [Parliamentary study](#) (2016) which estimated that there are 72,800 sex workers nationally, with approximately 32,000 based in London. However, this only relates to in-person sex workers, who are believed to average 25 clients per week paying an average of £78 per visit. This reinforces the limitations of applying national averages to local areas, as it shows that sex work is not evenly distributed across the country. Additionally, it does not tell us anything about other forms of sex work beyond in-person. London accounts for a disproportionately

high share of the national total, meaning that areas outside the capital are likely to have lower prevalence than a simple population-based calculation would suggest.

Together, these sources provide a broad sense of scale but also highlight the need for caution when interpreting local estimates.

There are many different groups involved in sex work, and people engage in it for a wide range of reasons, a study by Bristol University on [The nature and prevalence of prostitution and sex work in England and Wales](#) shown that individuals often do sex work for the financial incentive due to a lack of job security of academic achievements that would provide stable finance. Activity may take place online, in person, or through a combination of both. Through local discussions, two priority groups emerged for further consideration: student sex workers and individuals affected by human trafficking and modern slavery. National data relating to these groups is presented in Boxes 1 and 2 below.

BOX 1- Student Sex Work

It is estimated that there are 60-70,000 student sex workers, this includes in person and online sex work. This estimate comes from a *Save the Student* survey of 1,786 undergraduates, of whom 3% reported involvement in sex work. This estimate is therefore derived from data that represents only 0.08% of the UK student population and it's not clear how representative this sample is of the general student population. Nonetheless, students are recognised as a population at elevated risk of engaging in sex work, which is often cited as due to financial vulnerability. In a study by [Save The Student \(2019\)](#) 79% of students reported that they were not making "Ends Meet" and 4% identified sex work as one of their income sources.

What Kinds Of Sex Work Have Students Tried?

Reported activities range from indirect online services (e.g., sharing intimate photos (18%), selling personal items (16%) to direct in-person services (e.g. sleeping with someone (7%)). While indirect forms are more common, direct sex work carries increased risks, including exposure to sexually transmitted infections, exploitation, and trafficking. Students often undertake these activities without access to appropriate information, harm-reduction advice, or support services.

Student Sex Work in York

Local data for York is limited. There was a article in the [University of York student newspaper](#) in 2013, that referenced a report that states approximately 30 students in York working as escorts, with eight agencies advertising "student escort" services. Unfortunately, we were unable to locate the original report. Given the expansion of online platforms (including pornography sites, "sugar dating" services, and marketplaces for selling worn items) it is plausible that student participation has increased significantly.

Why Do Students participate in sex work?

Save the Student's national surveys consistently show that students engage in sex work primarily because of financial pressure, with additional factors relating to flexibility, accessibility, and the rising cost of living.

Financial pressures result from student loans no longer covering basic living expenses and some students engage in what is described as "survival sex" when they have few other financial options. Additionally students may choose sex work as it offers flexible hours, ability to work online and because online sex work is increasingly perceived as accessible and safe.

Information About Support for Student Sex Workers in York

In York, Students at The University Of York can gain access via their [Student Union Website Page](#) on student Sex Workers. This also includes information about the "Red Umbrella" scheme. This is a national initiative that promotes safety, harm reduction and access to support for sex workers. York St John's University do not have the same information available that can be seen from the public eye, it could be that the information is circulated internally

BOX 2 - Human Sex Trafficking

Sex trafficking is a form of modern slavery where people are transported or coerced into sexual exploitation. This includes:

- Forced Sex Work
- Escort work
- Pornography

Victims are often led by deception, personal debts, threat of violence or brought from a country under the guise they would receive citizenship.

The UK's [National Referral Mechanism](#) (NRM) is the official system used to identify and refer potential victims of modern slavery (Including Sexual Exploitation) to support services. In [2025](#), the UK National Referral Mechanism (NRM) recorded its highest ever number of potential modern slavery victims, an increase of 22% on the 19,117 individuals referred in 2024, with 23,411 referrals. Overall, of the 23,411 potential victims referred in 2025, 74% (17,350) were male and 26% (6,042) were female, with sexual exploitation referrals made up around 10% of the overall referrals list. Exploitation types have gendered patterns; females most often reported sexual exploitation (28%).

Trends and Key Issues

Referrals for potential victims of modern slavery have been rising year on year with both the last two consecutive years being the highest on record since the beginning of NRM

[Online platforms and advertisements](#) have been identified by watchdogs as significantly enabling the exploitation of trafficked and vulnerable women, making identification and outreach harder for voluntary and statutory sector organisations

Sex Trafficking and Modern Slavery in York & North Yorkshire

Unlike national data, specific local statistics across both localities are very limited. However estimates based on broader evidence produced by [University Of York's Anti-Trafficking Student Society](#) suggests that there may be around 400 individuals in situations of modern slavery in the North Yorkshire police force area (which includes York) based on national estimations with around 100 of those being in York and a further 300 being in North Yorkshire.

City of York council Published a [Modern slavery act transparency statement](#), showing local awareness, policy and commitment. However, it does not include any precise figures on identified traffic victims. Additionally, there is a Multi-Agency [Modern Slavery and Human Trafficking Toolkit for North Yorkshire & York](#) which is aimed to support frontline responders (such as Police, Health, Social care and Education) to identify and support potential victims

5.1.2 National data on Health of Sex Workers

Sex workers are subject to numerous social and health inequalities, including but not limited to:

- Violence – According to [Written evidence \(2025\)](#) at the parliamentary committee, 74% of women involved in sex work have experienced violence from one or more of the people purchasing sexual services.
- Stigma – Sex workers face high levels of stigma attached to a long term view of Sex Work, this was seen more in 2024 when a [Review](#) found that 46% of people would stop being friends with someone if they found out they worked in the sex industry.
- Social exclusion – Social exclusion can be both a factor that leads individuals into sex work and a consequence of involvement in the industry, often reinforcing existing vulnerabilities.

Further evidence from a [Health Needs Assessment by the University of Birmingham and Birmingham City Council](#) highlights the scale of health inequalities faced by sex workers.

1. They are up to twenty times more likely to experience a mental health disorder and seven times more likely to self-harm.
2. Their risk of death is five times higher than that of the general population.
3. Sexually transmitted infections are around twenty times more common.
4. Sex workers also had an 87% higher risk of being admitted to a general hospital for any condition compared to those who are not part of that cohort.

5.2 Local Data

5.2.1 Quantitative Data

5.2.2 YorSexual Health Quantitative Data

The Genitourinary Medicine Clinic Activity Dataset (GUMCAD) showed that from 01.01.2024 – 31.12.2024 18 individuals in York and 25 individuals in North Yorkshire that identified as sex workers accessed the service. Where sexuality has been disclosed by an individual, it was recorded accordingly on GUMCAD.

Notably, in North Yorkshire a high proportion of those were male, compared to no males in York.

Figure 2 - Genitourinary Medicine Clinic Activity Dataset (GUMCAD)

	Total	Male				Female			
		Total	Heterosexual	Gay	Bisexual	Total	Heterosexual	Lesbian	Bisexual
NORTH YORKSHIRE - Patient group - sex worker	25	10	0	10	0	15	9	0	2
YORK - Patient group - sex worker	18	0	0	0	0	18	11	0	0

The table outlines that there are currently 25 sex workers accessing the service in North Yorkshire and 18 in York, the sexuality of those individuals has been recorded where it has been disclosed, and where it hasn't been disclosed it has been left blank.

Although the information is helpful, we were advised that the GUMCAD figures only capture some indication of sex workers seen in any sexual health clinic across the country. The number reflects only those people who openly disclose their occupation when they attend the service, often because they need formal certification to confirm they are free from STIs such as those working in pornography. YorSexual Health routinely asks all attendees whether they buy or sell sex, but this information is not collated or reported to GUMCAD and therefore is not included here.

Since 2020, the YorSexual Health outreach team has also worked consistently with 10 individuals within their remit. However, as with the GUMCAD data, while these figures give some indication, we understand that the wider population is likely to be significantly larger.

5.2.3 York Change Grow Live Data

Change Grow Live (CGL) York is the city's commissioned provider for drug and alcohol treatment, offering a wide range of support for individuals and families affected by substance use and related challenges. They are part of a large, well established national charity delivering over 150 services across the UK.

CGL were able to provide recorded data from their organisation about sex workers seen in their service in York. The first data point where it's collected is when we are opening someone up for Tier 3 engagement as there is the question of **'Has The Client Ever Received Money Or Goods In Exchange For Sex?'**. All this data relates to anyone who has engaged under CGL so since 01/07/24. Which is 1058 individuals who have been opened at Tier 3.

This returns 15 clients answering Yes which can be broken down into the following two categories:

- Yes - but not in the past year – 9 clients
- Yes - in the past year – 6 clients

The second data point is from within the Risk Assessments that are completed as there is the question of '*Is the person involved in survival sex work?*'. This returns 11 clients answering Yes which can be broken down into the following categories:

- Yes - Current – 6 clients
- Yes - Within the last 12 months – 3 clients
- Yes - Historical – 2 clients

When looking at the reasons those individuals came into service, the breakdown of substance usage is as shown in Figure 3.

Figure 3 - York Change Grow Live Data

Has The Client Ever Received Money Or Goods In Exchange For Sex	Problem Substance No 1	Number of Clients
Yes - but not in the past year	Heroin illicit	3
Yes - but not in the past year	Codeine Tablets	1
Yes - but not in the past year	Ketamine	1
Yes - but not in the past year	Cannabis Herbal (Skunk)	1
Yes - but not in the past year	Alcohol unspecified	1
Yes - but not in the past year	Beer or Cider	1
Yes - but not in the past year	PS – predominantly dissociative	1
Yes - in the past year	Heroin illicit	3
Yes - in the past year	Cannabis Herbal	1
Yes - in the past year	Spirits	1
Yes - in the past year	Mixture of Alcohol	1

5.2.4 York Inclusion Health Register Data

Humber and North Yorkshire ICB recently focused on improving the recording of inclusion health groups within patient records, including people experiencing homelessness, vulnerable migrants, transgender and non-binary people, care leavers and others. This work took place between 1/2/25 and 1/4/25. During this period, GP practices in York recorded 13 individuals as sex workers.

This figure is likely to be an underestimate, as it only reflects people who choose to disclose their occupation to healthcare services and who are then coded accurately within their notes.

5.3 Qualitative Data

5.3.1 Estimated levels of sex work in York and North Yorkshire

When estimating the level of sex workers in York and North Yorkshire, it is important to understand some of the numbers and how that data is collected by services. There are two things to consider to try and create a picture of how big this population is. They are:

- How likely sex workers are to access services?
- How likely sex workers are to identify as sex workers to services?

For the purpose of understanding the numbers within this population, we asked organisations the following questions:

- ***Are you aware of estimated levels of sex work in York?***
- ***What data is used to inform this?***
- ***Is this broken down into indoor and online sex work, in addition to street sex work?***

The overarching conclusion across both localities is that there is currently no reliable method for accurately determining the number of sex workers. There are many reasons why data on sex workers isn't accurate enough to give us a rough estimate. This could be due to factors such as services not collecting data on this population as it doesn't change the way they provide support; services don't collect data effectively on this or simply that those individuals don't feel like it is in their best interests to identify as a sex worker. Unfortunately, we were unable to gather any information on the population of online sex workers, this could be due to them simply being unaware they are sex workers, or that the content of their work does not require them to gain access to support for sexual and physical health. Finally, across all services we spoke to there is an impression that the number of sex workers accessing the services have been consistent and that that figure hasn't fluctuated too much over recent times. This suggests the population size remains fairly stable in terms of what the services expect in York and North Yorkshire.

North Yorkshire Police told us that do not routinely collect population-level data on sex work in York and North Yorkshire. However, they do record information on a case-by-case basis using a system called IBASE. As a result, they are unable to determine the overall number of sex workers, whether online or involved in street-based activity. While IBASE can be used to review individual reports retrospectively and identify cases where sex work may have been a factor, it is not a routine data source and as such it does not provide an accurate estimate of the scale of sex work encountered by the police. However, North Yorkshire Police report that they are aware of "hundreds" of adverts of sex work on online platforms that typically involve mostly trafficked and vulnerable populations advertising their services and using Airbnb and booking.com.

YorSexual Health similarly are not aware of the total number of sex workers in York and North Yorkshire. They noted that it is difficult for a sexual health service to directly measure the number in their local area due to sex workers often travelling through areas and those who are resident in an area will often travel out of area for their work and for support. YorSexual Health noted that a third sector organisation came in to do some work on this population to help identify the numbers, needs and barriers for street sex workers, however they felt that there was no street sex work scene in this locality so that work quickly came to an end.

Changing Lives identified that they are aware of “hundreds” of sex workers using Airbnb’s/booking.com locations for their work in York. Dr Kathy Bill described that the women are well looked after by the team at the centre but often drop under the radar in terms of attending for screening / health checks, For example, smear tests, flu jabs, etc.

Therefore, while no service is able to precisely estimate the number of sex workers in York and North Yorkshire, it is clear the number runs into the hundreds. This gives us an understanding against other pieces of information that this population is bigger than we have been able to previously understand from formally recorded data sets like the GUMCAD data and national and local estimates of the size of the population.

5.3.2 Strategic and Operational Collaboration

Collaboration is vital to ensuring effective support for sex workers. It enables responses to be coordinated, evidence-informed and, where possible, shaped by lived experience, helping to direct resources to where they are most needed.

For the purpose of this section, we asked organisations the following:

- Do you collaborate regarding sex work at a strategic and operational level?
- Is there a (local) multi-agency network in place to facilitate support for sex workers?
- Would staff signpost individuals to relevant local services that can support them with their needs (e.g. housing, education, employment, drug and alcohol use, mental wellbeing)

The main collaborated input in this population is the Exploitation Risk Assessment Conference (ERAC). This is a multi-agency taskforce, chaired by Changing Lives, that looks to identify those at high risk of:

- Sexual exploitation
- Exchanging sex to meet immediate needs (food, rent, drugs, etc...) – survival sex
- Sex workers requiring professional support
- Losing their place of stay due to anti-social behaviour restrictions being handed to them
- County lines and the risks of human trafficking and modern-day slavery

- Multiple episodes of missing person's

The ERAC meetings are attended by numerous representatives from a range of agencies from both the statutory and voluntary sectors.

The meetings enable professionals to share information regarding the current risks, enabling representatives to identify ways to increase the safety and support of the victims and any other vulnerable parties. It is important the team maintain their primarily focus of sharing effective and adequate information to safeguard the victim and provide effective support from a range of agencies across the localities. This is mainly about individual cases rather than wider population support but looks closely at:

- Identifying immediate safety and vulnerability risks and protective/preventive actions
- Ensuring coordinated support rather than duplicated levels of support for an individual
- Sharing intelligence across agencies involved (I.E., police, health care providers and additional support services)
- Assessing the level and nature of exploitation risks, including but not limited to sexual exploitation, financial exploitation, coercion or third-party control.

YorSexual Health has two specific members of staff within the specialist Clinical and Community Outreach Team (SCCOT), who engage with those who are most at risk, including sex workers. Internally, discussions take place on an informal aspect between colleagues about this population where appropriate, however this is often just discussing the plan of care for that individual.

The North Yorkshire Police internally collaborate across different departments and working closely with trained colleagues, with them primarily working with their exploitation team. Members of that team are trained as modern slavery victim liaison officers and focus within this population on those who are at risk or involved in activities such as human trafficking. These specialist officers are trained and equipped with the knowledge of trying to find out crucial and relevant information that could help those at risk, as well as those who are unfortunately involved with human trafficking and modern-day slavery. The exploitation risk is taken very serious and constant surveillance of possible information about organised crime gangs in relation to human trafficking is fundamental to cracking down on this area.

The police additionally work alongside colleagues at Changing Lives who provide financial, housing and emotional wellbeing support to individuals identified by the police as sex worker. They work collaboratively to actively support sex workers to ensure that they remain safe in their roles whilst supporting them actively and help ensure they have a decent quality of life where possible

Public health teams in both local authorities are involved in a broad range of discussions that may cross over with the sex worker population. For example, sexual health, health inclusion and drug and alcohol. However, there is no collaborative meeting or group that takes place between statutory services, nor are there local authority officers primarily focusing on this population.

5.3.3 What Is Working Well?

We gave organisations the opportunity to inform us of their assessment of the current position, this section highlights the “What is Working” that have been picked out by services to give us a wider understanding as to the support that is valuable and effective to those organisations and ultimately the population of sex workers

For the purpose of this section, we asked organisations the following:

- ***From your perspective. What aspects of the current support for sex workers in York and North Yorkshire are working well?***

North Yorkshire Police informed us that they are very happy with the support Changing Lives have been providing regarding that positive support for vulnerable sex workers. Similarly Changing Lives are happy with the support they are currently giving but understand that there is still more to be done in order to support the population at the highest level. Changing Lives provide a safe and inclusive space for women who are experiencing the most challenging times of homelessness, providing holistic support to help people to go on to lead happy lives. They focus on supporting individuals through different services, including:

- Criminal Justice
- Domestic Abuse
- Employment services
- Recovery and wellbeing Services
- Women and Children’s services

The Exploitation Risk Assessment Conference is working well according to Changing Lives and North Yorkshire Police, providing a multi-agency discussion to ensure that those vulnerable individuals are offered the most appropriate support.

The YorSexual Health Service feel they offer an appropriate approach to supporting Sex Workers’ sexual health needs. They highlighted that they are seeing the positives of taking a proactive approach and being well set up for individual sex workers to tackle their sexual health needs. They also noted that their use of Making Every Contact Count (MECC) helps the service to identify the level of support individuals may need and to understand the barriers they face. Through these person-centred conversations, staff gain insight into people’s circumstances and experiences, which enables relevant support and signposting to other services.

The SCCOT team discussed that the “[Red Umbrella](#)” Scheme is working well as is showing signs of being beneficial with how it is being utilised by individuals . The “Red Umbrella” Project provides confidential advice and support for individuals in the sex industry. Additionally, individuals can use a “Red Umbrella Card” at YorSexual Health clinic for faster, specialised access to clinical services.

The Specialist Sexual Health Outreach Workers also discussed the service having good relationships with childrens services, being able to actively discuss with staff about children that may be vulnerable due to parents working within the sex industry.

Overall, services described that individual support for sex workers, especially those who are most vulnerable, is working well. The Red Umbrella Scheme was also seen as helpful in connecting people with the right support. However, outside of the Red Umbrella Scheme, there is perceived to be little coordinated support for this population. Most help is offered on an individual basis and there is felt to be little action at a population level.

5.3.4 What’s Not Working Well?

As part of this project, we wanted to understand what is not working well for the population and organisations involved, in order to identify the gaps and barriers that limit sex workers receiving valuable support. The information that has been collected from this data will help inform and support recommendations.

For the purpose of this section, we asked organisations the following questions:

- ***From your perspective, what aspect of the current support for sex workers in York and North Yorkshire could be improved?***
- ***Is there anything you believe Public Health Teams in both localities could help with or support more effectively?***

One of the main things highlighted to us was that the police discussed that on street sex work moves around, there is no specific “on-street” sex scene and that those individuals move around the area but rather using venues sourced through “booking.com” and “Airbnb”. This makes it challenging for the police to identify those individuals at risk and those that may be vulnerable, particularly trafficked individuals. There is a remaining concern that there is a population of sex workers who are victims of human trafficking and modern slavery, who police and other support services are unable to support.

Several organisations highlighted the absence of a dedicated sex work service in either locality. Support for sex workers is currently provided through broader health and wellbeing services rather than through a specialist offer. An example of a dedicated service elsewhere is Basis in Leeds, which supports women and non-binary people involved in the sex industry, as well as women and young people who are sexually

exploited. The lack of a specialist service may be contributing to limited understanding of the size and characteristics of the local sex worker population, as well as limiting opportunities to drive strategic improvements across services. Interestingly some participants discussed the lack of a centralised strategic or action plan from the local authorities as limiting their action.

Data collection on this population was frequently described as inadequate. Most organisations do not have a formal system for recording the number of sex workers they support. Stigma makes this even more difficult, as it is one of the main reasons why sex workers do not identify themselves to services. There is little incentive for individuals to disclose this information, and long-standing stereotypes can make disclosure feel risky. As a result, the data available is limited and does not provide a reliable picture of the population.

Identifying, quantifying and supporting online sex workers was also described as a significant challenge. YorSexual Health reported that one of the main barriers is the difficulty in recognising online sex workers within the wider population. Online sex work is broad and varied and some individuals may not view their activities as sex work. Identification is further complicated by the ability to post content anonymously, use pseudonyms and avoid showing identifiable features which complicates the police's work. Many online sex workers may also worry that seeking support could lead to being "outed" to friends or family, which can create personal conflict. In addition, some view their work as a business rather than an activity that requires support which can reduce engagement with services. These factors create barriers to support and limit the ability to collect reliable data meaning the size of this part of the population remains unclear.

6. Limitations of this work

This work was designed as a scoping review to provide an initial understanding of the sex worker population in York and North Yorkshire; with the intention that future work will build on these findings. The project was limited by time which meant several areas could not be explored in depth. One of the Main limitations that we should focus more on in future work was Inclusion of Lived experience, incorporating this perspective in future work would provide valuable insight into the barriers, risks and challenges faced by sex workers. It would be valuable in future work to incorporate those individuals that do online sex work.

Further future work should also consider:

1. Representation of more services
 - Representation from a wider range of services would have strengthened the review.

- York and North Yorkshire covers a large geographical area, and this report cannot fully reflect local variation in support.
- 2. Further explore impacts of stigma and discrimination
 - Stigma and discrimination are known barriers for many marginalised groups, and further work is needed to understand how these issues affect sex workers and what additional barriers may be present.

7. Recommendations

7.1 Recommendation One – Strategic oversight

Strategic oversight for sex workers can support the population by addressing the structural, medical and social factors that affect their health and wellbeing. It is evident based on the information that we have been provided during this project that sex workers face stigma and barriers to care, targeted planning is proved to support harm reduction and improve overall public health outcomes.

By aligning with evidence-based strategies with guidance from documents such as the [Yorkshire and Humber Public Health Approach to Sex Workers](#), both local authorities can expand access to health services and support harm reduction initiatives and trauma informed support. Supporting this population helps promote equity and foster populations between marginalised populations and public health systems.

7.2 Recommendation Two – Improvements of Data Collection of Sex workers Accessing services

It has been noted during this piece of work that organisations do not effectively collect data on how many individuals in this population are accessing services. A lack of data limits what can be done to support the population in the most efficient way possible, leading to systematic public health challenges further down the line. The increased presence of online sex work has inevitably made it more challenging to collect data as individuals may not fully understand that they take part in sex work due to the decades long stereotype that all sex work is outdoors, on “Street Corners” or in brothels.

The recommendation would be for both local authorities to work with partner agencies and organisations to work collaboratively in collecting data in a more efficient and effective way to increase the level of understanding of the risks, barriers and gaps in support. It is however crucial to acknowledge that it is virtually impossible to collect the most accurate and up to date data on numbers at all times, although services can look at better means to collect the numbers of individuals taking part in sex work and the trends that come with this, where that data can be shared with both local authorities and partners about the numbers of individuals within their respective localities. This could be through monitoring and looking in-depth at the following:

- How many Sex workers are located in York and North Yorkshire and how that's broken down into localities?
- What is the demographics of those individuals taking part in sex work?
- What levels of support are in place in order to support the population?
- What levels of support are needed in order to effectively support and provide positive overall life outcomes for sex workers?
- What type of support is in place and if this is being accessed adequately?
- What gaps in data collection can we resolve that can support overall change and support?

Collecting data will support the improvements and guidance needed in order to improve support and decrease barriers for sex workers and improve overall live outcomes for that population, ultimately leading to positive public health outcomes

7.3 Recommendation Three: Strengthen protection from exploitation

Sex workers are disproportionately vulnerable to violence and trafficking. Both Local Authorities Public Health Teams should collaborate with police and safeguarding teams to ensure crimes against sex workers are taken seriously and encourage reporting. It is also worth noting that in recent years, policy attention on indoor and online sex work has been largely driven by concerns around modern slavery and trafficking. While these areas are critical harms that require immediate and appropriate action, they do not reflect the experiences of many people working in this sector. The conflation of consensual sex work with the exploitation risks lead to enforcement approaches that may be harmful. For example, actions such as closing indoor venues or restricting online advertising platforms can unintentionally undermine safety and stability resulting in displacement into more hidden and unsafe working environments and may harm and hinder the relationship between the sex work communities and the authorities. A proactive approach should be developed to protect individuals from serious harm rather than waiting for it to be reported by that individual.

Organisations can play an important role in improving safety from exploitation through collaborative community safety strategies by doing some of the following:

- Upskilling staff through training and awareness on sex worker rights and harm-reduction approaches.
- Promote and expand the use of confidential reporting mechanism such as the work of [National Ugly Mugs](#) Provision which operates a national reporting and alert system that allows sex workers to share information about dangerous individuals and working conditions. The organisations also provide victim support and maintain a database of reported violence against sex workers, supporting the prevention of any further harm.

- Advocate for Separation of violence reporting from immigration enforcements agencies.

7.4 Recommendation Four: Understanding Online Sex Working

Online sex work is a hidden population that has gone under the radar in terms of national and local data points. However, there is numerous bits of guidance surrounding individuals actively taking part in sex work, Most notably the [Beyond The Gaze: the safety and working conditions of online sex work \(2018\)](#) and the [Practice Guidance for working with online sex workers \(2019\)](#). With the vast increased presence of Online sex work platforms, it is becoming more the modern way to do sex work. During the course of this work, it was hard to identify much about this population that could accurately depict what those individuals need, the barriers they may face, and how it may differ from on street and in person sex work.

Services and local authorities in both localities may consider linking in with the Yorkshire & Humber sex work steering group when considering future work on the online sex work scene that captures an adequate understanding of that area of the population.

This could include looking closely at:

- The barriers to care and support for sex workers
- What support systems are in place for those individuals
- Is there a need in comparison to in person sex work for those individuals to access support (e.g., Sexual Health Services).

8. Appendices

Appendix 1

- 1. Are you aware of estimated levels of sex work in York and North Yorkshire?**
 - 1.1. What data is used to inform this?**
 - 1.2. Is this broken down into indoor and online sex work as well as outdoor sex work?**
 - 1.3. Are processes in place to regularly review local data and intelligence to inform targeted work?**
- 2. Do you collaborate regarding sex work at a strategic and operational level?**
 - 2.1 is there a (local) multi-agency network in place to facilitate support for sex workers?**
- 3. Would staff signpost individuals to relevant local services that can support them with their needs (e.g. housing, education, employment, drug and alcohol use, mental wellbeing)?**

- 4. *From your perspective, what aspects of the current support for sex workers in York are working well?***
- 5. *From your perspective, what aspects of the current support for sex workers in York and North Yorkshire could be improved?***
 - 5.1. *Is there anything you believe the Public Health team could help with or support more effectively?***