



AN EVALUATION OF NHS OPEN ROAD
For NHS Greater Glasgow and Clyde

The TASC Agency
July 2010

AN EVALUATION OF NHS OPEN ROAD

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AN EVALUATION OF NHS OPEN ROAD

EXECUTIVE SUMMARY

The evaluation

The evaluation has focused on engaging with NHS Open Road staff and external professional stakeholders to:

- Review the aims and objectives of Open Road and assess their ongoing relevance and how successfully the project has met them.
- Critically appraise the methods and models of practice and interventions developed for clients.
- Critically appraise the methods and outputs of engagement, leadership and organisational partnerships developed by Open Road.
- Make recommendations on future service delivery for men involved in prostitution and identify optimal service alignment options for Open Road.

About the service

Open Road aims “to identify the hidden population of men currently involved in prostitution and to ensure that they receive appropriate help and support, both from NHS Open Road and from other services”. The service does this through a number of activities:

- Identify the men involved in prostitution through effective processes and partnership working.
- Assess the needs of men currently involved in prostitution.
- Address the needs of men involved in prostitution by appropriate service delivery across a range of partners.
- Work alongside mainstream agencies to provide appropriate services which address the clients’ needs.
- Contribute towards establishing an evidence base to inform future policy and services.
- Evaluate the effectiveness of NHS Open Road and its approach.

Open Road is staffed by a Service Manager and a Development Officer. NHS Greater Glasgow and Clyde is organised around ten area based partnerships known as Community Health and Care Partnerships/Community Health Partnerships. Services such as NHS Open Road which span all CHCP/CHPs are located within one CHCP for management purposes. As historically NHS Open Road development was led from sexual health within NHS GGC which is located in West Glasgow CHCP the service’s line management is located within Planning and Health Improvement within that CHCP.

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Open Road was funded following the release of monies to Health Boards from the Scottish Government to implement the sexual health strategy Respect and Responsibility in 2005. The funding from this budget covers about 60% of the running costs for the service and is topped up by an allocation from the Health Boards blood borne virus prevention budget. Both funding sources will remain in place until March 2011. It is not yet known whether either funding stream will still be made available to Health Boards beyond March 2011.

NHS Open Road clients

Responding to demand the focus of Open Road's work to date has been with men who are involved in prostitution on street/in public places. The approach of the service has been to develop a response which seeks to assess and address the health and social care needs of the individual. The service adopts a holistic view of health and wellbeing with the intention of supporting men in the realms of personal safety, mental health, sexual health, drug and alcohol use, legal issues and planning for change.

The service is engaged in two strands of work: promoting awareness and understanding of issues relating to men's involvement in prostitution and direct service provision to men. Since May 2007 Open Road has worked with 21 men; with 11 current active cases. Work with clients is long term and as such an outcome focused evaluation is not expected at this time. Open Road has adopted a 3 stage trauma and recovery model in work with clients (reflecting approaches to work with women). The service is keen to emphasise that this is not a simple, nor a linear process. The service is keen to ensure that working with this staged model does not mean that success is only to be measured by one outcome: 'exiting prostitution'. Instead, staff and external interviewees have stressed that the model is most helpful when it underpins an understanding of how past experience and current activity combine to impact negatively on the physical and mental/emotional wellbeing of the client.

The service has identified two further groups of potential service users: men involved in 'escorting' (provided predominantly on-line) and young men vulnerable to involvement in prostitution.

External stakeholders have reported positively about Open Road's approach and systems regarding referral, informal enquiries, assessment, record keeping and information sharing. Stakeholders who have referred a client to Open Road (and who continue to work alongside the client) report that the service is good at maintaining close contact with men who are often living in the most difficult and chaotic circumstances.

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Services who have struggled to maintain positive relationships with clients report that Open Road staff are excellent at sustaining relationships; this is often attributed to not just persistence but also clarity of purpose and most importantly time. Open Road staff themselves identify this clarity and time resource as key strengths underpinning Open Road's work.

Some interviewees described the information shared about improved outcomes for clients as reliable but subjective and identified the service could be better at articulating and evidencing planning, impact and progress.

Responding to prostitution: working definitions and models

Until the establishment of Open Road the term 'prostitution' was rarely used to describe men receiving payment for sex. While there has now been progress in terms of establishing such awareness some interviewees have also identified that there remains a task in ensuring that across NHS GGC, Local Authorities and the voluntary sector men's involvement in prostitution is firmly located and understood to be sexual exploitation and gender based violence, clarifying that men can and do abuse other men.

Open Road recognises the challenge of applying this language and perspective in work with men or in the discussion of prostitution with them. For the majority of stakeholders the clarity of Open Road's definition and understanding of prostitution is a strength and makes it possible to align the service with services for women. On the other hand there are some interviewees for whom the use of the term prostitution is problematic. They are concerned that it is stigmatising and that men will not recognise its application to them; with the result that they may exclude themselves from services which Open Road can provide. These interviewees identified particular problems for Open Road in extending its work to men 'escorting' and young men who may be vulnerable to entry into prostitution or who may be already being exploited by others.

Key practice issue: exiting prostitution

Whilst accepting prostitution as sexual exploitation some external interviewees have concerns about work with clients (women or men) who are involved in prostitution being overly focused on exiting; these concerns extend to worries that effectiveness of an intervention such as Open Road might be judged solely in these terms. Interviewees who seem most familiar with the model of work and policy framework within which prostitution is most clearly defined have not overly focused on exiting as a target but rather as a goal. In this way external stakeholder interviewees and Open Road staff have put the focus of their work on reducing harm, stabilising what is chaotic and creating some space within which underlying issues can be considered.

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It is not that interviewees do not see the need to exit prostitution rather they are aware of the need not to be overwhelmed by the circumstances of the client, to take a realistic view of what resource is available to support the client over time, and to adopt a staged approach.

Key practice issue: routine enquiry

The identification of men involved in prostitution requires the professional person engaged with a client to ask about whether payment of some kind has ever been received for sex. Several external stakeholder interviewees have been honest in their appraisal that while policy, training and the importance of what is called 'routine enquiry' is understood it is an approach which some staff find difficult. Open Road reports that it has been involved in the development, planning and implementation of routine enquiry into prostitution within Glasgow Addiction Services. This has followed a staged approach whereby 2009 saw the introduction of routine enquiry with all female clients and 2010 will see the introduction of routine enquiry with all male clients. The concept of routine enquiry is to be rolled out across other NHS GGC services; Scottish Government now requires all Scottish Health Boards to routinely enquire into women's experience of domestic abuse; however, within Addiction and Mental Health settings, it also requires Boards to routinely enquire into adult men's and women's experience of childhood sexual abuse; given the links between childhood sexual abuse and prostitution, Open Road will now support Addiction and Mental Health settings to develop, plan and implement routine enquiry into men involved in prostitution and male adult survivors of childhood sexual abuse.

Reach and influence

Interviewees have frequently referred to Open Road's contribution to raising awareness and increasing understanding of the needs of men involved in prostitution. The service's work in relation to information provision, presentations and training and engagement with Working Groups and Committees is cross sectoral and covers a wide area of policy/practice interests. Work has connected Open Road to other services and teams working in the field of addictions, homelessness, social work, sexual health, mental health and criminal justice. Open Road is currently involved in supporting work by Glasgow Child Protection Committee on identifying the needs of vulnerable young men. New service information materials have been produced late 2009 and are being used to make new contacts as well as refresh older contacts. The production of new information has also included a redesign of the service web site. The Male Prostitution Network is chaired by Open Road Project Manager and is seen as a forum for sharing information and approaches although some interviewees identified that Open Road and other partners could do more to raise awareness about the Forum. Since 2009 the service has supported the *End Prostitution Now* campaign.

A summary of strengths and benefits

The full evaluation report identifies and describes key service strengths as:

- The staff team are viewed as knowledgeable, committed and articulate and bring a personal commitment and drive.
- The work done by Open Road to connect its analysis and approach to work with men with learning from and approach to work with women. Open Road is seen to problematise prostitution while not judging the individual service user.
- There is a clear focus on the client while working strategically and informing policy.
- The volume of the team's outreach and awareness raising activity shows the priority which the service has given to influencing, informing and improving services for men involved in prostitution.
- Open Road's involvement and support for training and increased awareness of the importance of routine enquiry about client experiences of childhood sexual abuse and adult involvement in prostitution.
- Approaches to partnership working are open and friendly. Staff are constructive and enabling in their work with colleagues.

A summary of concerns/what could be improved

The full evaluation report identifies and describes these as:

- Increased capacity was seen as essential across external stakeholder interviews. Whilst there is effective use of the existing limited resource development and sustainability requires growth to enable Open Road to reach and influence services across the Board, Local Authorities and voluntary/community sector agencies as well as increase client case load.
- Security of funding was identified and linked to increased capacity. Specifically interviewees were concerned that insecurity about funding can undermine staff confidence and the loss of staff was seen as a major threat to the effectiveness and sustainability of the service.
- It has been identified by both external stakeholders and by Open Road staff that the evidence base about men's involvement in prostitution in Scotland needs to be enhanced.
- External stakeholders report confidence in Open Road's approach and work with men however the service would benefit from describing how it measures progress for clients and should more clearly articulate outcomes.
- The service needs to extend work with other groups: work with men 'escorting' on line/via print media and work with vulnerable young men.

RECOMMENDATIONS

This is a summary of recommendations. Further context is provided in the full report.

RECOMMENDATION 1: Maintaining Open Road as a distinct service

NHS GGC must take strategic responsibility for the future of Open Road. Whilst located/hosted within West Glasgow CHCP the future of Open Road cannot and should not be the concern of this CHCP alone. NHS GGC should convene a short-life working group to explore future resourcing and role for the service. This should include representation from relevant Local Authority departments/services, the voluntary sector and arms length external organisations. In terms of membership of this group it is suggested that the current Advisory Group support NHS GGC to identify individuals who might be considered as natural champions for Open Road and who will start from a place of positive support and recognition of need. The short-life group should be tasked with delivering a strategy for realistic and sustainable growth for Open Road beyond March 2011.

RECOMMENDATION 2: Open Road: Development options

Consideration of development options will best be done through a partnership between relevant agencies so that no one agency bears the burden of identifying or providing resources. Development options should also consider the reach of the service across NHS GGC and partners. As preliminary work Open Road's staff team and existing Advisory Group members should develop and cost some service development options based around the following options (at this stage these options should be drafted very broadly but associated costs will be required):

- Option 1: Standing still: this would entail maintaining services at the current level and with similar focus.
- Option 2: Maintaining the focus/interest of current services but extending this work (both work with colleagues/training/policy development *and* work with the current client group).
- Option 3: Maintaining current services plus developing work with men 'escorting'.
- Option 4: Maintaining current services plus developing work with a focus on vulnerable young men.
- Option 5: Maintaining current services plus developing strands of new work: work with men 'escorting' *and* developing work with a focus on vulnerable young men.

RECOMMENDATION 3: Establishing Open Road as a partnership service

It is essential that Open Road draws on support from across relevant service strands. Relatively small contributions from a range of partners will allow Open Road to flourish and continue to make an impact across services and in the lives of clients. Within a difficult economic climate it is time for a range of partners to turn verbal support and praise given for this service in the course of this evaluation into strategic and resource commitments.

RECOMMENDATION 4: Male prostitution as a social inclusion/equalities issue

Open Road has worked consistently to locate its philosophy and practice alongside responses to women's prostitution and so in terms of future service alignment and resourcing it makes sense for partner agencies to see Open Road as equally having a concern for promoting social inclusion and equality. Aligning Open Road as such means reviewing potential funding/resource support which should then flow from Fairer Scotland Funds or from other social inclusion/equality funding streams.

RECOMMENDATION 5: Framing Open Road as a local service with national significance

With very limited capacity and within NHS GGC (and predominantly Glasgow City) the service has established a need and can fairly claim to be a centre of expertise in an area of work poorly understood and addressed elsewhere. NHS GGC, working with partners, should engage with Scottish Government to ensure Open Road is understood and valued as a centre of expertise on the issue of men's involvement in prostitution. Where possible NHS GGC and partners should engage with Scottish Government to request support for increased capacity so that Open Road can model, report and influence policy and practice elsewhere within the context of Scottish Government policy on Gender Based Violence and commercial sexual exploitation, Sexual Health and HIV.

RECOMMENDATION 6: Referral, record keeping and assessment

The evaluation team report that there are no concerns about current approaches to referral, record keeping and assessment but the team's current process of 'review and refresh' of existing materials and approaches is helpful and should be completed. One specific recommendation would be in relation to recording and assessment of outcomes for individual men; this is addressed specifically below.

RECOMMENDATION 7: Logging and responding to contacts and using intelligence

Open Road should continue with the development and use of the 'anecdotal information record' and monitor how this supports Open Road staff to follow up proactively on potential referrals/clients. Specifically Open Road should draw up a form of words which describes and promotes this advice/consultancy service for colleagues.

RECOMMENDATION 8: Clarity about outcomes for individual men

A more structured approach to recording progress, planning and evaluating impact and outcomes for clients should be developed. This should not replace the value Open Road places on strong relationships with clients and an acceptance that progress can be a complicated and slow process but this would strengthen relationships with clients, partners and funders. In order to undertake further work in this area Open Road staff may benefit from further external support by way of a useful guide to ensuring that the task remains manageable and useful.

RECOMMENDATION 9: Extending and supporting approaches to routine enquiry

Open Road should continue to support inter-agency work on the roll out of routine enquiry. The service should monitor and report on the impact which the approach has on engagement with other services, including both informal and formal referrals to Open Road.

RECOMMENDATION 10: Vulnerable young men – prevention and early intervention

In the coming months, while longer term options for Open Road are being discussed, the service should continue its current work on scoping out the needs of vulnerable young men in the context of work for Glasgow Child Protection Committee. As this develops Open Road needs to identify specific issues, tasks and potential for work in terms of training, policy development, or direct service provision in terms of prevention or case work.

RECOMMENDATION 11: Working with men involved in 'escorting'

Open Road should continue its current work on scoping out the needs of men involved in 'escorting' including further consideration to the development of outreach work and also development of an on-line resource which will engage men who are 'escorting' in considering important issues of harm reduction/sexual health and options for exiting this activity. Open Road is already aware that a key factor in this work will be building both trust and respect and that messages about naming escorting as prostitution will have to be softened somewhat. It is suggested the approaches which emerge should also offer men the opportunity to engage directly with a staff member to consider further issues. Finally, this work needs to be done in conjunction with voluntary/community sector agencies whose links/connections with the gay community/media should be a support for development.

RECOMMENDATION 12: Reviewing project aims and activities

In the view of the evaluation team Open Road's aim and activities have served the project well and remain largely fit for purpose with small amendments identified in the full evaluation recommendations.

RECOMMENDATION 13: Adapting current premises

Separating office and kitchen/meeting space in Open Road premises should be considered an urgent matter and existing plans/actions should be completed by relevant services within NHS GGC.

RECOMMENDATION 14: Research

In the short to medium term Open Road should establish a small working group of interested academics, researchers and colleagues from statutory and voluntary sectors to explore research development. This group should think creatively about approaches, ethical issues and of course potential for funding. Efforts should be made to work cooperatively whilst recognising that partners may have different strengths in terms of accessing different funding sources.

RECOMMENDATION 15: Developing an on-line presence

In the longer term, beyond current discussion and planning about the future for Open Road, the service should consider extending its web presence with further information and materials to support and enhance professional understandings of men's involvement in prostitution as well as Open Road's work. In the future, Open Road's on-line presence should distinguish between a professional audience and its provision of information for client groups who themselves are quite different; for example men involved in 'escorting' and information for vulnerable young men. This will likely require the development of targeted mini-sites with related promotion and relevant up-to-date content.

RECOMMENDATION 16: Public education and awareness

In the longer term, beyond current discussion and planning about the future for Open Road, the service should work with statutory and voluntary sector partners to consider joint approaches to public education and raising awareness of the sexual exploitation of men. This could include specific work with the LGBT community.

SECTION 1- INTRODUCTION

Context

There has been little research in Scotland about male prostitution. Connell and Hart (2003) characterised 'male sex workers'¹ as a vulnerable and hard to reach group with poor health outcomes at increased risk of violence; their vulnerability was reported as a life-long experience with childhood characterised by experiences of physical violence, mental and psychological abuse, sexual abuse, drug use and "fractured family relations"².

For the most part Connell and Hart were concerned with men engaged in prostitution on the street/in public places. Less is known about men involved in 'escort' work organised predominantly on-line; a study conducted by Eaglesham³ (2008) identified 20 websites with 398 escorts listed for Scotland, with approximately half of these listings identifying residence/services within Greater Glasgow and Clyde. The study also identified the difficulty in engaging with men 'escorting' via the internet and recognised little is known about their day to day experience undertaking this activity.

While there is much debate about what services or support men from either group might need there is a general interest or focus on safety and for some agencies on 'exiting' prostitution.

In addition, there is a group of younger men who may be vulnerable to entry into prostitution about which even less is known; they might be characterised as young men whose lives are impacted upon by poverty and social deprivation, life in public care, chaotic family backgrounds, early issues with addictions or who for any number of reasons – perhaps including childhood experiences of abuse, rejection by family, mental ill-health or learning disability – may be open to manipulation by others.

¹ There are important issues in terms of the language used in the literature and across services when it comes to men involved in prostitution/sex work/selling sex and this will be explored in this evaluation.

² Connell J. Hart G. 'An Overview of Male Sex Work in Edinburgh and Glasgow: The Male Sex Worker Perspective' (2003) MRC Social and Public Health Sciences Unit

³ Eaglesham, P., An Ethnographic Study of Online Male Sex Work, Caledonian University, Glasgow, 2008.

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The aim of NHS Open Road⁴ is “to identify the hidden population of men currently involved in prostitution and to ensure that they receive appropriate help and support, both from Open Road and from other services”. Whilst Open Road have worked directly with men who are involved in prostitution on street/in public places there is an interest in men engaged in ‘escorting’ and in vulnerable young men. To date the approach of the service has been to develop a response which seeks to assess and address the health and social care needs of the individual. Specifically, the service states an intention to adopt a holistic view of health and wellbeing with the intention of supporting men in the realms of personal safety, mental health, sexual health, drug and alcohol use, legal issues and planning for change.

Purpose of the evaluation

The Open Road Service Manager has been in post since late 2006, and a Development Officer joined in February 2007. The service is engaged in two strands of work: promoting awareness and understanding of issues relating to men’s involvement in prostitution and direct service provision to men. With regard to the former Open Road has been involved in policy development, awareness raising and training and in terms of work with men, since May 2007, Open Road has worked with 21 clients; with 11 current active cases.

The commissioning agency, NHS Greater Glasgow and Clyde, is of the view that Open Road’s work with service users is a lengthy process. The length of engagement with clients is on average 13 months but clients differ greatly in the duration of their involvement, for example some for very short periods (4 clients have engaged for less than 6 months) whilst others can engage for some time (with 5 clients engaging for more than 2 years). With this in mind an outcome focused evaluation is not expected at this time. The current evaluation has focused on engaging with Open Road staff and external professional stakeholders to do the following things:

- Review the aims and objectives of Open Road and assess their ongoing relevance and how successfully the project has met them.
- Critically appraise the methods and models of practice and interventions developed for clients.
- Critically appraise the methods and outputs of engagement, leadership and organisational partnerships developed by Open Road.
- Make recommendations on future service delivery for men involved in prostitution and identify optimal service alignment options for Open Road.

⁴ The service is called ‘NHS Open Road’ but in conversation with participants is usually referred to as ‘Open Road’ and so this shorter title will be used throughout the report.

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Approach

The TASC evaluation team met with Open Road staff and line manager throughout the process and interviewed external professional stakeholders either face-to-face or on the telephone. In advance of interviews participants were sent information about the evaluation and interview questions. All contributors were given anonymity and so we do not use names in our report or use contributions which would identify the person. External contributors were informed that we would provide a list of professionals who have contributed as an appendix.

SECTION 2 - ABOUT THE SERVICE

This section of the report addresses key aspects of Open Road including: introducing service aims and activities; information about staffing; issues regarding location and governance; an account of Open Road activity in relation to information provision, presentations, training and engagement with working groups and committees; matters of staff safety; Open Road's policy and procedures regarding protection of vulnerable young people. Finally, some information is provided about the men who have engaged with Open Road services. To some extent this section of the report is descriptive, but the views of external stakeholders and Open Road staff also inform the narrative.

Aims and activities

Open Road's aim and activities are described in literature provided by the service as follows:

Aim: Our aim is to identify the hidden population of men currently involved in prostitution and to ensure that they receive appropriate help and support, both from NHS Open Road and from other services.

Activities: To do this NHS Open Road will:

1. Identify the men involved in prostitution through effective processes and partnership working
2. Assess the needs of men currently involved in prostitution.
3. Address the needs of men involved in prostitution by appropriate service delivery across a range of partners.
4. Work alongside mainstream agencies to provide appropriate services which address the clients' needs.
5. Contribute towards establishing an evidence base to inform future policy and services.
6. Evaluate the effectiveness of NHS Open Road and its approach.

Further comment on this aim and the delivery of key activities is discussed in Section 3.

Staffing

NHS Open Road is staffed by a Service Manager (in post late 2006) and a Development Officer (the first post holder was in post from February 2007 – March 2009; the current post holder has been in post since September 2009). In general terms the Service Manager has undertaken work in relation to policy, strategy, training development and external relations; the Development Officer has been largely responsible for client services. This is however *in general* as the small team has worked closely since the outset and shares practical tasks and activities. There is no administrative support and no additional staff available for holiday/absence/sickness. During the period between the departure of the first Development Officer and his replacement, a period of 4 months, the Service Manager had to cover all case work. Across interviews with external stakeholders and Open Road staff the issue of capacity underpinned many discussions.

Location and governance

The evaluation process has highlighted issues about where NHS Open Road is located and related issues of governance on several fronts.

- **Service location**

In terms of location within NHS Greater Glasgow and Clyde is organised around ten area based partnerships – seven of these are known as Community Health and Care Partnerships (which provide joint NHS and Social Work services; all five of the city of Glasgow partnerships are CHCPs) while three are in the process of moving into a CHCP structure and so are currently Community Health Partnerships (with no integration of Social Work services as yet).

Services/teams (such as NHS Open Road) which span all CHP/CHCPs are located within one CHCP for management purposes. As historically NHS Open Road development was led from sexual health within NHS GGC which is located in West CHCP the service's line management is located within Planning and Health Improvement within that CHCP.

There were different views amongst stakeholders who were interviewed about the value which can accrue to a service by being located either in the statutory or voluntary sector – for example for some stakeholders a statutory service is more likely to be 'trusted' by other statutory providers, for some stakeholders a voluntary sector service is more likely to be 'trusted' by a service user.

However a view shared across the stakeholders interviewed is that Open Road has established itself as a trusted service regardless of its location. Interviewees understood its NHS location but shared a view that due to the quality of its engagement with professional colleagues and service users day-to-day its location is largely irrelevant. It is apparent that this is due to the quality of Open Road staff who are respected and recognised as great ambassadors for the service.

In practical/physical terms NHS Open Road was initially located in the Glasgow LGBT (Lesbian, Gay, Bisexual and Transgender) Centre in Bell Street. This Centre closed and the project has moved to a small office with independent access located in West Street on the same site as the Glasgow Drug Crisis Centre (provided on behalf of Glasgow Addictions Services by Turning Point Scotland). Also in the locality are other services including teams working on homelessness and alcohol issues. The staff team and external stakeholders interviewed agreed the current location is better for the current client group because it does not imply they are/might be gay or bisexual; however an alternative view from some interviewees is that the previous location in the LGBT Centre was good for men who did identify as gay/bisexual.

The current premises need some adaptation to separate the office area and kitchen/interview space and this has been requested but not completed. Some external interviews also expressed some concerns about staff safety when interviewing clients on their own in these premises; staff safety is discussed in this section of the report.

- **Funding**

Open Road was funded following the release of monies to Health Boards from the Scottish Government to implement the Respect and Responsibility Strategy in 2005. The funding from this budget covers about 60% of the running costs for the service and is topped up by an allocation from the Health Boards blood borne virus prevention budget. Both funding sources will remain in place until March 2011. It is not yet known whether either funding stream will still be made available to Health Boards beyond March 2011.

- **Governance and management**

At the outset of NHS Open Road an Advisory Group was established. This included representation from the host West Glasgow CHCP and from the line manager within Health Improvement and from the Public Health Protection Unit who manage the BBV funding stream. In addition membership of the Group was drawn from teams engaged in work around women's involvement in prostitution: the Routes Out of Prostitution Intervention Team and the Corporate Inequalities Team (with broader responsibility for work around gender based violence).

It has been reported to the evaluation process that attendance at meetings was inconsistent, with representation on the group changing at meetings and it became apparent that while representatives from the Routes Out of Prostitution Intervention Team and the Corporate Inequalities Team played a key role in signposting to key personnel and were able to provide professional support as colleagues a presence at an Advisory Group was less useful and so the group was wound up and replaced by a smaller internal advisory group chaired by the Head of Planning and Health Improvement in West Glasgow and with the funders in attendance. While current arrangements provide management and accountability beyond this group, if there are matters which go beyond day to day effectiveness, there is no formal route for issues within NHS GGC.

In terms of staff management, support and supervision for the Service Manager is provided by the Principal Health Improvement Officer for Sexual Health, in turn the Open Road Service Manager provides management/support and supervision of the Development Officer.

- **Strategic issues and influence**

External stakeholders identify that the commitment and personal/professional skills of Open Road staff has meant that the service has had an influence on how men's involvement in prostitution is now seen and recognised in policy and protocols across NHS GGC and in particular within City of Glasgow. Where Open Road staff have engaged directly with colleagues/practitioners stakeholders have identified an impact on practice responses to men involved in prostitution. The work by Open Road to support and deliver on commitments to make routine enquiries about payment for sex (explored in Section 4) are also in themselves significant influences on service responses to men. *However*, despite this progress and these significant efforts it would be difficult to identify that the service has a more broad based influence which is perhaps more strategic in the sense that it is planned or tactical.

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For external stakeholder interviewees this is because while the service is broad in its reach, in terms of funding and management its location is narrow and it has little political influence. In such circumstances major service strands in the NHS or Local Authorities can welcome the service provision, permit it to influence policy or practice, but not necessarily make a financial/resource commitment to sustaining or growing the work. This is returned to in subsequent sections of this report.

Information Provision, Presentations, Training and Engagement with Working Groups and Committees

The service has a dedicated web site at <http://www.nhsopenroad.org> which provides information for men and for other service providers; there are also resources which professionals may find useful and links to further information and other services for service users and professionals. The referral form and NHS Open Road service information leaflet can be downloaded. The site is contemporary and easily navigated.

While the site is intended to be for both service users and professional colleagues it has the feel of a site and uses language that may well be more suited to the professional audience. Stakeholder interviewees commented that it was unlikely that current NHS Open Road service users, because of current circumstances, would use the web to get information about the service but recognised that if the service is to extend work to other potential groups of men – for example young men at risk of entry to prostitution or men ‘escorting’ and using on line and print media – then the service should consider organising its web presence with specific sites to target groups of interest.

The service has recently produced new information leaflets and redesigned/rebranded the on line presentation of NHS Open Road and this has allowed the team to reach out to new colleagues or refresh older contacts. The hard copy material was commented on positively by stakeholders.

Since late 2006 the team have input to a considerable number of presentations and training events. These have been listed by the team and are presented in **Appendix 5** and **6**. The volume of this outreach and awareness raising activity shows the priority which the service has given to influencing, informing and improving services for men involved in prostitution. The events, some facilitated by Open Road alone and others co-facilitated with other services, show a breadth of reach which is both geographical, across CHCP/CHPs and cross sectoral, from Addictions, Alcohol, Housing, Young People’s Services, services for refugee/asylum seekers, Criminal Justice, Prisons, Mental Health and Sexual Health.

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The commitment the service has given to awareness raising and training for colleagues is also reflected in its engagement with relevant Working Groups and Committees. These have been listed by the team and are presented in **Appendix 7**. Again these are cross sectoral and indicate a wide area for policy/practice interests; reflecting the needs of the men who form the user group for the service. To date, this work has included a focus on vulnerability, addictions, child protection, sexual exploitation/gender based violence, and gay men's sexual health. Since 2009 the service has supported the *End Prostitution Now* campaign⁵.

From interviews with stakeholders and from discussion with NHS Open Road staff and line manager it is clear that efforts and activity in this area has done a great deal to support the service deliver on its overarching project aim as well as a number of its given project activities, discussed in more detail in Section 3.

Staff safety

The service recognises the need to ensure that in their day to day practice staff are safe. The service reports that it follows NHS GGC 'Policy on Lone Working' (updated April 2009) and the project also has in place a 'Health and Safety Policy' which addresses many features which a worker involved in direct work with clients should consider – this ranges from procedures around telephone contact and informing colleagues where the worker is and why, the need to carry identification, ensuring an understanding of risks of work in public environments or if in contact with clients under the influence of drugs or alcohol and recording of incidents and other relevant matters.

Staff report that risk assessment is undertaken regarding work with individual clients and if necessary staff would work alongside each other. When working with clients out with the base staff ensure the other staff member knows where they are and for how long. After one hour with a client staff are expected to call in, if this is not done procedures are followed to alert Police. Staff carry personal alarms and there is a 'panic button' in the agency premises. Staff have identified a need to separate office and kitchen/meeting space in the project's premises. This would provide a space where a worker could withdraw from a client as well as providing some demarcation of office and meeting space so that clients have no access to office equipment or telephones. However, this work has not been undertaken yet by NHS GGC Estates and in the view of the evaluation team should be considered an urgent matter.

⁵ The campaign is led by Glasgow City Council and intends to raise awareness of the harm caused through prostitution and put the focus on the buyers of sex who have not been the focus of public debate. More at: <http://www.endprostitutionnow.org>

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In terms of information about clients who may pose a danger Open Road staff have been dependent on referrer information, client information and their own assessment of circumstances. In interviews external stakeholders expressed concern that Open Road staff have not had access to the Care First record management system which would have provided additional relevant information and enhanced staff safety. However, with recent 'read-only' access to the Care First the team now have access to additional and up-to-date information about clients which will enhance the service, their risk assessment and safety.

As a small team of 2 staff there has been a need to put in place procedures for the safety of one remaining staff member when a colleague is ill or on holiday. A new arrangement (from April 2010) has been made with Glasgow Addiction Services to provide support in such circumstances.

The service is aware that potential to develop on-line work with men will require the service to re-visit some of these protocol described above to ensure they are fit for purpose for this work.

Protecting young people

Open Road works within existing Glasgow Child Protection Committee⁶ 'Child Protection Guidelines' and 'Vulnerable Children and Young People' interagency procedures⁷ and also Glasgow City protocol on working with young people who are sexually active. The service has also written in-house 'Guidelines for the Protection of Young People' produced in 2007 which are intended to be used in conjunction with guidance/policy already mentioned; these additional and complementary Open Road guidelines address working practices in all engagement with clients but also recognise the particular working circumstances of staff who may be involved in outreach/detached work, work with young men involved in prostitution who may be survivors of abuse and in general in contact with young men under the age of 16 at risk of or involved in prostitution.

⁶ Glasgow Child Protection Committee at <http://www.glasgowchildprotection.org.uk>

⁷ Vulnerable Children and Young People' interagency procedures at <http://www.glasgowchildprotection.org.uk/NR/rdonlyres/A085A7D9-437D-48AC-A413-12AB68480DFE/0/AtRiskSigHarmProcedureOct06.pdf>

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NHS Open Road clients

At its inception the intention had been to work with men involved in prostitution in any context/setting; this was to include men prostituting via 'escorting' advertised on-line or in print media. However as a result of immediate demand and ongoing referrals it has been men involved in on-street/public place prostitution that have made up the case-load. The service has recognised, in particular through support for research conducted in the early days of the service, that men involved in 'escorting' are harder to reach and may not consider themselves in need of targeted services or consider their work as prostitution. This is discussed again in more detail in Section 4.

Over the lifetime of the service Open Road has worked with 21 men; 11 of these are current clients at the time of the evaluation, Open Road staff report the number of active cases at any point is normally 8 or 9 men. The average length of engagement with Open Road is 13 months but is varied; with 4 clients engaged for less than 6 months and 5 clients engaging for more than 2 years. Currently the service has 5 pending referrals where additional discussion is taking place with possible referrers. Other information about clients follows:

CHCP/CHP at time of referral	
West	5
North	4
South east	6
East	3
Renfrewshire	1
Unknown	2

Sexual identity	Number of men
Gay	8
Bisexual	2
Heterosexual	6
Not known	5

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Referral source/type of agency	Number of men referred by each
Social work	3
Drug crisis services	1
Community rehabs	1
Community addiction teams	2
Police	3
Self referrals	2
Sexual abuse and assault services	1
Sensory Impairment services	1
Mental health support services	1
Homelessness support services	1
Street team	1
Supported accommodation	2
Persistent offenders project	1
Refugee support services	1

Setting of involvement in prostitution	
Indoor	12
Outdoor	8

Duration of involvement in prostitution	
Unknown/not declared	7
Less than 1 year	3
1 to 2 years	1
2 to 5 years	3
More than 5 years	7

Areas of relevance	
Addiction issues	16
Addiction issues and involved with Glasgow Addiction Services	15
Mental health issues	13
Mental health issues and involved with Mental Health services	7
Criminal Justice issues	9
Criminal Justice issues and involved with Criminal Justice services	9
Homelessness issues	14
Homelessness issues and involved with homelessness services	14
Sexual health issues	14
Childhood sexual abuse disclosed	9
Childhood sexual abuse explored	8
Experience of care system	4
Asylum	1
Trafficking	1

Case study

As part of the discussion with Open Road staff about engagement with clients the team have developed a case study, which whilst anonymised and drawing on more than one client, presents a realistic picture of both the issues which can face clients as well as Open Road's approach to work. See **Appendix 8**.

SECTION 3 - AN OVERVIEW OF AIMS AND ACTIVITIES

Across interviews with Open Road Project staff, line manager and external stakeholders interviewees have discussed Open Road's stated aims and key activities. A summary of key points are identified in the section which follows. A number of small amendments are also suggested to stated aims and activities. Subsequent sections of the report explore many of the following issues or areas in more detail.

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Current aims and activities

Project aim	Comment
<p>Our aim is to identify the hidden population of men currently involved in prostitution and to ensure that they receive appropriate help and support, both from NHS Open Road and from other services.</p>	<p>Across interviews stakeholders have recognised the impact which Open Road has had on raising awareness of an issue which they had previously ignored or failed to recognise. Stakeholders recognised that there has been a failure to date to identify certain activities as prostitution and so subsequently a failure to address the individual's needs. Stakeholders identify a number of reasons why the population (and so individuals within it) has remained hidden which include: men themselves might not conceptualise the payment they receive for sex (drugs, a bed for the night, food) as prostitution; ignorance on the part of professionals that men can be involved in prostitution; the perception that men involved in prostitution must be gay (with the implication that this is a choice based on some notion of sexual pleasure or desired activity); a failure to ask about how men fund their addictions with the assumption that they do so through crime; a fear of the response from clients if they ask about their involvement in prostitution; a recognition that by asking the man might experience further stigma or be lost to the service; a concern that even if they ask and the man says he is involved in prostitution what would they do with the information?</p> <p>Stakeholders expressed support for Open Road's current focus on the most vulnerable of men involved in prostitution (using on street/public sex environments) whose needs are often complex. Stakeholders with clients in common with the agency identified the valuable role which Open Road has played in addressing client needs whilst also improving connections between a range of services which the client might need but may often have troubled relationships with.</p> <p>Stakeholders also identified other populations of men – vulnerable young men and men providing on-line/escort services - who are identified as having needs but the detail of their experiences and needs remain hidden to some extent.</p> <p>Some stakeholders identified that Open Road has had an impact on a national level, that whilst located within one NHS Board, knowledge of its work and a growing awareness of the issues it addresses are of interest to service providers across Scotland.</p>

Project activity	Comment
<p>1. Identify the men involved in prostitution through effective processes and partnership working.</p>	<p>Reflecting a view from across stakeholder interviews one interviewee stated: "Their partnership working is very strong".</p> <p>Stakeholders have identified that acknowledging that men can be involved in prostitution has been a complex and difficult process in which Open Road has played a central role. (This is discussed further in Section 4).</p> <p>A key issue in the identification of men is the issue of 'routine enquiry' where in their assessments other agencies ask men about payment for sex/prostitution. Open Road is recognised as having informed and driven this way of working (discussed further in Section 4) although challenges remain in embedding this practice across services.</p>
<p>2. Assess the needs of men currently involved in prostitution.</p>	<p>Stakeholders view Open Road's approach to assessment of client needs as strong, and supported by effective client engagement. The service reports an emphasis on effective and ongoing client assessment.</p> <p>Stakeholders appreciated the explicit links which Open Road has made with involvement in prostitution and experiences of abuse and trauma; reflecting learning and analysis of the experience of women involved in prostitution.</p> <p>The service's practice in relation to assessment is discussed further in Section 5.</p>
<p>3. Address the needs of men involved in prostitution by appropriate service delivery across a range of partners.</p>	<p>Open Road is seen to work in ways which have been described as: individualised, client focused, flexible.</p> <p>Stakeholders reported that the service is good at identifying and ensuring joint responses to underpinning issues; for example recognising that prostitution may be used to fund an addiction, or to secure a place to stay so that it is issues of addiction and homelessness that need to be an immediate focus.</p>

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	<p>Stakeholders identified that the service is aware of its own limited capacity and the need for other service providers to retain a focus on the client's needs. One interviewee stated: "Open Road has developed a crucial role, not responding to every need, but acting as a bridge and a catalyst".</p> <p>Another stakeholder commented: Open Road positions itself like a spidergram, it can refer and direct, (to Addictions, to Substance Misuse, to Coming out of Prison support), all based on good relationships and knowledge.</p> <p>Further information about Open Road's engagement with clients is reported in Section 5.</p>
<p>4. Work alongside mainstream agencies to provide appropriate services which address the clients' needs.</p>	<p>Stakeholders identify that Open Road's focus on a range of issues which might underpin a client's prostitution has required the service to seek out, raise awareness and influence how other services work. This requires the service to have a broad based understanding of many areas of service provision, to know who provides what, where and under what circumstances – all in the interest of assessing, understanding and addressing client needs.</p> <p>Stakeholders conclude that as a result of its engagement with other services Open Road has increased awareness and sensitivity toward clients and so improved the response of mainstream services to clients who are known to be involved in prostitution. Stakeholders report that opportunities to contact Open Road staff on a consultative basis for support on a particular issue with a client (whether this then becomes a referral or not) are valued.</p>
<p>5. Contribute towards establishing an evidence base to inform future policy and services.</p>	<p>In broad terms the work of Open Road has been central to ensuring that agencies now understand and recognise male prostitution.</p> <p>Stakeholders identified that Open Road is good at informing them of current and developing legislative issues with regard to prostitution.</p>

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	<p>Open Road chairs the Male Prostitution Network and this is seen as a forum for sharing practice and policy development issues as well as sharing of research/evidence.</p> <p>Stakeholders do however recognise that research about men involved in prostitution is minimal, very little exists in Scotland and what does is several years old or is somewhat limited due to the problems in reaching and engaging men. Whilst Open Road's day-to-day practice is seen as contributing toward an evidence base there is a shared view that more research needs to be done to inform future policy and services and that as well as involving service providers and policy makers this must involve the men themselves.</p>
6. Evaluate the effectiveness of NHS Open Road and its approach.	<p>Open Road staff, management and stakeholders have viewed this current evaluation process as important for the service. Engagement internally and externally has been well supported and, in terms of external stakeholders, this indicates the high regard in which the service is held.</p> <p>The issue of effectiveness of partnerships has been discussed with Open Road staff and stakeholders and is reported on throughout this report. In essence professional relationships are seen as highly positive.</p> <p>There has also been discussion about the quality of engagement with men and how the service evaluates outcomes for clients. Again, referring agencies and Open Road staff point to positive work with clients although there is more the service could do to record and recognise outcomes; this is discussed in more detail in Section 5.</p>

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Amending aims and activities

In the view of the evaluation team Open Road's aim and activities have served the project well and remain largely fit for purpose. With this in mind:

- We suggest that rather than the term 'project' Open Road uses the term 'service'; this will reflect the status of the service and give clearer messages about sustainability and long-term approaches.
- While no additional statements in terms of activities are suggested small amendments are proposed as follows to the wording of the service aim and activities as detailed below:

Project aim	Comment	Proposed new text
<p>Our aim is to identify the hidden population of men currently involved in prostitution and to ensure that they receive appropriate help and support, both from NHS Open Road and from other services.</p>	<p>In light of comments and discussion around the use of the term prostitution (explored in this evaluation report) it is proposed that the service aim is prefaced by an explanatory statement which Open Road already uses on-line.</p> <p>Secondly, it is suggested that the phrase 'the hidden population' is deleted as Open Road has already progressed this agenda and the statement feels unnecessary.</p>	<p>NHS Open Road is a service for men of any age who perform sexual acts in exchange for some form of payment. This payment could be money, but equally could take the form of drinks, drugs, consumer goods, or a bed or roof over your head for the night. We call this sexual exploitation, or prostitution, but you might have a different name for it.</p> <p>Our aim is to identify men currently involved in prostitution and to ensure that they receive appropriate help and support, both from NHS Open Road and from other services.</p>

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Project activity	Comment	Proposed new text
1. Identify the men involved in prostitution through effective processes and partnership working.	It is suggested that it would be helpful to name different sectors explicitly.	Identify the men involved in prostitution through effective processes and partnership working across statutory and voluntary/community sector.
2. Assess the needs of men currently involved in prostitution.	No change proposed.	
3. Address the needs of men involved in prostitution by appropriate service delivery across a range of partners.	No change proposed.	
4. Work alongside mainstream agencies to provide appropriate services which address the clients' needs.	For clarity, it is suggested that the phrase 'mainstream agencies' be deleted and replaced with 'partners'.	Work alongside partners to provide appropriate services which address the clients' needs.
5. Contribute towards establishing an evidence base to inform future policy and services.	While stakeholders recognised that there is a real need for an improved evidence base no change is proposed in terms of this as a relevant activity for Open Road (and this is returned to in recommendations).	

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6. Evaluate the effectiveness of NHS Open Road and its approach.	No change proposed.	
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SECTION 4 - RESPONDING TO PROSTITUTION: WORKING DEFINITIONS AND MODELS

In order to understand the work of Open Road it is necessary to describe the context in which policy and services have emerged – firstly in terms of women involved in prostitution and then how this has influenced and impacted upon Open Road’s work with men. This will be explored in terms of how prostitution is defined and understood and how this is in turn translates into a model of work and relationships with both other agencies and service users themselves.

Context: Addressing prostitution in Glasgow

Targeted services for women involved in prostitution have been provided in Glasgow for 20 years. These services initially emerged out of concerns about the spread of blood borne viruses (BBV) and focused on harm reduction. In the 90s the murder of women involved in prostitution brought a new focus and prostitution became viewed more coherently across providers as a form of violence against women which required services to support women to exit prostitution; this view directly challenges ideas and language where prostitution is presented as a choice, as a form of work or as sexual behaviour. It is also recognised that the nature of women’s involvement in prostitution is changing, with less on-street activity and the use of mobile phones and websites to organise prostitution meaning that prostitution now operates all day, every day and across the City. It is estimated by Glasgow City Council that between 1,000 and 1,400 women are involved in prostitution, 98% of whom are intravenous drug users with experiences of abuse, poverty and homelessness. Services are also now more aware of the trafficking of women and children for prostitution.

In 2010 services for women involved in prostitution have been redesigned. Responsibility for strategic planning and service delivery in relation to violence against women is now located in *Glasgow Community and Safety Services* (an arms length external organisation) which reports to the *Commercial Sexual Exploitation Group* (Open Road is represented on this Group). Wherever a woman is involved in prostitution – on street, indoor or as a result of trafficking – the intention is that services are more integrated and coherent. A significant amount of funding for women’s services is now drawn from the Fairer Scotland Fund (locating tackling prostitution as a social inclusion/equalities issue) and some posts whose previous location was a specific service for women involved in prostitution are now located in Community Addiction Teams.

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In this analysis and in policy and service development there had not (until the establishment of Open Road) been an explicit recognition of men's involvement in prostitution. It remains the case that Glasgow City *policy* on prostitution still does not refer to men involved in prostitution. Where outreach work has been conducted in public sex environments (often by voluntary/community sector agencies contracted by NHS GGC) the approach has often been based on harm reduction approaches and the term 'prostitution' has rarely been used to describe men receiving payment for sex; the term has certainly not been used in terms of describing or responding to the needs of men involved in 'escorting' organised via on-line or print media. While Open Road staff and many stakeholder interviewees identify that there has now been progress in terms of establishing such awareness some interviewees have also identified that there remains a task in ensuring that across NHS GGC, Local Authorities and the voluntary sector men's involvement in prostitution is firmly located and understood to be sexual exploitation and gender based violence, clarifying that men can and do abuse other men.

Project definition/The meaning of prostitution

NHS Open Road uses the following definition of prostitution, reflecting the analysis and perspective of policy and service responses to women's prostitution to date:

NHS Open Road defines men involved in prostitution as males who exchange sexual acts for some form of payment such as money, drinks, drugs, consumer goods or a bed or roof over their head for a night. This may take place in a variety of settings including brothels, private accommodation or on the street.

We recognise that a significant number of men involved in prostitution do so as a means of survival behaviour rather than sexual behaviour and we validate the right of men involved in prostitution to be free from exploitation and abuse and to be included in shaping the services which aim to support them.

Our understanding of prostitution as a potentially harmful means of survival informs our approach to working with individuals. Therefore, while it is not a condition of the service that men must exit prostitution, it is part of our duty of care to raise exiting as a valid option.

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On line and in project information targeted at men the service phrases this as follows:

NHS Open Road is a service for men of any age who perform sexual acts in exchange for some form of payment. This payment could be money, but equally could take the form of drinks, drugs, consumer goods, or a bed or roof over your head for the night. We call this sexual exploitation, or prostitution, but you might have a different name for it.

There can be risks to your health if you're involved in prostitution, and we'd like to support you to look at these risks and identify ways of reducing them to a minimum. You might want to exit prostitution altogether, in which case we can look at ways to support you to do this. However, we won't pressure you into exiting prostitution if you're not ready to.

In further information the service recognises the challenge of applying this language and perspective in work with men or in the discussion of prostitution with them. On-line the service states in information for other professionals that in relation to discussing prostitution⁸:

We choose to use the term "men involved in prostitution" and reject the term "sex worker", as this latter phrase implies a notion of freely entered work practice which is incongruent with the experiences of many of the men involved. However, we never refer to the person involved as a "prostitute".

We recognise that asking individuals about possible involvement in prostitution requires sensitivity. To achieve as full an assessment as possible it's necessary to couch questions regarding prostitution in a context that is likely to open up discussion and which indicates that their response is purposeful and will be positively acted upon.

⁸ Discussing prostitution http://www.openroadproject.com/discussing_prostitution.html

The approach to working with individuals involved in prostitution

Research has established strong links between childhood experiences of abuse and trauma and risk of or actual engagement in adult prostitution and, as described above, NHS GGC takes the view that prostitution itself is both an abusive and traumatic experience for the adult. In terms of support for women the approach adopted by services identifies the need for women to work through these experiences using a 3 stage trauma and recovery model⁹. This analysis and model has been adopted by Open Road as a framework for its approach to work with men. To summarise the model the view is that the client must be supported to work through stages of:

- *Establishing safety*: Open Road staff describe work with men which includes a holistic assessment of circumstances and needs in order to address immediate harm and concerns. For men this can include personal safety, a sexual health check up or stabilising housing. Staff report that it is important that they do not do everything for the client and further foster learned helplessness but they will spend time with the client to support them to take responsibility for circumstances and choices. Time will also be given to discussing the client's involvement in prostitution explicitly.
- *Remembrance and mourning*: Open Road staff refer to this stage of work informally as 'healing and dealing'. Staff will work with the client to support them to recognise, understand and begin a process of healing from past and current experiences of abuse. Staff report this work uses counselling approaches, is person-centred and built on an open and honest relationship with the client. At this time it may be necessary to refer the client to a specialist counselling service but this may not be what a client wants or may not be possible as services may not accept referrals if men are still using alcohol/drugs.
- *Reconnection*: Open Road describes the focus of this work as 'moving on'. With an eye on exiting prostitution the client is encouraged and supported to get into a routine, to foster social, life or employability skills, to identify learning needs and to reconnect with appropriate family members, friends and with their own aspirations and hopes.

⁹ This model is based on the work of Judith Herman. See 'Trauma and Recovery: The Aftermath of Violence From Domestic Abuse to Political Terror' ISBN 0863584306 Publisher: Rivers Oram Press/Pandora List (2001)

The service is keen to emphasise that this is not a simple, nor a linear process. Open Road staff identify that many men remain vulnerable and in need of other service supports, perhaps for life. They also identify that for some men it is not possible to work through the model as described; men might want to stabilise certain aspects of their life but not be ready or able to move through the process. External stakeholders interviewed in this evaluation process also discussed the length of time which it has been recognised women may need to work on the complex issues addressed by this approach; suggesting that for many women such a process can take many years.

Work with men in this way is new work and as such NHS Open Road and external stakeholder interviewees have identified that it is not yet possible to ascertain the success of the application of such a model to men. The service is keen to ensure that working with this staged model does not mean that success is only to be measured by one outcome: 'exiting prostitution'. Instead, staff and external interviewees have stressed that the model is most helpful when it underpins an understanding of how past experience and current activity combine to impact negatively on the physical and mental/emotional wellbeing of the client. The model also helps both services and clients to better understand other presenting factors – addiction, mental ill-health, homelessness – which must be tackled if the involvement in prostitution itself is to be addressed. It would seem that when the complexity of the individual's experiences and needs are explicit, and when issues of current and past trauma/abuse form part of the work done, then in the relationship with the client exiting prostitution can in time become a positive and possible outcome.

Impact on relationships with other agencies

The definition of prostitution and the model of work which has been adopted raise several important issues in terms of understanding what Open Road does and how we might evaluate its work.

- **Male Prostitution Network**

The Open Road Service Manager chairs the Network which meets quarterly and this setting is seen by the service as an improved location for broader discussion and information sharing about issues relevant across services. The Network is attended by colleagues from social work services, from NHS services/teams, Police and voluntary sector service providers and stakeholders report the forum is a useful setting for hearing about Open Road as well as sharing and learning from other agencies working with both women and men involved in prostitution. It was suggested that the Network could be better promoted and membership extended.

- **How the service defines prostitution and the language used in its material is a source of debate across partner agencies.**

The service has clearly located its work in the developments which have happened around responses to women's involvement in prostitution. In relation to the language used some interviewees raised particular questions or issues for consideration:

For the majority of stakeholders the clarity of Open Road's definition and understanding of prostitution is a strength and makes it possible to align the service with services for women.

Some interviewees would like to see Open Road clarify language in order to ensure that there is no divergence from the broader policy on prostitution; this means taking more care not to use phrases such as "*..a significant number of men involved in prostitution do so as a means of survival behaviour rather than sexual behaviour*" when the preferred statement would be that *all* involvement in prostitution is a survival behaviour. Equally the statement that Open Road has an "*understanding of prostitution as a potentially harmful*" would be improved by the view that prostitution is *always* harmful.

On the other hand there are some interviewees for whom the use of the term prostitution is problematic. They are concerned that it is stigmatising and that men will not recognise its application to them; with the result that they may exclude themselves from services which Open Road can provide. These interviewees identified particular problems for Open Road in extending its work to men 'escorting' and young men who may be vulnerable to entry into prostitution or who may be already being exploited by others. In relation to work with men who are 'escorts' this is discussed below.

- **LGBT community/voluntary sector approaches**

Stakeholders recognise that there has been and remains some tension in the language and framing of the issue of men involved in prostitution by LGBT community/voluntary sector agencies when they retain a view that some men *choose* sex work or escorting as a lifestyle choice and reap economic benefits from it.

Interviewees who recognised this position also identified that notions of *choice* are not reflective of the experiences of Open Road's current client group where addictions, homelessness, violence and sexual ill-health are seen to characterise on-street/public sex environment prostitution; however in the as yet under developed work with men working online/escorting this will remain an important political, philosophical and practical matter which requires to be addressed.

Flagging up how heated these debates can be one external stakeholder saw the current position of some LGBT community/voluntary sector (agencies and media) perspectives on 'escorting' as *"collusion with a culture of exploitation"* while another stressed the importance of community/voluntary sector agencies *"labelling escorting as prostitution"* as this *"makes a service provider deliver on their duty of care"*.

It would be inaccurate to portray those coming from a harm reduction approach to 'escorting' (who may resist the language of 'prostitution') as unaware of the possibility of abuse and violence but there may be some way to go in considering how Open Road and community/voluntary sector agencies might be able to work more closely together with regard to men 'escorting'.

These issues should also be located within emerging work and discussion led by the community/voluntary sector about issues of domestic violence and gender based violence in same-sex relationships. Open Road is inputting to work funded and supported by Scottish Government in 2010 which includes an event on these issues and development of a DVD resource.

With regard to addressing these differences of analysis or approach one very positive factor is the high regard which Open Road Service Manager is held in terms of engaging with partners and the quality of the interaction with complex and vulnerable clients which external stakeholders are aware of. The positive professional relationships which have been built means that these debates and discussions are being addressed with mutual respect. In terms of inter agency relationships one external stakeholder interviewee commented: *"Never underestimate the power of an individual. I have seen the service manager respond to the debate about prostitution being men's choice, compared with survival behaviour, in a very confident but non-confrontational way, to help folk see these men as exploited. This has left more doors open"*.

- **Exiting prostitution**

Whilst accepting prostitution as sexual exploitation some external interviewees have concerns about work with clients (women or men) who are involved in prostitution being overly focused on exiting; these concerns extend to worries that effectiveness of an intervention such as Open Road might be judged solely in these terms. Interviewees who seem most familiar with the model of work and policy framework within which prostitution is most clearly defined have not overly focused on exiting as a target but rather as a goal. In this way external stakeholder interviewees and Open Road staff have put the focus of their work on reducing harm, stabilising what is chaotic and creating some space within which underlying issues can be considered. It is not that interviewees do not see the need to exit prostitution rather they are aware of the need not to be overwhelmed by the circumstances of the client, to take a realistic view of what resource is available to support the client over time, and to adopt a staged approach. This issue is returned to in the following section about relationships with clients.

- **Routine enquiry**

The identification of men involved in prostitution requires the professional person engaged with a client to ask about whether payment of some kind has ever been received for sex. Several external stakeholder interviewees have been honest in their appraisal that while policy, training and the importance of what is called 'routine enquiry' is understood it is an approach which some staff continue to find difficult; as one interview commented "*this takes people out of their comfort zone*".

Open Road reports that it has been involved in the development, planning and implementation of *routine enquiry* into prostitution within Glasgow Addiction Services. This has followed a staged approach whereby 2009 saw the introduction of routine enquiry with all female clients and 2010 will see the introduction of routine enquiry with all male clients. In this way, learning from the initial routine enquiry rollout could be embedded before being transferred to men involved in prostitution. Open Road report that as routine enquiry approaches are rolled out across services, although this may take several years, this will go some way to address under reporting and poor awareness of the numbers of men involved in prostitution.

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The concept of routine enquiry is to be rolled out across other NHS GGC services, as requested by Scottish Government in the context of policy around Gender-Based Violence. Scottish Government letter CEL 41¹⁰ requires all Scottish Health Boards to routinely enquire into women's experience of domestic abuse; however, within Addiction and Mental Health settings, it also requires Boards to routinely enquire into adult men's and women's experience of childhood sexual abuse; given the links between childhood sexual abuse and prostitution, Open Road will now support Addiction and Mental Health settings to develop, plan and implement routine enquiry into men involved in prostitution and male adult survivors of childhood sexual abuse. The aspect of routine enquiry into men involved in prostitution within Mental Health settings will be focused upon Trauma Services.

Impact on relationships with clients

In practice the emphasis of Open Road, in common with other agencies engaged with clients involved in prostitution, is on the health and wellbeing of the client. Staff report that in their engagement they are clear that ending a client's involvement in prostitution (exiting) is what is desired but on the way, so to speak, Open Road, in conjunction with other services, will work with the client to minimise risk and create a formal relationship within which underpinning issues can be addressed. This means Open Road will work with the client on practical issues such as maximising income, stabilising housing, supporting safer sex so that other life experiences which are perhaps traumatic/abusive can be considered.

For some external stakeholders identifying prostitution as prostitution is crucial in work with both women and men because understanding or describing it as a choice, as sexual behaviour or as work is in the words of one interviewee *"an illusion"* which must be recognised sensitively in order for therapeutic work and re-connection with hopes and ambitions to be complete. One stakeholder interview recognised Open Road's approach to these issues as follows: *"I have not heard that this definition has caused difficulty for the men. Staff are not judgemental, they are skilled"*. In terms of exiting prostitution another stakeholder recognised that *"Exiting isn't a condition of the service, they say that. Clients can access the service whether or not they intend to give up prostitution"*.

¹⁰ Letter to NHS Board Chief Executives at http://www.sehd.scot.nhs.uk/mels/CEL2008_41.pdf
This letter sets out expectations for NHS Boards to develop a 3 year action plan (2008 – 2011) to address gender based violence (which includes commercial sexual exploitation). The priority areas for attention are identified as mental health, sexual & reproductive health, A&E, primary care, addictions, and maternity services. Appropriate linkage with work on child protection and homelessness will also be prioritised given the overlaps with these areas.

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However, in relation to potential new work for Open Road with men involved in 'escorting' there remains a concern for some external stakeholders that the term 'prostitution' and the identification of exiting as a goal may prove to be a barrier to work with men. As has already been stated, interviewees recognise the personal skills of Open Road staff, but consider that written/on-line information may have to be reconsidered to 'soften' the messages given to at least facilitate initial engagement.

SECTION 5 - QUALITY AND IMPACT OF ENGAGEMENT WITH THE CLIENT

This section of the report deals with key areas which help clarify how Open Road engages with service users. Perspectives are again drawn from interviews with Open Road staff and external stakeholders.

Referrals and enquiries

Referral processes are described generally as 'informal'. Referrals have come from a range of sources (further information about clients and sources of referral was provided in Section 2). Workers who want to refer a client to the service usually do this initially via a telephone call or face-to-face engagement with a member of the Open Road team. If after informal contact a formal referral is to be made the referrer is expected to complete a referral form which is largely 'tick-box'. On occasion Open Road staff report they have met with a worker from another agency and completed the referral form in conversation with them.

Following a referral Open Road staff will clarify with the referrer how the client would prefer to proceed: the client will either be given Open Road contact information to follow up themselves or the client's contact details (with permission) will be shared with Open Road who will make contact with them. Across stakeholders the referral process was viewed as straightforward and easy to complete. Stakeholders who were interviewed who have not referred to date report that they feel confident and informed about doing so should the need arise.

Self-referral is also an option; in such circumstances it is usual for another service to signpost a client to Open Road, to inform Open Road they have done so, and the client chooses to make contact. Open Road staff would take enough information from a client to begin contact but the individual would not be expected to complete the referral form themselves.

Open Road staff report that there has been a steady flow of informal enquiries from colleagues across services motivated by a concern about a client. One interviewee described this stage as 'pre-referral'. In such contact workers would be encouraged to think about referring a client to Open Road if, after discussion, this feels useful/relevant. Until early 2010 these informal contacts were not being recorded by the service but an 'Anecdotal Information Record' system has now been introduced to allow the agency to track and follow up on such informal contacts. The service has provided information to July 2010 about how this system is operating.

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Breakdown of anecdotal information recorded from 10/10/2010 to 16/07/2010

Total number of records	13
Records which identified individual men	10
Number of men identified	12
Records which translated into actual clients	1
Potential clients for referral	7
• Active follow-up	3

Sources

- NHSGGC Acute Service Division
- Glasgow Addiction Service
- Community Mental Health Team
- Community Addiction Team
- Glasgow Street Service x 2
- Homeless Addiction Team
- SAMH x 2
- Scottish Refugee Council
- TARA

Record keeping and Information sharing

Client files are kept as handwritten notes and every contact with a client is recorded. This is described by the Open Road team as akin to 'nursing notes'. The Development Officer discusses each active case in support and supervision provided by the Service Manager. In turn the Service Manager shares monthly anonymised summaries of active cases in meetings with the service line manager. The Development Officer has recently introduced a 'case review' sheet which will support reflection about and management of existing clients.

Ongoing information sharing between services takes place. Open Road staff will be invited to case reviews/planning meetings by colleagues who have referred to the service. Less formally case workers/managers from other services will also inform Open Road staff of relevant developments in terms of a client, or seek support or information from Open Road. On many occasions stakeholders identified in the course of this evaluation the usefulness of Open Road colleagues in supporting a client to engage with a key service, whether that be linking a client to a sexual health service or to a new accommodation/housing option. Such occasions were seen to be out with the capacity of many mainstream services as well as opportunities for Open Road to get alongside the client and understand their circumstances and needs.

Open Road staff report that discussion of the detail of an individual's prostitution or disclosures of abuse/trauma are often aspects of the client's experience which they wish to remain confidential to their relationship with Open Road and that further disclosure to others/services must remain with the client (although in time and on occasion they can authorise Open Road to share with others). Open Road clients are asked for written/informed consent for Open Road staff to share information and this will be returned to on occasion to ensure ongoing informed consent.

Open Road staff now have 'read only' access to the Social Work 'Care First' case notes system which is proving useful in terms of assessment and information sharing.

Assessment

Open Road staff report that the process of assessment takes time. Whilst initial contact with a client will include basic personal information the client's 'story' takes time to unfold and while there will be a clear recognition that contact has come through the client's involvement in prostitution it may take some time to engage in direct discussion about this. Equally, a significant number of clients have other experiences of abuse/trauma and this too will be disclosed or addressed (if already known) at the client's pace.

Other service providers/referrers are respectful of the importance of the trust which must be built between Open Road and service users and understand that Open Road's in-house assessment process and information sharing, defined by what works for the client, has worked well to date. However this in-house approach does mean that Open Road is not formally part of adult integrated assessment processes (for example current Homelessness Integrated Assessment) and while this may be manageable in relation to the current client base this may be less sustainable or appropriate *if* the service were to work with younger clients. As stated above recent access to 'Care First' will facilitate the assessment process.

The client's experience

Stakeholders who have referred a client to Open Road (and who continue to work alongside the client) report that the service is good at maintaining close contact with men who are often living in the most difficult and chaotic circumstances. Services who have struggled to maintain positive relationships with clients report that Open Road staff are excellent at sustaining relationships; this is often attributed to not just persistence but also clarity of purpose and most importantly time. Open Road staff themselves identify this clarity and time resource as key strengths underpinning Open Road's work.

Across interviews stakeholders described Open Road's relationships with clients as *honest, available and open*. The work with clients was described as *flexible and robust*. Stakeholders who had knowledge of the service from the outset described the approach of the initial Development Worker post holder as *proactive* described by one interviewee as an approach which meant that "*the client was expected to make and keep regular appointments rather than an approach which some services might have based on 'call when you need to make an appointment'*". Across interviewees there was a hope that these service characteristics would remain embedded in practice whatever future development for Open Road might look like.

Open Road staff describe a process of work with a client which includes assessment, planning, implementation and evaluation. This is seen as a cycle rather than a linear process. Individual sessions with clients are described as opportunities to remind the client of current and ongoing issues and progress made so that change is reinforced over time.

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Outcomes for clients

Stakeholders identify that Open Road's engagement with a client enhances *their* understanding of the client's experiences and needs; information sharing is good, thus improving the responses they can give. Open Road staff are available to support case planning and review and help deliver a more integrated response to client needs. Stakeholders also value the commitment Open Road staff give to building relationships with clients over time which then enables them to help the client engage with other services by keeping appointments, reflecting on what they need and want, avoiding or resolving difficulties. The service is also recognised as good at referring a client on to another service which might be of use, and then ensuring that engagement happens. Both service provider and client would seem to benefit from the *advocacy* role which Open Road staff can fulfil alongside the client with complex needs.

Some stakeholders identified that while they have trust in the work which Open Road undertakes with clients their sense of improved outcomes for clients is garnered from informal conversations or as Open Road staff input to their agency reviews or planning. Some interviewees described the information shared about improved outcomes for clients as reliable but subjective and identified the service could be better at articulating and evidencing planning, impact and progress.

Further client/service needs

In order to improve or enhance the quality and impact of engagement with the client external stakeholders identified (these issues are returned to in consideration of recommendations in Section 8):

- The need for more capacity so that the service can extend its work both with the current client group of vulnerable men involved in largely on-street prostitution as well as work with vulnerable younger men and men involved in 'escorting'. Interviewees were of a shared view that an increase in staffing capacity would lead to more "*uncovering*" of men's involvement in prostitution.
- In terms of client needs some interviewees identified the need for provision of in-house counselling services for some Open Road clients, in order to streamline the service some men may need and in recognition of the difficulty in engaging some clients with external counselling services, some of whom do not work with men using drugs/alcohol.

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- The service needs to improve the evidence base about what they describe in their literature as a 'hidden population'. Quantitative and qualitative evidence is seen as crucial to engage with and change other services.
- External stakeholders identified that there remains a need for greater awareness and understanding across other colleagues in NHS GGC and Local Authorities about men's involvement in prostitution and about the services offered by Open Road in response. Interviewees recognised the progress made in some areas (for example in Addictions and Homelessness services) but see more to be done, for example in relation to children and young people's services and mental health services. Increased awareness and ownership of the service was seen as essential if the service is to secure a more diverse funding base and sustainable future.

6. REACH AND INFLUENCE

The evaluation process has explored the reach and influence of Open Road in relation to how the service has impacted upon awareness, policy and practice in relation to men's involvement in prostitution and how Open Road has engaged with other work streams. As with other elements of this document which report and comment on Open Road's work it is important to have in mind the staffing capacity within the service. There are currently 2 members of staff: the Service Manager and Development Officer. There is no administrative support and no additional staff who can cover for illness or holiday periods. During the period between the departure of the first Development Officer and his replacement, a period of 4 months, the Service Manager had to cover all case work.

Impact on awareness, policy and practice in relation to men's involvement in prostitution

Interviewees frequently referred to Open Road's contribution to raising awareness and increasing understanding of the needs of men involved in prostitution. Stakeholders recognised what one interviewee described as "*consistent networking, with a subtle influence that is felt through a friendly connection*". As a result managers and practitioners are now more likely to recognise prostitution and to identify that men might benefit from having their involvement in prostitution addressed by their own service and by Open Road as a specialist resource. The range of referring agencies listed in Section 2 can be seen as an indication of reach and awareness of the service.

Open Road has provided a list of staff involvement in information provision, presentations and training and engagement with Working Groups and Committees (see **Appendices 5, 6, 7**). This work has been reported on earlier in Section 2 where it is identified this work has been cross sectoral and covers a wide area of policy/practice interests. Since 2009 the service has supported the *End Prostitution Now* campaign.

New service information materials have been produced late 2009 and are being used to make new contacts as well as refresh older contacts. The production of new information has also included a redesign of the service web site.

The Male Prostitution Network is chaired by Open Road Project Manager and is seen as a forum for sharing information and approaches although some interviewees identified that Open Road and other partners could do more to raise awareness raising about the Forum.

Engagement with other work streams

The service has engaged with significant programme of training and engagement with working groups and committees. It has also engaged with colleagues across other services and teams working in the field of addictions, homelessness, social work, sexual health, mental health and criminal justice.

- **Training and awareness raising** sessions has been a major route for Open Road into a range of other services; in particular this has connected the service to **Addictions** and **Homelessness** services. The structure of services across NHS GGC CHCPs also means that the service needs to engage with teams doing similar work but located in different CHCPs – as an example in order to reach local Vulnerable Households Forums the service made separate presentations to these forums in Glasgow West, Glasgow South West, Glasgow North, Glasgow South East and Glasgow East within a 4 month period in 2007. The service has also been successful in identifying opportunities to work with other services on joint inputs/training; thus making best use of limited capacity as well as clearly locating Open Road in the broader work conducted around gender based violence. Day to day connections with colleagues in **Addictions** and **Homelessness** services have been most significant in light of work with clients engaged with these services.

A full list of training and presentations are detailed in **Appendices 5 and 6**.

- **Engagement with working groups and committees** is detailed in **Appendix 7** where there is evidence of Open Road's broad based connections and influence in relation to sexual exploitation, child protection, equalities issues, voluntary sector LGBT work and services with a focus on supporting clients deemed vulnerable. Since 2009 the service has engaged with the End Prostitution Now Campaign Working Group. Open Road has also contributed case study material to the campaign¹¹.
- **Social Work children and families services/Vulnerable young men**
For some external stakeholder interviewees there has been a failure to date, across local authority and NHS GGC policy and services, to adequately recognise and address the needs of vulnerable young men who may be at risk of entering prostitution.

¹¹ End Prostitution Now case studies at: <http://www.endprostitutionnow.org>

There are also concerns, as a result of improved information sharing and awareness or sometimes concerns based on anecdotal information, that some young men are involved with adults and in situations which, although the young person might not conceptualise the relationship as abusive or where payment/gifts for sex may not be understood as prostitution, sexual exploitation is occurring. Interviewees report that where it is appropriate to do so, because of the age of the young man or because they are looked after/accommodated, then responses to such issues should be framed as child protection, but for some young men it is suggested that existing *Vulnerable Young People Procedures* might usefully help identify concerns and subsequent interagency responses.

In 2010 Children & Families Social Work Department at Glasgow City Council has asked Open Road to co-chair a short-life working group to investigate the issue of vulnerable young males as per the disproportionately high number of young males presenting in the City under Vulnerable Young People Procedures. Vulnerability is understood to include children and young people who are sexually exploited through the exchange of sexual acts for money or other goods/roof for the night, grooming and targeting through new technology and exploitative sexual behaviours. The working group aim to highlight any gender-specific considerations and service implications for consideration and action by Glasgow Child Protection Committee.

Open Road has also delivered inputs to two groups of young people meeting in the context of LGBT Youth Scotland group programmes. These inputs were described as friendly, non-threatening and well received – motivating young people to consider issues of vulnerability and risk. Open Road staff have also been engaged in some discussion with a residential education provider about young men’s vulnerability with regard to entry to prostitution. This early work indicates both a need and interest amongst stakeholders to engage with Open Road in terms of vulnerable young men.

- **Sexual health** is viewed as a key area of work by both external stakeholders and by Open Road staff. As well as discussing sexual health with clients and supporting them to address issues and make changes which enhance health and wellbeing Open Road has engaged with the Sandyford¹² initiative services across NHS GGC.

¹² More about Sandyford initiative and services at: <http://www.sandyford.org>

Open Road receives the 6 monthly Sandyford Hub reports and also revised the Sandyford service's protocol on prostitution so that it now includes men, the agency has supported the development of the 'fast track' service users card for clients so that they can gain easier access to Sandyford clinics. Open Road has also established close links with the Homelessness Sexual Health Nurse both in terms of individual clients but also through her presence on the Male Prostitution Network. Open Road has also jointly organised and input to a joint sexual health and addictions services seminar on shared issues.

- **Mental health:** As can be seen from the profile of Open Road clients (see Section 2) significant numbers of Open Road service users have mental ill health and are engaged with Mental Health services. Open Road staff report that they have been involved in presenting to a limited number of mental health practitioners/teams, particularly in the early stages of establishing Open Road services. Open Road staff report good links with the Homeless and Trauma team. External stakeholder interviewees and Open Road staff recognise that Open Road has had some influence on raising awareness of the issues and building relationships with mental health providers but that more needs to be done. Open Road has identified a role in supporting Mental Health services to establish systems for routine enquiry around men's involvement in prostitution; this work will build on the Scottish Government's instruction to health boards, discussed earlier, to enquire about experiences of childhood abuse and trauma. Finally, Open Road is currently planning to make contact and visit all Mental Health Resource Centres across NHS GGC to inform colleagues about Open Road services.
- **Criminal justice:** Nearly half of Open Road clients to date are involved in criminal justice services but Open Road staff report that further links with Criminal Justice colleagues could be developed with increased capacity. The service is now initiating some work with men in prison, and reports this can be a 'space' when men have time to reflect on experiences and needs and begin the process or recovery.

SECTION 7 - IDENTIFYING KEY SERVICE STRENGTHS/BENEFITS AND CONCERNS/AREAS FOR IMPROVEMENT

Reviewing the report so far, these are summarised below before moving on to recommendations.

A summary of strengths and benefits

- **The staff team** have been identified across external stakeholder interviews as the key strength of Open Road in terms of skills and how they maximise what can be achieved with limited capacity. They are viewed as knowledgeable, committed and articulate. Interviewees recognised a personal commitment and drive. One interviewee commented: *"A plus about this service is that they speak from the heart"*.
- **The meaning of prostitution:** Many interviewees place value on the work done by Open Road to connect its analysis and approach to work with men with learning from and approach to work with women. Open Road is seen to problematise prostitution while not judging the individual service user. This evaluation report has identified some debate amongst contributors about naming prostitution as prostitution; and it has been recognised that the service will have to be somewhat sophisticated in its use of language with clients, particularly men involved in 'escorting' who are unlikely to conceptualise what they do as prostitution, and vulnerable young men who equally may be less aware of the potential negative outcomes as a result of engagement with others who seek to exploit them.
- **A clear focus on the client with an ability to inform policy:** Interviewees with an understanding of Open Road's work with clients view it as holistic and person-centred. It is seen as a strength that an agency can work with clients and use that experience to influence and inform policy.
- **Networking and awareness raising:** Since late 2006 the team have input to a considerable number of presentations and training events. These have been listed by the team and are presented in Appendix 5, 6 and 7. The volume of this outreach and awareness raising activity shows the priority which the service has given to influencing, informing and improving services for men involved in prostitution.

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- **Support for 'routine enquiry':** Open Road's involvement and support for training and increased awareness of the importance of routine enquiry about client experiences of childhood sexual abuse and adult involvement in prostitution is identified as a means by which an increasing number of colleagues are now more able to ask clients about experiences and needs.
- **Approaches to partnership working** are described as open and friendly. Staff are viewed as constructive and enabling in their work with colleagues.

A summary of concerns/what could be improved

- **Increased capacity** was seen as essential across external stakeholder interviews. Whilst many interviewees recognised the effective use of the existing limited resource they identified that development and sustainability relied on extending the service to enable it to reach and influence services across the Board, local authorities and voluntary/community sector agencies as well as increase client case load.
- **Security of funding** was identified and linked to increased capacity. Some interviewees were more aware than others of funding only being in place until March 2011 and were concerned that this is a matter requiring urgent attention. Specifically interviewees were concerned that insecurity about funding can undermine staff confidence and the loss of staff was seen as a major threat to the effectiveness and sustainability of the service.
- **Knowledge base/Research:** Open Road's support for work conducted on men's experience of 'escorting' (Eaglesham, referred to earlier) has shown the difficulty in engaging with men involved in this activity. The service has also had contact with one other possible research project exploring experiences of childhood abuse but Open Road clients did not want to participate. It has been identified by both external stakeholders and by Open Road staff that the evidence base about men's involvement in prostitution in Scotland needs to be enhanced by research; clearly a challenging area in terms of identifying and working with men to encourage participation.

- **Clarity about outcomes for individual men:** External stakeholders report confidence in Open Road's approach and work with men. Those with clients in common with Open Road understood their work and occasionally heard from clients about what they appreciated from Open Road's work with them: Open Road is non-judgemental, practical, focused, listens and challenges. However interviewees did identify that the service would benefit from describing how it measures progress for clients. Interviewees understood the need for Open Road to maintain confidentiality and anonymity in more general reporting but hoped these issues could be considered whilst more clearly articulating outcomes.
- **Extending work with other groups: work with men 'escorting' on line/via print media and work with vulnerable young men:** These groups of men were identified by both Open Road and external stakeholders as requiring a focus by the service however both staff and stakeholders identified the need to increase staff capacity to do so.

SECTION 8 - RECOMMENDATIONS

Recommendations are made in respect of three areas: **strategic/planning issues, current service activity and future service delivery for men involved in prostitution.**

Strategic/planning issues

- **Maintaining Open Road as a distinct service**

External stakeholder interviewees were asked whether services have reached a point where they themselves can recognise and meet the needs of men involved in prostitution; making redundant the role of a specialist service such as Open Road. Interviewees were unanimous in their view that there is a need for a distinct service which continues to drive awareness and the development of both policy and service provision in relation to men involved in prostitution, identifying that their own and other services are a long way off being able to do this independently or without support. Linked to this recognition of the need for Open Road was recognition by interviewees that NHS GGC, local authorities and arms length external organisations must, in recognition of the services which Open Road provides, provide resource support for such a service. One interviewee stated: *"It's the responsibility of the mainstream services to do this work. If they aren't yet able they need to pay for Open Road to help do it"*.

RECOMMENDATION 1: NHS GGC must take strategic responsibility for the future of Open Road. Whilst located/hosted within West Glasgow CHCP the future of Open Road cannot and should not be the concern of this CHCP alone. With only 12 months funding in place for the service NHS GGC must convene a short-life working group to explore future resourcing and role for the service. This should include representation from relevant Local Authority departments/services, the voluntary sector and arms length external organisations. In terms of membership of this group it is suggested that the current Advisory Group support NHS GGC to identify individuals who might be considered as natural champions for Open Road and who will start from a place of positive support and recognition of need. The short-life group should be tasked with delivering a strategy for realistic and sustainable growth for Open Road beyond March 2011.

- **Open Road: Development options**

The minimum requirement to sustain Open Road beyond March 2011 is to match existing funding. The service operates with 2 members of staff and maintains a highly productive work programme which includes a focus on training, policy development, practice development and direct service delivery. It is difficult to envisage how the service could reduce staffing and maintain effectiveness. In order to meet newly identified areas of work, specifically work with men 'escorting' and work with vulnerable younger men, the service needs to grow. It is of course important to remain realistic about what might be achieved in the current financial climate, to recognise that the work remains cutting edge and that development should be undertaken with an eye on quality and appropriate levels of reflection and evaluation.

RECOMMENDATION 2: Consideration of development options will best be done through a partnership between relevant agencies so that no one agency bears the burden of identifying or providing resources. Development options should also consider the reach of the service across NHS GGC. As preliminary work Open Road's staff team and existing Advisory Group members should develop and cost some service development options based around the following options (at this stage these options should be drafted very broadly but associated costs will be required):

- Option 1: Standing still: this would entail maintaining services at the current level and with similar focus.
 - Option 2: Maintaining the focus/interest of current services but extending this work (both work with colleagues/training/policy development *and* work with the current client group).
 - Option 3: Maintaining current services plus developing work with men 'escorting'.
 - Option 4: Maintaining current services plus developing work with a focus on vulnerable young men.
 - Option 5: Maintaining current services plus developing both strands of new work: work with men 'escorting' and developing work with a focus on vulnerable young men.
- **Establishing Open Road as a partnership service**

This evaluation has evidenced that with limited capacity Open Road has established itself, in practice, as a project committed to partnership approaches and working. From policy development work, to training, to support for the roll out of routine enquiry, to work with vulnerable and challenging clients the projects partnership ethos is clear. It is implicit in the recommendations above that the future of Open Road depends on

ownership and commitment from the very agencies that have benefited from its presence to date. In terms of work with clients the service has responded to need from a specific population of men who for the most part are also engaged with services responding to issues around addictions, homelessness or mental health. It would be a mistake however to locate Open Road's partnerships and potential to partners working in these areas alone as this would limit potential and fail to recognise and meet other needs.

RECOMMENDATION 3: It is essential that Open Road draws on support from across relevant service strands. Relatively small contributions from a range of partners will allow Open Road to flourish and continue to make an impact across services and in the lives of clients. Within a difficult economic climate it is time for a range of partners to turn the verbal support and praise given for this service in the course of this evaluation into strategic and resource commitments.

- **Male prostitution as a social inclusion/equalities issue**

An important part of reorganisation of policy and service response to women's prostitution has been to not only locate prostitution as an issues of commercial sexual exploitation and gender based violence but to see the response to it as a social inclusion/equalities issue.

RECOMMENDATION 4: Open Road has worked consistently to locate its philosophy and practice alongside responses to women's prostitution and so in terms of future service alignment and resourcing it makes sense for partner agencies to see Open Road as equally having a concern for promoting social inclusion and equality. Aligning Open Road as such means reviewing potential funding/resource support which should then flow from Fairer Scotland Funds or from other social inclusion/equality funding streams.

- **Framing Open Road as a local service with national significance:**

The Scottish Executive established an Expert Group on Prostitution in 2003. This Group decided to produce 3 reports; the first report Being Outside¹³ was published in December 2004 and focussed on the issues for women involved in on-street prostitutions. One of the subsequent reports was to address issues for men involved in prostitution however the work of the group ceased and no further reports emerged. External stakeholders interviewed in the course of this evaluation identified the need for the work begun to continue. In the context of HIV and sexual

¹³ Being Outside: Constructing a response to street prostitution at <http://www.scotland.gov.uk/Publications/2004/12/20410/48751>

health in Scotland one voluntary sector agency THT Scotland¹⁴ has publicly called on the Scottish Government to fulfil commitments to ensure that men are not ignored or marginalised in the policy making process or development of services nationally; the demand of THT Scotland is that men's needs should be seen in the broader context of health and social justice.

RECOMMENDATION 5: Open Road has established the need for increased awareness of men's involvement in prostitution, has established partnerships which see policy and practice changes which benefit men involved in prostitution and, in terms of a specific group of very vulnerable men involved in on-street prostitution, has established effective working practices. With very limited capacity and within NHS GGC (and predominantly Glasgow City) the service has established a need and can fairly claim to be a centre of expertise in an area of work poorly understood and addressed elsewhere. NHS GGC, working with other agencies and services where possible, should engage with Scottish Government to ensure Open Road is understood and valued as a centre of expertise on the issue of men's involvement in prostitution. This evaluation has identified areas for development, and recognised that work with some groups is in the early stages, but it is key to Open Road's development that where possible NHS GGC and partners engage with Scottish Government to request support for increased capacity so that Open Road can model, report and influence policy and practice elsewhere within the context of Scottish Government policy on Gender Based Violence and commercial sexual exploitation,¹⁵ Sexual Health¹⁶ and HIV¹⁷.

Current service activity

- **Referral, record keeping and assessment**

Open Road staff report that they are currently reviewing existing format of referral forms, record keeping and assessment procedures. A new 'case review' sheet has been developed and is being applied to existing cases. This is viewed as a process of 'refreshing' materials rather than being based on specific concerns about approach or format.

¹⁴ 'HIV and Sexual Health: 20 Things Government in Scotland can do' (THT Scotland)

<http://www.tht.org.uk/informationresources/publications/policyreports/20thingsscotland803.pdf>

¹⁵ NHS Boards are expected to have a 3 year Gender-Based Violence Action Plan in place from 2008-2011. NHS GGC plan is at:

http://www.equalitiesinhealth.org/documents/GBVSummaryPlan-240408I_000.pdf

¹⁶ Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health (2005) at

<http://www.scotland.gov.uk/Publications/2005/01/20603/content>

¹⁷ HIV Action Plan in Scotland: December 2009 to March 2014 at:

<http://www.scotland.gov.uk/Publications/2009/11/24105426/0>

RECOMMENDATION 6: The evaluation team would agree that there are no concerns about current approaches to referral, record keeping and assessment but that this process of 'review and refresh' of existing materials and approaches is helpful and should be completed. One specific recommendation would be in relation to recording and assessment of outcomes for individual men; this is addressed specifically below.

- **Logging and responding to contacts and using intelligence**

Open Road staff have reported the development of the new 'anecdotal information record' which captures information about informal enquires to the service from external agencies, perhaps where there are early concerns about a client's risk/engagement with prostitution.

RECOMMENDATION 7: Open Road should continue with the development and use of the 'anecdotal information record' and monitor how this supports Open Road staff to follow up proactively on potential referrals/clients. Specifically Open Road should draw up a form of words which describes and promotes this advice/consultancy service for colleagues.

- **Clarity about outcomes for individual men**

Accepting that the issues in the lives of many men engaged with Open Road are complex it would be helpful if the service could do more to articulate in their relationship with the individual *what does progress look like?* In conversation with the evaluation team Open Road staff have identified areas, depending on the individual, that they will seek to impact on. For example progress for a client might mean:

- Enhanced personal safety/less exposure to violence
- Practicing safer sex/less exposure to HIV/STI risk
- Reducing criminal activity
- Settled accommodation/housing
- Stabilising/Ending drug/alcohol use
- Financial stability/income or benefit maximisation
- Recognising and working on abuse/recovery
- Connecting to and maintaining contact with other relevant/useful services
- Improved mental health
- Wanting to make changes and expressing/articulating aspiration/hope
- Identifying needs, interests, skills or opportunities in relation to learning/employment/volunteering and taking action to meet these
- Ending involvement in prostitution.

In turn it has been recognised in discussion that even these broad headings can be further broken down and made relevant to the personal circumstances of the individual client. In doing so Open Road would be in a better position to discuss their work with other services whilst also enhancing existing approaches to assessment, planning, implementation and evaluation of work with clients; this might also include more formalised ways to encourage clients to undertake self assessment about progress with Open Road.

RECOMMENDATION 8: A more structured approach to recording progress, planning and evaluating impact and outcomes for clients should be developed. This should not replace the value Open Road places on strong relationships with clients and an acceptance that progress can be a complicated and slow process but this would strengthen relationships with clients, partners and funders. In order to undertake further work in this area Open Road staff may benefit from further external support by way of a useful guide to ensuring that the task remains manageable and useful.

- **Extending and supporting approaches to routine enquiry**
Open Road's work to support routine enquiry of men's experience of childhood sexual abuse and involvement in prostitution is an important task. The service's support for work on routine enquiry for women is both supportive of colleagues but important strategically as this will set the ground work for extending the approach to men.

RECOMMENDATION 9: Open Road should continue to support inter-agency work on the roll out of routine enquiry. The service should monitor and report on the impact which the approach has on engagement with other services, including both informal and formal referrals to Open Road.

- **Vulnerable young men – prevention and early intervention**
Open Road has already established the relevance of its interest in work with vulnerable young men, through existing contacts and relationships with service providers working with young men and through the facilitation of current scoping work for Glasgow Child Protection Committee.

RECOMMENDATION 10: In the coming months, while longer term options for Open Road are being discussed, the service should continue its current work on scoping out the needs of vulnerable young men in the context of work for Glasgow Child Protection Committee. As this develops Open Road needs to identify specific issues, tasks and potential

for work in terms of training, policy development or direct service provision in terms of prevention or case work.

- **Working with men involved in 'escorting'**

The research conducted by Eaglesham(2008) referred to earlier identified 20 websites where men 'escorting' offer services; 398 'escorts' are listed for Scotland, with approximately half of these listings identifying residence/services within Greater Glasgow and Clyde. While Open Road has been supportive of voluntary sector work on on-line outreach which promotes harm reduction messages for men using the internet to make sexual contacts (most of whom are not escorts) there has been no other work directly with these men. It has been recognised in the course of this evaluation that men may resist or be offended by naming their work as prostitution.

RECOMMENDATION 11: Despite the challenges of identifying and engaging with men involved in 'escorting' there remains a gap in services. Open Road should continue its current work on scoping out the needs of men involved in 'escorting' including further consideration to outreach work and development of an on-line resource which will engage men who are 'escorting' in considering important issues of harm reduction/sexual health and options for exiting this activity. Open Road is already aware that a key factor in this work will be building both trust and respect and that messages about naming escorting as prostitution will have to be softened somewhat. It is suggested the approaches which emerge should also offer men the opportunity to engage directly with a staff member to consider further issues. Finally, this work needs to be done in conjunction with voluntary/community sector agencies whose links/connections with the gay community/media should be a support for development.

- **Reviewing project aims and activities:** These have been discussed in Section 3.

RECOMMENDATION 12: Open Road aim and stated activities are largely fit for purpose. Small amendments have been suggested in Section 3 of this report and should be addressed by the Advisory Group.

- **Adapting current premises**

Staff have identified a need to separate office and kitchen/meeting space in the project's premises. This would provide a space where a worker could withdraw from a client as well as providing some demarcation of office and meeting space so that clients have no access to office equipment or telephones.

RECOMMENDATION 13: Separating office and kitchen/meeting space in the project's premises should be considered an urgent matter and plans/actions should be completed by relevant services within NHS GGC.

Future service delivery for men involved in prostitution

- **Research**

Scottish research on men's involvement in prostitution is required. This would update and enhance earlier work on street-based prostitution which engaged with men (Connell and Hart 2003) and bring a new dimension to research by working directly with men involved in 'escorting' and potentially with young men vulnerable to commercial sexual exploitation.

RECOMMENDATION 14: In the short to medium term Open Road should establish a small working group of interested academics, researchers and colleagues from statutory and voluntary sectors to explore research development. This group should think creatively about approaches, ethical issues and of course potential for funding. Efforts should be made to work cooperatively whilst recognising that partners may have different strengths in terms of accessing different funding sources.

- **Developing an on-line presence**

Open Road have established a good information site which in the view of stakeholders and the evaluation team is most relevant and useful as a resource for professionals. This site, whilst remaining manageable and focused, has the potential to develop further and provide more information which can aid professional colleagues in their understanding of the issues around men's involvement in prostitution and about Open Road services.

RECOMMENDATION 15: In the longer term, beyond current discussion and planning about the future for Open Road, the service should consider extending its web presence with further information and materials to support and enhance professional understandings of men's involvement in prostitution as well as Open Road's work. Open Road needs to discuss with colleagues how they use the current site, what for, when and with what questions or interests. Such information would inform development. The agency should consider how to manage content so that it has the feel of being updated regularly so that return visits are encouraged. In the future, Open Road's on-line presence should distinguish between a professional audience and its provision of information for client groups who themselves are quite different; for

example men involved in 'escorting' and information for vulnerable young men. This will likely require the development of targeted mini-sites with related promotion and relevant up-to-date content.

- **Public education and awareness**

Stakeholders have raised the issue of promoting public education and raising awareness of the sexual exploitation of men – as well as prostitution this could include raising debate and awareness about men and pornography. In light of what some contributors to this evaluation have described as an ambiguous attitude toward men's involvement in prostitution, particularly 'escorting' in the LGBT community it may be useful to explore with community partners how a community focus might usefully be developed.

RECOMMENDATION 16: In the longer term, beyond current discussion and planning about the future for Open Road, the service should work with statutory and voluntary sector partners to consider joint approaches to public education and raising awareness of the sexual exploitation of men. This could include specific work with the LGBT community.

APPENDICES

1. NHS Open Road Evaluation: Information sheet
2. Interview format: stakeholders
3. Interview format: staff
4. NHS Open Road Evaluation: Contributors
5. NHS Open Road: Input to Presentations
6. NHS Open Road: Input to Training events
7. NHS Open Road: Engagement with Working Groups and Committees
8. NHS Open Road: client case study

Appendix 1

NHS Open Road Evaluation: Text used in information sheet

We would like to invite you to take part in an evaluation of NHS Open Road. Before you decide, you need to understand why the work is being done and what it would involve. Please take time to read the following information carefully. NHS Greater Glasgow and Clyde have asked an independent research company, the TASC Agency, to carry out the evaluation. The TASC Agency team are: Colin Morrison, Kate Betney and Scott Simpson.

Question: What is the evaluation about?

Answer: The evaluation has been commissioned to do the following things:

- Review the aims and objectives of Open Road and assess their ongoing relevance and how successfully the project has met them.
- Critically appraise the methods and models of practice and interventions developed for clients.
- Critically appraise the methods and outputs of engagement, leadership and organisational partnerships developed by Open Road.
- Make recommendations on future service delivery for men involved in prostitution and identify optimal service alignment options for Open Road.

Question: How will the review be done?

Answer: The TASC team will be meeting with NHS Open Road staff and management and with external professional people. The purpose of contact with you as an external colleague will be to gather views in relation to the purpose of the evaluation. The team will be interviewing some people face-to-face, some on the telephone and others will receive a link to an on-line self completion questionnaire. In advance of interviews participants will be sent questions, these will form the basis of the interview but there will be scope to discuss any issues you would like to raise.

Question: How safe are contributions to the evaluation? Is the study confidential?

Answer: The results we get back will be stored on a secure database and only people directly involved with the research project will have access to it. All contributors will be given anonymity. This means we will not use names in our report, or use contributions which would identify the person. In an appendix of the final report we will provide a list of external professional stakeholders who have been interviewed or who have contributed via questionnaire. We are happy to clarify this before and during our contact with participants.

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Question: What about feedback and questions I may have?

Answer: We will feedback regularly on the work we are doing, sharing draft findings and recommendations as they emerge with NHS Open Road staff and management in NHS GGC. In addition, a member of the TASC team will be available if you have any questions.

Question: Where will I get the results of the research?

Answer: The results of the research will be published by NHS GGC, probably in May 2010. If you wish we can e-mail you a link to this report when it is published.

Question: Who can I contact about the research?

Answer: Please direct any questions or requests for further information in the first instance to: Colin Morrison, The TASC Agency Tel: 0131 5553527, Email: colin@tascagency.eclipse.co.uk

Question: What do I do now?

Answer: If you are willing to take part in the study, do nothing and we will contact you to arrange how you can be involved. Thank you for taking the time to read this information sheet.

Question: Who can I ask if I need further impartial advice about this study?

Answer: You can contact Nicky Coia at NHSGGC by email at: Nicky.Coia@ggc.scot.nhs.uk

Appendix 2

Interview format: stakeholders

Introduction

For the purpose of this review an external stakeholder is a professional person who is connected to NHS Open Road. You have been identified as an external stakeholder as you may:

- Have made a referral to the service
- Worked directly with NHS Open Road colleagues for example in care managing a client, or working on a project or initiative
- Be present on a forum or working group where you work with NHS Open Road colleagues
- Represent an organisation which works in a related field
- Be working in an agency which funds or otherwise supports the work of NHS Open Road.

External stakeholders are being interviewed face-to-face or by telephone. The interview will take approximately 45 minutes, but please allocate 1 hour to ensure that we have time to cover the questions.

Before the interview please read the information leaflet about the review; you should have been sent this in advance, please ask if you would like us to resend it. This information includes an explanation that all contributors will be given anonymity.

This schedule is a starting point, it may go into areas which you do not feel individually connected to in any detail, please don't worry about this. The approach is conversational in style and we will be open to guidance from you about what feels appropriate and what does not. There may also be things you would like to raise that we have not identified, please feel free to do so either at the interview or afterwards by email or telephone.

Introductory questions

1. Please clarify your post/role and areas of responsibility and an overview of how you know or engage with NHS Open Road.
2. NHS Open Road has stated its aim and a series of activities by which it should deliver this aim (see **box 1**)
 - a) Could you identify activity/activities which NHS Open Road is particularly strong on delivering?
 - b) And any which you feel need to be improved?
 - c) Thinking about what you know of the service, is there anything missing from the description of activity?

The questions which follow may address areas which are relevant to your relationship with NHS Open Road, some may not. We will take your guidance on what is relevant to you.

The meaning of prostitution (See box 2 following)

3. NHS Open Road has a working definition of men involved in prostitution. Is this a definition you share?
4. How do you think this definition (whether agreed or not) impacts on NHS Open Road relationships with other agencies/services?
5. And on your agency/service relationship with them?
6. How do you think this definition impacts on NHS Open Road service provision to men/clients?

Referral systems

7. Have you ever referred to the service? If yes, how would you describe that process: for you and for the potential client?
8. Are referral systems fit for purpose?

Quality and impact of engagement with the client

9. What do you know about the client's experience once engaged with NHS Open Road?
10. Is assessment of client circumstances and needs effective?
11. To what extent do you think the service is planning and providing a coherent and co-ordinated approach to the individuals with whom they work?
12. Do you know of ways in which NHS Open Road has impacted positively on outcomes for clients?
13. Thinking about the client group: in terms of services what more can and should be done?

Reach, awareness and influence:

14. Can you identify any ways in which Open Road has impacted on awareness of issues or the policy and practice of others in relation to men's involvement in prostitution?
15. Can you identify any ways in which Open Road has engaged with other relevant work streams including addictions, criminal justice, homelessness, gender based violence, sexual health, mental health, children and families services?

Location and governance

16. What do you know about the current service location of NHS Open Road and governance/management arrangements for the service? Would you like to see these changed in any way?

Final questions

17. To summarise, what aspects of your engagement with NHS Open Road work well, and what could be improved?
18. What are the key strengths/benefits of NHS Open Road's work?
19. What would you identify as any areas of weakness, or areas which need to be improved, enhanced or addressed by NHS Open Road in the work they do?
20. In terms of the projects stated aim: does this aim reflect your understanding of the key purpose of the service? Should it change in any way?
21. Reviewing our discussion so far, or identifying further areas or issues, is there anything you would add?

Box 1

Aim and activities

Our aim is to identify the hidden population of men currently involved in prostitution and to ensure that they receive appropriate help and support, both from NHS Open Road and from other services.

To do this NHS Open Road will:

7. Identify the men involved in prostitution through effective processes and partnership working
8. Assess the needs of men currently involved in prostitution.
9. Address the needs of men involved in prostitution by appropriate service delivery across a range of partners.
10. Work alongside mainstream agencies to provide appropriate services which address the clients' needs.
11. Contribute towards establishing an evidence base to inform future policy and services.
12. Evaluate the effectiveness of NHS Open Road and its approach.

Box 2

The meaning of prostitution

NHS Open Road defines men involved in prostitution as males who exchange sexual acts for some form of payment such as money, drinks, drugs, consumer goods or a bed or roof over their head for a night. This may take place in a variety of settings including brothels, private accommodation or on the street.

We recognise that a significant number of men involved in prostitution do so as a means of survival behaviour rather than sexual behaviour and we validate the right of men involved in prostitution to be free from exploitation and abuse and to be included in shaping the services which aim to support them.

Our understanding of prostitution as a potentially harmful means of survival informs our approach to working with individuals. Therefore, while it is not a condition of the service that men must exit prostitution, it is part of our duty of care to raise exiting as a valid option.

Appendix 3

Interview format: staff

Introduction

This is a format for the first individual interview with both members of the team. The review team is happy to meet again with any staff member who seeks a further opportunity to contribute. Before the interview please read the information leaflet about the review.

This schedule is a starting point, it may go into areas which you do not feel individually connected to in any detail, please don't worry about this. The approach is conversational in style and we will be open to guidance from you about what feels appropriate and what doesn't. There may also be things you would like to raise that we have not identified, please feel free to do so. We may also ask you to provide us with NHS Open Road documents which will help us understand your work.

Questions

Overview of your post

1. Please clarify your post/role and areas of responsibility.

Finding out more about services to clients and quality and impact of engagement with the client

2. Are referral systems fit for purpose?
3. Is assessment of client circumstances and needs effective?
4. What do you know about the client's experience once engaged with NHS Open Road?
5. To what extent do you think the service is planning and providing a coherent and co-ordinated approach to the individuals with whom you work?
6. Do you know of ways in which NHS Open Road has impacted positively on outcomes for clients?
7. Thinking about the client group: in terms of services what more can and should be done?

Finding out more about reach, awareness and influence of NHS Open Road:

8. Can you identify any ways in which Open Road has impacted on awareness of issues or the policy and practice of others in relation to men's involvement in prostitution?
9. Can you identify any ways in which Open Road has engaged with other relevant work streams including addictions, criminal justice, homelessness, gender based violence, sexual health, mental health, children and families services?

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Finding out more about service location and governance:

10. Are current service location arrangements for NHS Open Road and governance/management arrangements for the service fit for purpose? Would you like to see these changed in any way?

Final questions on strengths, weaknesses and working at NHS Open Road:

11. What would you identify as the key strengths or benefits of your work?
Can you/How do you evidence this?
12. Are there any aspects of your work you are keen to build on?
13. What would you identify as any areas of weakness, or areas which need to be improved, enhanced or addressed in the work you do?
14. How would you describe working in NHS Open Road?
15. What support, training or continuing professional development is provided?
16. Reviewing our discussion so far, or identifying further areas or issues, is there anything you would add?

Appendix 4

NHS Open Road Evaluation: Contributors

Alistair Low	Corporate Inequalities Team NHS GGC
Ann Drennan	Housing Liaison and Performance Coordinator South East Glasgow CHCP
Ann Gallacher	Practice Team Leader, East Glasgow CHCP Community Addiction Team
Ann Hamilton	Head of Equality and Women's Services Glasgow Community Safety Services
Alison McCrae	Development Coordinator, Glasgow Works
Arlene Smith	Police Inspector Strathclyde Police
Bridget Curran	Principal Officer, Development, Children and Families, Social Work Services Glasgow City Council
Bruce Fraser	Chief Executive, Gay Men's Health
Carolann Nesbitt	Senior Development Officer TARA (Trafficking Awareness Raising Alliance) Project
Caroline Blair	Community Addiction Manager, South East Glasgow CHCP
Claire McCulloch	Development Officer, Routes Out of Prostitution
Claire O'Neill	Barnardo's Glasgow Street Service
David Bingham	Senior Gay Men's Services Worker, THT Scotland
Frances Rodger	Equality Manager Glasgow Addiction Services
Gillian Gardner	Detective Sergeant Strathclyde Police
Jan McLeod	Senior Development Worker, Women's Support Project
Janice Greig	Planning Officer, South West Glasgow CHCP
Jean Stevenson	Planning Officer, Housing and Homelessness, North Glasgow CHCP
Jim Dunsmore	Equalities Officer Glasgow Community Safety Services
Julie Jackson	Art Psychotherapist, Trauma and Homelessness Team
Karen Nicolson	Addiction Worker, Persistent Offenders Project
Keith Chalmers	Senior Addiction Worker, Persistent Offenders Project
Linda Thompson	Development Officer, Women's Support Project
Lisa Hart	Police Officer Strathclyde Police
Liz Curran	Regional Advisor (West) Scottish Government Health Department, Gender Based Violence National Team
Liz Rae	Stepdown Children and Family Support Service
Lizzie Mukherjee	Practice Team Leader South West Glasgow CHCP Community Addiction Team
Louise Carroll	Programme Manager HIV/STIs/Hepatitis C NHS GGC
Marie McGuire	South Glasgow CHCP Community Addiction Team
Maureen Kennedy	Sexual Health Nurse, NHS GGC
Moira McKinnon	Principal Officer Child Protection, Children and Families Social Work Services Glasgow City Council
Neil Hunter	Director, West Glasgow CHCP

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Nicky Coia	Principal Health Improvement Officer, Sexual Health
Pamela Clocherty	LGBT Youth Scotland Domestic Abuse Project Officer
Phil Doherty	Service Coordinator, Glasgow Drugs Crisis Centre
Phil Eaglesham	Programme Manager HIV, NHS Health Scotland
Ray de Souza	Head of Planning and Health Improvement, West Glasgow CHCP
Ross Lamond	Senior Addiction Worker, Homeless Addiction Team
Ruth Henry	Manager, Archway Glasgow
Thomson Andrews	South Glasgow CHCP Community Addiction Team
Vaughan Statham	ROAM Outreach, NHS Lothian
Zoe Taylor	Resource Worker Say Women

Appendix 5 NHS Open Road: Presentations

2006

07/09/06 Presentation to Leaving Care Services Senior's staff meeting

2007

12/03/07 Presentation to Routes Out Of Prostitution Practice Team Meeting

26/04/07 Presentation to West Glasgow Vulnerable Households Forum

22/05/07 Presentation to Simon Community Resettlement Team

04/06/07 Presentation to Glasgow Male Prostitution Network

01/08/07 Presentation to South West Glasgow Vulnerable Households Forum

07/08/07 Presentation to North Glasgow Vulnerable Households Forum

09/08/07 Presentation to South East Glasgow Vulnerable Households Forum

13/08/07 Presentation to Ar Caladh Residential Service for Young People with an Addiction

21/08/07 Presentation to East Glasgow Vulnerable Households Forum

22/08/07 Presentation to Glasgow CHCPs Sexual Health Implementation Group

06/09/07 Presentation to North Glasgow Mental Health Network

13/09/07 Presentation to Simon Community Castlemilk Residential Project

14/09/07 Presentation to NHS Greater Glasgow & Clyde Nursing Advisory Committee

21/09/07 Presentation to West Glasgow Senior Nurses Group

25/09/07 Presentation to NHS Sandyford

23/10/07 Presentation to Glasgow Addiction Services Purchased Services Forum

08/11/07 Presentation to East Glasgow Mental Health Services

22/11/07 Presentation to South East Glasgow Criminal Justice Team

2008

14/01/08 Presentation to South East Glasgow & Rutherglen Community Mental Health Team

17/01/08 Presentation to North Glasgow Asylum Seekers Trauma Services

06/02/08 Presentation to East Glasgow Community Addiction Team

20/03/08 Presentation to Glasgow Addiction Services senior Management Team

01/04/08 Presentation to Glasgow Community & Safety Services, Women's Services

06/05/08 SAMH South West Glasgow Outreach presentation

15/07/08 SAMH Alcohol related Brain Damage (ARBD) Supported Accommodation Project presentation

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- 23/07/08 Renfrewshire Sexual Health Planning & Implementation Group presentation
- 19/08/08 Phoenix Futures Day Service presentations to staff and to service users
- 22/08/08 Highland Violence Against Women Partnership Conference presentation
- 27/10/08 Presentation to Blue Triangle Housing Association Managers Meeting
- 17/11/08 Presentation to Homeless Addiction Team
- 17/12/08 Presentation to SAMH Connect Service

2009

- 29/01/09 West Dunbartonshire Addiction Service Prostitution Briefing with the Women's Support Project
- 13/02/09 Greater Pollok Community Addiction Team Prostitution Briefing with GAS Equalities Manager
- 23/02/09 GAS City Wide Managers Meeting Prostitution Briefing with GAS Equalities Manager
- 27/02/09 North Glasgow Community Addiction Service Gender & Inequalities Development Day with GAS Equalities Manager
- 09/03/09 South Glasgow Community Addiction Team Prostitution Briefing with the Women's Support Project
- 09/03/09 Presentation to Glasgow Street Service
- 09/04/09 Inverclyde Addiction Services Prostitution Briefing with GAS Equalities Manager
- 09/04/09 GAS Medics Prostitution Briefing with GAS Equalities Manager
- 22/04/09 North Glasgow Community Addiction Team prostitution Briefing with GAS Equalities Manager
- 01/06/09 Presentation to Kibble Residential School
- 10/07/09 GAS Hospital Liaison Service presentation
- 24/07/09 Blue Room, Manchester, Work Shadowing at NHS Open Road
- 03/08/09 Presentation to South East Glasgow Vulnerable Households Forum
- 18/11/09 Presentation to Kibble Residential School

2010

- 18/01/10 Presentation to Strathclyde Police City Centre Street Liaison Team
- 02/02/10 Presentation to SAMH Connect
- 05/02/10 Presentation to South East Glasgow Offender Management Policing Unit
- 08/02/10 Presentation to Strathclyde Police East Glasgow Street Liaison Team
- 09/02/10 Presentation to Kibble Residential School
- 10/02/10 Presentation to Barlinnie Prison Health Centre
- 17/02/10 Presentation to SAMH South West Outreach Team

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19/02/10	Presentation to Gateside Prison Health Centre
24/02/10	Presentation to Glasgow Drug Crisis Centre
02/03/10	Presentation to SAMH Outreach North Team
08/03/10	Presentation to GCSS Diversion from Prosecution Services
09/03/10	Presentation to SAMH Outreach East Team
09/03/10	Presentation to Phoenix Futures Day Service staff team and service users
26/03/10	Presentation to South Glasgow Community Alcohol Support Service

Appendix 6

NHS Open Road: Training events

2007

- 06/06/07 Gender Inequality Training Session co-delivered with Fair For All – LGBT for ISPI
- 24/07/07 Sexual Harm Awareness & Reduction Session for LGBT Youth Scotland Youth Group 13-17 yrs.
- 28/08/07 Sexual Harm & Inequalities Training co-delivered with Sandyford for NHS Archway, every six months to present day
- 26/09/07 Panel Discussion with the Women's Support Project

2008

- 22/04/08 Sandyford Sexual Health Nursing Conference presentation
- 05/06/08 Panel discussion with Attorney General Vera Baird
- 11/06/08 Men's Health Forum Scotland Conference presentation
- 20/06/08 ISPI Gender & Addiction Stakeholders Conference presentation
- 25/09/08 Renfrewshire Prostitution Seminar with Sandyford
- 30/10/08 GayCon 2008 Conference presentation
- 04/11/08 Men Involved In Prostitution training for addiction workers offered via the Women's Support Project Training Calendar

2009

- 01/04/09 GAS Prostitution & Routine Enquiry training
- 07/04/09 GAS Prostitution & Routine Enquiry training
- 16/04/09 GAS Prostitution & Routine Enquiry training
- 20/04/09 GAS Prostitution & Routine Enquiry training
- 02/06/09 Prostitution Seminar & Presentation hosted by NHS Open Road and the Women's Support Project
- 20/06/09 Royal College of Nursing National Conference presentation
- 18/09/09 Women's Support Project Addictions & Trauma Conference presentation
- 24/09/09 EHRC Prostitution debate
- 16/11/09 Men Involved In Prostitution training for addiction workers offered via the Women's Support Project Training Calendar
- 20/11/09 GAS Equalities Seminar with GAS Equalities Manager
- 01/12/09 Addictions & Prostitution Seminar with GAS & Sandyford

2010

- 12/02/10 GAS Prostitution & Routine Enquiry training
- 08/03/10 Men Involved In Prostitution training for addiction workers offered via the Women's Support Project Training Calendar

Appendix 7

NHS Open Road: Engagement with Working Groups and Committees

2006

Glasgow Male Prostitution Network – Chair, quarterly to present day

Child Protection Committee Vulnerable Young Persons Sub-Group – Bi-monthly to present day (excepting 2009)

NHS Inequalities Sensitive Practice Initiative (ISPI) – Gender & Addiction Sub-Group – Bi-monthly for two years

NHS Open Road Advisory Group – Quarterly to present day

SNN – Quarterly to present day, writing group for SNN training Manual, review group for terms & conditions

West Glasgow Vulnerable Households Forum – Bi-monthly for two years

2007

Gay Men's Sexual Health Strategic Planning Group – Quarterly to present day, writing group for Gay Men's Sexual Health Strategy

Child Protection Committee Vulnerable Young Males Working Group – Chair, Bi-monthly in 2007 & 2010

Glasgow Addiction Services Prostitution Working Group – Bi-monthly to present day

South East Glasgow Vulnerable Households Forum – Bi-monthly to present day

South West Glasgow Vulnerable Households Forum – Bi-monthly to present day

North Glasgow Vulnerable Households Forum – Bi-monthly to present day

2008

NHSGGC Preventing Risk of Overdose Working Group (PROVE) – quarterly to present day

Glasgow City Council Commercial Sexual Exploitation Strategic Group

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Strathclyde Police LGBT Liaison Working Group

2009

End Prostitution Now Campaign Working Group, bi-monthly meetings

Appendix 7

NHS Open Road: client case study

George is a 33 year old man who was referred to NHS Open Road by police. He identifies as heterosexual and has been in a relationship with his partner for several years. George and his partner are both involved in prostitution, citing this as an activity they undertake individually as a means to an end, i.e. to fund their mutual drug use. George and his partner each use heroin and diazepam in varying amounts and also drink daily, in addition to being on prescribed methadone. He stays at his partner's address but is technically homeless.

George's criminal record includes soliciting, assaults, vehicle thefts and crimes of violence, and he has served custodial sentences.

Stage 1 – establishing safety

On referral to NHS Open Road, the assessment process was started in order to establish the range and complexity of George's issues, and to prioritise interventions. The immediate priority was to promote and pursue safety in the areas of sexual health, engagement with homelessness services, level of involvement with addiction services, interim harm reduction work and GP involvement. It emerged that George had some involvement with relevant agencies but that his links with them were tenuous at times due to his chaotic lifestyle.

George gave consent for sharing of information with relevant services, which enabled communication with his addiction worker, GP and homelessness case worker, and led to a member of NHS Open Road staff attending a multi-agency case conference and contributing to a package of support.

Stage 2 – dealing with issues

Development of an effective working relationship with George was paramount in order to identify and work toward positive outcomes. He felt it was helpful to be accompanied to certain appointments such as to Sandyford for a sexual health check, acknowledging that he would probably not have prioritised this attendance himself. He saw the accessibility of Open Road staff as a positive aspect of the service, and described that in other services it was easy as a client to get 'lost in the crowd' due to much greater numbers of clients attending these services. This flexible approach of providing practical support and being accessible to him proved extremely valuable in building a trusting and productive working relationship with him. Such a relationship between client and practitioner proved effective in supporting him to move beyond the stage of merely seeking safety.

During a 1-1 session which was focussing on the effects of his drug and alcohol use on his relationship with his partner, George disclosed that he had experienced childhood sexual abuse. The disclosure was spontaneous on his part, and he described this as the first time he had ever felt safe enough to tell anyone, despite many years of being involved with agencies and services. Staff were able to maintain a safe environment for George to explore feelings and emotions he held about this traumatic childhood experience. Options re exploring and addressing this further were discussed with him, and George is aware that there is the option of referral to Thrive. He feels that he is not ready for this at present, but recognises that his use of drugs and alcohol is a strategy that he uses to block out painful memories and emotions. While complete recovery from the trauma of the events in his childhood has not been achieved to date, George's awareness of his own issues is greater as is his recognition of his ineffective coping mechanisms. This account gives an example of one area being addressed with George, and other issues are being worked on concurrently with him.

Stage 3 - reconnecting

George has been involved with NHS Open Road for over 2 years. His involvement in prostitution is now sporadic and less frequent than prior to referral. He now routinely uses condoms, both with his partner and when he is involved in prostitution.

George's journey has been cyclical over the time that he has been involved with NHS Open Road with episodes of progress and lapse. Despite the lapses he has maintained his involvement with NHS Open Road, and sees it as a consistent support in his life. He has also been able to acknowledge his involvement in prostitution to workers from other agencies such as addiction services since engaging with NHS Open Road, and feels that this has made his relationships with workers much more honest and open, and consequently more effective.

Future planning

Care planning for George has continued to evolve during his involvement with NHS Open Road in response to presenting issues. Regular review of progress enabled his care plan to remain relevant and up to date. Future goals currently include the completion of a 'Safety Plan', i.e. a plan of actions that George can bring into use if he feels that he is likely to lapse/return to previous activities or actions which he knows are harmful to him; this plan will also include a list of contacts, supports, workers and resources for him to use as he needs. A further goal is for him to link with an employability agency. Overall the long term outcome is anticipated to be that George will function in his day to day life independent of supports. Reaching this outcome is a process of stages, some of which have been identified to date. The time scale for achieving the goal necessarily remains flexible, given that there are many factors which can influence its achievement.