



Evaluation of the Chrysalis Project: Providing accommodation and support for women exiting prostitution

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Foreword

This research report has been commissioned by Commonweal Housing. Commonweal Housing is an action based research charity that utilises its funding to create and test new and innovative housing based solutions to social injustices. Its aim is not just to solve one particular problem or develop an individual project that 'works'. Our remit is to go beyond that, as demonstrated through the partnership with St Mungo's and the Chrysalis Project, it is to challenge its partners and independent evaluators to really identify whether a model is working and, if so, *why* it works. We want to be clear on what the key elements of success are and importantly to draw up a blueprint to allow success to be replicated elsewhere or by others. That desire to capture learning and to dig beyond just 'did it work yes or no' has set the tone for this evaluation and this report.

Commonweal develops projects that seek to cut through the nonsense scenarios we all recognise in some systems and services. When approached by St Mungo's we recognised a problem that was all too familiar – women who have made tremendous strides in moving from a bad place in their lives to a much better place through their own hard work and the support available in the hostel setting from St. Mungo's staff. However when they are ready to move on St Mungo's were finding that too many of the women when taking up their new tenancies, whether in social housing or in the private rented sector, were unable to sustain that progress and were falling back in to former behaviours and activities – undoing all the good work and use of resources, but far more importantly at a huge emotional, psychological and physical cost to the women themselves.

Commonweal provide transitional accommodation which is stable, self-contained and in suitable areas. Tenants are responsible for managing the properties, paying bills, paying rent, cleaning, getting on with their neighbours etc. The hypothesis which Commonweal are testing is whether having this type of accommodation available after a fully supported hostel removes the disincentive to progression by providing a known place to move on to. Also, does living in this environment, which is part of a continued exiting and recovery pathway, bring added benefit to the

women progressing to fully independent, stable lives by, ie. does having an environment where they can learn the skills of managing a new tenancy and their new life help women to avoid falling back into prostitution once they make the transition of leaving the hostel environment?

The evaluation suggests this hypothesis is proven - the challenge for Commonweal, St Mungo's and our evaluation partners is to ensure the learning from this initial phase is shared and we achieve replication.

Ashley Horsey, Chief Executive, Commonweal Housing Ltd

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Thanks also to Lisa Reynolds and Helen Johnson for their professional and patient approach to these interviews, for maintaining a positive relationship with the women and workers at South London Women's Hostel and the Chrysalis Project throughout the fieldwork period, for transcribing the interviews on which this research is based and for manually gathering data about women's engagement and outcomes.

Perhaps most importantly we would like to thank the women service users who agreed to give their time to share their often difficult experiences of involvement in prostitution and their journeys to leave. Without their contribution this evaluation would not have been possible.

Acronyms used in this report

SLMH	South London Mixed Hostel
SLAM	South London and Maudsley NHS Foundation Trust
SLWH	South London Women's Hostel
SNAP	Supported Needs Assessment and Placement

Executive Summary

Introduction

The Chrysalis Project provides three phases of accommodation and support for women who have a connection to the London Borough of Lambeth and who have experienced trauma, abuse and sexual exploitation through their involvement in street-based prostitution. This report presents the findings of an evaluation of the Chrysalis Project with a focus on the third phase which provides independent move-on accommodation and support for women in properties provided specifically for this purpose by Commonweal Housing.

Background

London Borough of Lambeth is believed to have one of the largest street sex markets in South London with an estimated 150-180 women thought to be involved in prostitution in the borough. In 2002 St Mungo's, Lambeth Substance Misuse Team (LSMT), Lambeth Crime Prevention Trust (LCPT) and the Stockwell Project formed a partnership to proactively engage women involved in prostitution who were vulnerably housed or who had been displaced through the closure of crack houses. Several key objectives were set by the partnership including improving the numbers of these women entering drug treatment, rehabilitation and detoxification programmes and also improving partnership working to meet the needs of this extremely vulnerable group.

In 2008 the South London Women's Hostel (SLWH) was refurbished, however a staged process for moving women on through the accommodation and on to independent living had not been established. This led to a partnership between St Mungo's and Commonweal Housing to provide suitable independent stand alone accommodation for women ready to leave the hostel environment. This partnership became known as the Chrysalis Project and provides women in Lambeth involved in street based prostitution an evidence based, staged exiting model combined with three phases of supported accommodation.

While recently there have been a number of changes to how the project is delivered, this evaluation focuses on the original model but documents and discusses the possible impact of some of these changes.

The Chrysalis Project

The Chrysalis Project has three phases of support. The first phase provides hostel type accommodation for women who have recently stopped selling sex. These women often extremely vulnerable and experience complicated mental and physical health issues, dependencies and other often complex social challenges. The second phase, at the South London Women's Hostel, became operational in September 2008. This service provided residential en-suite accommodation with shared catering and relaxing services and provides considerable support for women while also allowing increased levels of self-sufficiency.

The Commonweal Housing element of the Chrysalis Project forms phase three of this support and provides women who have moved away from prostitution a tenancy in one of seven transitional, move-on properties with floating support from a key worker based at the SLWH. The accommodation provided consists of small, anonymous, one bedroom flats in the London Borough of Lambeth. Women who move on to other accommodation are also provided with follow up support.

Recent changes to the Chrysalis Project

The changing political and economic climate over the course of the evaluation has meant that there have been significant changes to how St Mungo's and Commonweal Housing deliver the Chrysalis Project. These have included:

- Reconfiguration of the supported housing and accommodation pathway in Lambeth including changes to the process of referral to The Chrysalis Project;
- Decommissioning of the Cedar's Road Mixed Hostel;
- Resultant reorganisation of emergency provision and first stage delivery to the SLWH;
- Development of post-treatment accommodation;

- Changes to the maximum period of residence both across the project and in the phase three Commonweal properties;
- Mainstreaming of the costs of support work for phase three into the borough's Supporting People budget.

Aims

The key aim of the evaluation was to examine the third phase of the Chrysalis Project. The evaluation also aimed to document good practice; provide lessons for other providers who may want to replicate the model; and generate key messages for policy audiences. To achieve this aim the evaluation examined:

- The benefits to women of phase two and phase three;
- The demand for and use of this type of accommodation;
- The duration of use and rates which women move through this accommodation on to independent living;
- How women are selected and referred into this accommodation;
- The appropriateness of this selection and referral;
- The specific benefits and long term outcomes for women who are provided with this accommodation;
- the extent to which the project assists women to leave the sex industry, develop skills, overcome dependencies and strengthen their self-esteem; and
- the potential cost savings to society of women engaging in more productive lifestyles and reducing their involvement in crime.

Methods

Research strategy

The evaluation involved elements of both process and outcome evaluation. The process evaluation examined the selection of women for phase three housing; the support and monitoring of this provision; as well as the suitability of this accommodation for the women for whom it was provided. Issues relating to design and location and the general management of these facilities were also assessed. The process evaluation also assessed the levels of demand for this service and the extent to which provision allowed a free flow of women between accommodation

phases. The outcome evaluation took a participatory approach and worked closely with the women involved to assess the benefits and impact of this accommodation on their lives and well-being. Over the two years the evaluation worked with women to examine the ways in which the provision made an impact on their lives across a number of key areas and how the provision supported them to prepare for or to actually move on to independent living. A multi-method approach combining both qualitative and quantitative methods was adopted.

Qualitative data

Face to face semi-structured interviews were conducted with a purposive sample of nine key stakeholders including stakeholders working directly with women service users, those responsible for developing the service, and stakeholders making referrals to the service. Qualitative in-depth semi-structured interviews were conducted face-to-face by a trained female interviewer with a sample of 12 women. Nine women had been accommodated in the phase three Commonweal flats and a further three were expecting to move into a flat some time in the near future.

Quantitative data

The evaluation also examined quantitative data about each of the women housed in the third phase including: general demographic data; women's history of involvement with St Mungo's hostels; interventions received; periods of engagement; assessments of need and risk and St Mungo's Outcome Stars. There were a number of methodological limitations encountered in relation to outcome data.

Sample description

Among the sample of 12 women interviewed for the evaluation all reported having significant substance misuse problems; three reported having experienced domestic violence which had contributed to their homelessness; three had begun their involvement in prostitution before the age of sixteen; two had experiences sexual abuse as children and one had been pimped into prostitution by a family member. One woman, had secured a tenancy in one of the Commonweal properties after 30 years of homelessness. Over half of the women interviewed had a history of being

looked after by the local authority. A fifth of the women had received a custodial sentence and others had received cautions for shoplifting and loitering. Women's involvement in prostitution ranged from two to twenty years.

The ten women who had been housed in the phase three commonweal flats during the evaluation period ranged in age from 19 to 52. Nine of the ten women were aged 25 and over. Seven of the ten women were Black British (either Black Caribbean or Black Other), two were of mixed ethnicity and one was of 'Other' ethnicity. All were British born.

Establishing Social Return on Investment

Establishing the quantifiable outcomes of the project proved difficult for two key reasons – the project worked intensively with a very small number of women and during the evaluation period there were problems with both the recoding and storage of outcome data. The social return on investment of the project is therefore discussed in relation to the qualitative benefits cited by the women involved and the calculation of the social return on investment of projects working with similar client groups. The costs of the project were established by examining the expenditure of St Mungo's, Commonweal Housing and London Borough of Lambeth.

Key findings and implications

What is The Chrysalis Project?

The Chrysalis Project has been developed with consideration of the available evidence and literature about recovery from substance misuse and traumatic experiences. The project design is built around Judith Herman's (1997) three stages of recovery from trauma – safety, remembering and mourning, and reconnection. Women progress through these stages in relation to the type of accommodation and level of support required as well as they types of interventions in which they participate.

Phase one provides women emergency accommodation and a formal assessment of needs. It establishes a safe environment away from the pressures of street

prostitution where women can receive immediate support with health and substance misuse issues. Referrals are made from a wide range of agencies and services including the police, local substance misuse services, and local authority departments. Phase two provides women with an opportunity to stabilise their substance misuse and involvement in prostitution in a women only hostel environment. This phase provides individually tailored support that responds as each woman's circumstances change. As their independence grows women move through three stages of support, gradually preparing them to move on from hostel accommodation and intensive support. In the third phase women move away from the hostel environment but remain supported by the same keyworker. Women may move on to residential rehabilitation, a private or local authority tenancy or supported accommodation. The focus of the evaluation is the phase three accommodation provided by Commonweal Housing which consists of seven, anonymous, one-bedroom flats located in the London Borough of Lambeth. This accommodation is available to women who are able to live more independently and who are engaging with treatment and other meaningful activities. Women in this accommodation are encouraged to self manage and build positive community connections and social supports while still receiving floating support from their key worker.

This phase of the Chrysalis Project is unique in the way it delivers support to women exiting street prostitution. Nowhere else in London, or the country provides accommodation based exiting support. The project has developed in partnership with London Borough of Lambeth, who have adopted a policy approach that views prostitution as a form of violence against women and something that should be addressed. The service have also adopted a proactive approach to exiting that openly addresses the issue and encourages women to actively engage with the process. Support work is delivered using the St Mungo's principle of 'personalised recovery', the underlying premise of which is that each individual will have their own unique and non-linear process of recovery from trauma. The support model therefore takes a staged approach, viewing lapses and reversals as a normal part of a woman's exiting journey rather than her failure.

The importance of provision for women exiting street prostitution

The stakeholders felt that The Chrysalis Project provided a much needed service for women exiting street prostitution as it was unlikely these women would have their complex needs identified or met in other generic, mainstream or non-gender-specific services. Indeed stakeholders also felt that even where this provision was available it was insufficient to fully meet the needs of women involved in street prostitution across the borough.

Views about the Chrysalis Project

Both the women and the stakeholders were positive about the model of support used by The Chrysalis Project. The women were particularly positive about the variety of provision as well as the structure and intensity of the support. A number of women viewed this as central to their ability to change. The staged model was also highly regarded as it provided women with both motivation and a way to view their progress and achievements. The staged approach was also considered an effective way of 'permitting' women to be at different stages of a process and encouraging them to progress at their own pace and in their own way. The staged approach adopted by the project also proved effective in managing women who experienced lapses or relapses. Stakeholders viewed the process of referral as quick, targeted and effective and felt that allowing self-referrals was important for this group of women. The timeframe over which women were permitted to remain involved with the project was also considered important as stakeholders and women both acknowledged that exiting street prostitution and addressing the connected issues was often a lengthy and complex process.

The provision of safe, good quality, independent accommodation as part of phase three was considered to be a vital part of the Chrysalis Project. The phase three accommodation provided women a balance between continuity of support, safety and stability and an opportunity to develop their independence while also offering them something to aspire to. While women accommodated in the Commonweal flats were positive about the accommodation and support received, they were also open about the challenges faced in moving on and about their fears in relation to their

future beyond this support. These fears were connected to the next stage - a transition into a fully independent lifestyle. Their presence indicated the importance of this final stage as a buffer before fully transitioning.

Engagement

Since the outset of the project ten women had been accommodated in the third phase Commonweal flats. All of the women, even those with a prior history of abandoning or being asked to leave St Mungo's accommodation, remained in their flats until they were ready to move on. Three of the ten women have moved on from The Chrysalis Project into independent accommodation. Of these women one remained in her Commonweal flat for four months, one for 18 months and one for the full two years permitted.

Outcomes for women

Establishing quantitative outcomes measures proved difficult for a number of methodological reasons, however, women involved with the project reported experiencing a range of benefits and most had made significant changes in their lives. These included:

Increased responsibility and independence

The women demonstrated an increased willingness and ability to be both responsible and independent. Tasks such as managing money and housework became rewarding. Increased accountability gave the women a sense of pride. These changes were significant considering the previously chaotic nature of their lives and many women were surprised at their new positive attitudes towards responsibility.

Reconnecting with family

Being involved in the project lead to women being able to reintegrate with their families. In particular, one woman was able to keep with the care of her child where her previous children had been removed into the care of social services. Another re-established connections with family that had been lost during her period of

involvement in street prostitution. This has knock-on effects for the outcomes of the children of these women, as well as reducing the burden on social care.

Education, skills and training

The women became engaged in skills development that would enable them to make enduring changes as they transitioned into independent lifestyles.

Financial independence

Several women became more economically active, finding a suitable career path or even starting their own business. The barrier to this was balancing work with their entitlement to benefits.

Improved self esteem

Their involvement in the project can be characterised by increased confidence and self-esteem. This can be demonstrated through the other outcomes described here, as well as more subtle factors, such as one woman describing her improved communication skills.

Meaningful social activities

The women were able to restructure their time and find ways of spending their time doing things that they enjoy, such as participating in cultural events. This wards off boredom and helps the women to develop a new identity and way of living, it also ensures that they connect with others and develop circles of support.

Moving on

Three women had successfully moved into independent accommodation and many women were preparing themselves to do so. However, there is a barrier for women being able to move on due to the lack of availability of local authority housing. This risks undoing the good work of the project by keeping women trapped in supported accommodation.

Challenges to successful delivery

A number of key challenges to delivery were identified during the evaluation. These included: protecting the emotional health of workers and service users in a challenging and intense residential environment; ensuring appropriate referrals are made to keep women engaged and make maximum use of the seven flats; establishing effective partnerships both on a strategic and operational level; effectively facing periods of rapid change and developing strategies to address changes to the process of referral, reorganisation of accommodation stages and changes to the permitted timeframe. A further challenge is the development of effective monitoring and evaluation strategies, particularly in services working intensively with small groups of women with complex needs and backgrounds.

Establishing the social return on investment of the Chrysalis Project

The Chrysalis Project offers additional support to women exiting prostitution at no additional financial cost to St Mungo's or the local authority. Women involved in the third phase accommodation are provided support that is funded within the mainstream Supporting People agenda; the capital costs of the project are incurred by Commonwealth Housing; and the subsidisation of rents by Commonwealth Housing offers a small return to the project overall. While it is difficult to isolate the benefits of the third phase from the rest of the project, women who have been involved with the third phase have engaged with the project and remained in their accommodation, moving on to independence when they are ready. There are several key benefits in terms of social return, not least reduced substance abuse, which is costly to the state, and the increase in economic participation of women who have been supported in stage three. There are also outcomes for the friends and family in their lives, particularly for their children - also resulting in reduced costs of social care. The available literature on the social return on investment on women's services has found that this type of support produces valuable returns. As such, the evidence suggests that the three phase support available to women through the Chrysalis Project is likely to provide significant social returns both now and in the future.

Conclusions

A unique approach to supporting women to exit prostitution

Lambeth has a significant problem with street prostitution and has developed a holistic strategy for engaging with women involved in street prostitution as part of their Violence Against Women Strategy (VAWG). Underpinning their approach is an acknowledgement of the harms associated with commercial sexual exploitation and an overall aim to eradicate this. They do not criminalise or stigmatise the women involved and instead respond to their needs and complex circumstances.

The Chrysalis Project is a unique service providing women exiting prostitution supported accommodation with specialist key work provision and psychotherapeutic support within the framework of an evidence based exiting model. The first two phases of the project provide hostel accommodation, individualised key work support and a range of interventions suitable to the current needs of each woman. The third phase of the project provides women with access to independent accommodation away from the hostel environment. While in this stage women receive key work support and have access to psychotherapy and a range of other provisions through the project. When women are ready to move on their own accommodation outside the project, six months follow on support is provided by their key worker. Nowhere in London or the country provides this level of specialist residential support for women exiting street prostitution.

General views about the Chrysalis Project

Both the women and stakeholders interviewed were positive about the SLWH and of the availability of the third phase Commonweal accommodation. Some stakeholders were not aware that the separate components of support available from St Mungo's had been incorporated into one project known as the Chrysalis Project. It is suggested that further efforts to brand the project are undertaken in order to clearly convey the consistent, staged and holistic nature of the work delivered by St Mungo's. Women living in the Commonweal flats were positive about the accommodation and support they received. They were also open about the challenges faced in moving on and about their fears in relation to their future beyond this support.

Some stakeholders were not aware that the different components of support had been unified into one project known as the Chrysalis Project.

A clear strategic policy stance on prostitution

A key consideration for those interested in replicating the Chrysalis Project model is the need for a proactive and coherent policy approach to prostitution such as that adopted in Lambeth. In Lambeth, this approach has improved the local delivery of services by ensuring that agencies such as the police, courts, local authority departments and service providers such as St Mungo's all work toward the same goals. It has also ensured sufficient funding to develop and sustain the work of the project over the lifespan of the current VAWG strategy despite budgetary restrictions in other policy areas. There does, however, remain an issue of funding and current shortage of beds available to those who need them.

In contrast to this approach, other areas of London have chosen to take a more punitive approach that focuses on enforcement action against women. While such an approach may appear an 'easy' solution in the short term, it is not without cost or long term consequences either for the individual borough or London as a whole. It also places the responsibility for the disorder connected to prostitution on women rather than the men who exploit them - either as pimps or purchasers of sex.

The benefits of openly discussing exiting

Perhaps one of the most powerful aspects of the Chrysalis Project, and one that is supported by the clear policy stance in the borough, is its proactive approach to exiting. While many projects claim to provide exiting support, it is usually offered as an 'add on' provided by harm minimisation services on an 'ad hoc' basis that is only available when requested by individual women. Findings suggest that women welcome the opportunity to talk about exiting, and to explore the exiting possibilities available to them in the present. A key strength of the Chrysalis Project is that it openly encourages women to consider exiting and provides them 'every support' to do so. While the number of projects providing an element of exiting support has been increasing as a result of changes to government strategy and funding arrangements,

in reality few projects provide proactive, holistic exiting focussed support, and even fewer are able to accommodate women at all stages of the exiting process. The Chrysalis Project therefore provides a qualitatively different exiting approach than that on offer in many other services.

An accommodation based model

The dedicated third stage accommodation is crucial to the success of the Chrysalis Project. Having access to independent accommodation with ongoing support assists with the process of 'role exit' by introducing women to new experiences, responsibilities and associated emotional experiences at a manageable pace. Being away from the hostel environment allows women to process changes and develop new aspects of their identity (for example, enjoying cultural activities such as attending the theatre; improving levels of self-care through cleaning, paying bills or regulating access to personal space; acknowledging and responding appropriately to emotions, for example, developing positive strategies for dealing with loneliness; reconnecting with family and other significant relationships and so on) while at the same time having a 'safety net' to fall back on if needed.

There are however a number of challenges to be faced when delivering accommodation based exiting support. As access to the project is based on an applicant's eligibility for housing according to the local authority criteria, this may pose a barrier to housing some women. For instance, how can an accommodation based model support women who are classed as 'intentionally homeless' by the local authority, such as women who have abandoned a tenancy when fleeing a violent partner? In addition, being based on local authority housing eligibility criteria means that a project such as the Chrysalis Project is unable to support women who have no 'connection' to the borough.

The staged exiting model

Recent research examining women exiting prostitution is supportive of the use of a staged exiting model such as that being used by the Chrysalis Project (Matthews et al, 2012; Bindel et al, 2012). The use of a staged model provides a framework within

which to provide interventions; makes it possible to tailor treatment programmes that fit with the situations and needs of different women and allows more effective monitoring and evaluation of progress and achievements. While the model utilised in the Chrysalis Project has its foundations in the work of Judith Herman (1997) and the St Mungo's recovery-focussed approach, in practice and with the ongoing pressure to reduce the time women are permitted to stay involved in the project, the model implicitly operates utilising a combined approach that provides therapeutic support to women while at the same time supporting them to establish non-prostitution related identities and social support networks.

The Chrysalis model of support

The Chrysalis Project has adopted a client centred model of support with women receiving ongoing support from the same key worker across the duration of their involvement with the project and for six months after they have moved on. This arrangement means that women are able to establish safe and trusting relationships where intensive therapeutic work can take place. By the time a woman is ready to move on to the third phase of the project the relationship between the woman and her key worker has developed aspects of a healthy, positive, adult relationship. The relationship between the worker and the woman assists her to develop a sense of who she is without the stigma of prostitution attached. The work within this relationship during phase three is crucial to the exiting process as it deals with the deeper issues of self-esteem, self-worth, self-responsibility, intimacy and relationships in a 'safe' form. From this position, the woman becomes more able to face personal challenges, either from within the key work relationship or from other aspects of her life, and can thus work towards developing further unstigmatised positive social relationships. The findings of this research have indicated that this continuity of relationship is important to women exiting prostitution, and that difficulty arises where women are expected to 'connect' with a new key worker at a later stage of change, as much of the 'relationship building' has occurred earlier in the process.

Some challenges

A key challenge to the Chrysalis Project over the course of the evaluation was how to manage service delivery in a rapidly changing context. Changes to central government funding of local authorities have triggered a number of significant changes to the project. There have been changes to, for example, the funding arrangements, referral process, supported housing allocation pathway, timeframe for engagement, and project phases.

Permitted period of engagement

A key aspect of the changes to the project was a significant reduction in the time women are permitted to remain involved with the project – both at each stage and overall. Aside from cost savings, there was a view that moving women through the project more quickly would increase the numbers of women who could benefit from the service. Many key stakeholders felt that the original longer timeframe was more realistic due to the traumatic nature of the experiences of many of the women. On the other hand there was a sense among some service users that the reduced timetable had in fact motivated them to move through the phases of the project more rapidly.

While there has been a significant reduction in the permitted timeframes, there are also a number of women who have stayed at the project longer than these guidelines suggest. While this is mainly due to the timeframes changing during the period of these women's engagement with the project, this finding may also reflect a tension between the criteria to which the project must operate and the practice of providing individualised and flexible support to women who are attempting to exit.

Process of referral

The process of referring women to the Chrysalis Project has also changed. Women are now referred through the central SNAP team rather than from other specialist services that have specialist knowledge of the needs of women involved in prostitution. It is not clear how this change to the referral process will impact on the number and type of referrals made to the service, however, there is an expectation from service providers and staff that non-specialist housing staff may not be

sufficiently able to identify and meet the needs of women who would benefit most from attending the project.

During the evaluation period there was also some suggestion that the Chrysalis Project should provide support to other vulnerable homeless women who are not involved in street prostitution. If this were the case, there is a real risk that the few services available to prostituted women will become diluted and may lose the specialist focus that provides so much benefit for women exiting prostitution.

Establishing outcomes

The presence of significant changes to the project in combination with problems encountered in effectively measuring outcomes has made evaluation of the impact of the project difficult. Further examination is required to establish more detail about outcomes in general and about how the new arrangements will affect the success of the project. It would also be useful to establish a framework for evaluating the sustainability of women's exits following their involvement in the project although this may prove difficult as women may no longer want a direct connection to their past. Improvements in data gathering are needed to ensure that outcomes are monitored and recorded.

Summary of Recommendations

It is recommended that:

- Further bed spaces for women exiting street prostitution are made available – both in Lambeth and in other areas of London and the rest of the country;
- A proactive policy approach that supports exiting is adopted in areas where there are significant numbers of women involved in street prostitution;
- Projects supporting women to exit prostitution proactively discuss exiting as a possibility for each woman with whom they have contact;
- Projects providing support to women exiting investigate the possibility of adopting the Chrysalis Project third phase accommodation model in order to provide women neutral, independent accommodation away from the hostel environment;

- Consideration is given to how to support women who do not have a direct connection to Lambeth or who have become 'intentionally homeless', for example, women who have received ASBOs from other boroughs or who have fled violent partners;
- Projects working with women exiting prostitution adopt a staged model that takes into consideration recent evidence about desistence, particularly that it is likely there will be lapses and reversals in the process but also that exiting is possible without the need for a woman to completely resolve issues from her past;
- Projects adopt a client centred approach that allows the development of trusting key work relationships that can continue to function across all stages of change.
- Attention is given to the recent changes to the Chrysalis Project and that a review of the effectiveness of these changes is undertaken, particularly in relation to changes to the referral process and timeframe women are permitted to stay involved with the project;
- Women involved with specialist prostitution support services be able to be directly referred to the Chrysalis Project. Alternatively, that referrals from these services to the SNAP team are treated with priority and that services are able to offer direct support to women in order that they are not re-questioned about traumatic issues by generic staff.
- Improvements are made to the collection of outcome star data in order that an improved assessment can be made of the impact of the project;
- Efforts are made to brand The Chrysalis Project in order that the consistent, staged and holistic nature of the project is reinforced.

Blueprint for replication

The following elements of the project are important for those considering developing an accommodation based support project for women exiting prostitution:

- Service providers who are experienced in providing support to women involved in street prostitution;

- Service providers who can provide support across all stages of the model in order that internal transfers can be made without referral back to the housing support register;
- A referrals process that can identify and respond to a woman's involvement in street prostitution (ie. referrals through specialist outreach and support projects as well as centralised services);
- The use of a targeted and staged model of support that is grounded in the evidence about role exit and desistence;
- A client centred key work model that can provide continuity over each stage of support;
- A consistent but flexible approach that allows each woman the same opportunities and resources but delivered accordance to her unique needs;
- Access to abstinence based post treatment accommodation;
- Good quality, independent accommodation away from the hostel environment but with individually tailored key work support;
- Dedicated accommodation that is available to all women and which provides a *neutral* base from which to reconnect with social networks and to move on from.
- A psychologically informed environment with access to psychotherapy for women service users and clinical supervision for key workers¹

¹ In the Chrysalis Project client support and clinical supervision is provided by the same psychotherapists. Taking this approach has significantly reduced staff absence due to sickness and encouraged a deeper engagement with therapy among service users.

1 Introduction

1.1 Context

Since the publication in 2004 of the government's consultation paper 'Paying the Price' increasing emphasis has been placed on the need to develop effective support programmes for women who want to exit prostitution. A key component of this report, as with previous Home Office research has been the provision of drug services to reduce dependency amongst women involved in prostitution and thereby to help them stabilise their lives (Hester and Westmarland 2004). However, more recent research indicates that while drug treatment services can be an important component of any support strategy, particularly for women working on-street, many women who receive drug treatment continue their involvement in prostitution and the implications are that providing drug treatment in itself may not be sufficient to help women exit prostitution (Melrose, 2007; Buchannan, 2004).

More wide ranging research, which has considered the different, often complex, needs that many women involved in prostitution experience has increasingly drawn attention to the problems of accommodation and homelessness. Indeed, a report by Shelter in 2005 pointed out that homelessness, or having unsuitable or unstable housing is a priority support for most women involved in street prostitution:

Street-based sex workers currently form one of the most excluded and marginalised groups of homeless people. There is little specialist accommodation available to meet their needs. Service providers and funding bodies often fail to recognise the nature and scale of the problem in their area. While society may view prostitution as the biggest problem for these women, the women themselves relate it to their homelessness, drug use, and lifestyles characterised by poverty, chaos and desperate choices. (Shelter, 2005)

It is becoming increasingly recognised that housing is a fundamental support that has to be met in order to enable exiting, because housing is a barrier to addressing other problems and engaging with services such as benefits, healthcare, maintaining contact with agencies or escaping violent partners and pimps. Homelessness can

also undermine motivation, emotional well-being and self-esteem (Bindel 2006). It is estimated that one in three problem drug users are in need of housing support (Turning Point 2005). Cusick et al. (2004) found that some 70% of the women in their sample had experienced homelessness and the majority of these women identified homelessness as key reason for their involvement in prostitution.

One of the main barriers to exiting is the involvement of women in a lifestyle and network of contacts that can keep them 'trapped' in prostitution. For this reason locating women away from their areas of involvement in prostitution can be critical in helping them exit, whether this involves sheltered accommodation, a hostel or some form of tenancy support (Ward 2007). It is widely recognised, however, that despite their high level of vulnerability that many of the women involved in prostitution will not fall within one of the priority categories for accommodation.

Mayhew and Mossman (2007) in their international review of best practice for exiting conclude that 'adequate provision of settled accommodation for sex workers is critical for finding routes out', while Farley et al. (1998) argue that there is 'widespread evidence' that women with access to refuge and housing are more likely to exit prostitution than those without. Other international studies have shown that the admissions criteria, bed capacity, and wait times can all collude at times to potentially deter women from accessing accommodation and prevent the take up of this route to exiting (PAAFE 2005).

Thus, the type of accommodation provided can also make a considerable difference to the chances of women being able to exit prostitution. Research carried out in Glasgow, for example, indicated that the women's only hostels that cater for vulnerable women can have mixed benefits. For some women the hostel provided some respite from the immediate pressures that many women face on the street. However, some women living in the hostel experienced new vulnerabilities and a number were drawn back into drug use and prostitution through associations developed while living in the hostel (Easton and Matthews 2010a). The Home Office consultation paper also suggested that a range of accommodation is required to

meet the differing needs at each stage of the exiting process (Hester and Westmarland 2004).

Providing housing support, whether temporary or long-term can be expensive, although these costs have to be weighed against the costs of providing other forms of social assistance, policing and health care. Helping women to stabilise their lives by providing suitable housing support can therefore be a key factor in helping them exit prostitution, but can also be critical in helping them move on to a more constructive and less damaging life.

This evaluation examines the work of The Chrysalis Project, a joint enterprise between St Mungo's and Commonwealth Housing, a housing based action research charity. The approach adopted by The Chrysalis Project works with the Supporting People framework to provide good quality supported housing and tenancy support and a range of housing options to women involved in street level prostitution. The project provides a unique evidence based approach that consolidates the support work and hostel based provision of St Mungo's with high quality independent supported accommodation provided by Commonwealth Housing.

This report was commissioned by Commonwealth Housing. It provides background and detail of the Chrysalis Project; examines the views of both stakeholders and service users; draws conclusions about the operation of the project; explores the social return on investment of the project and provides a blueprint for replication in other areas.

2 Background

2.1 Nature and extent of prostitution in Lambeth

London Borough of Lambeth is believed to have one of the largest on street sex markets in South London, with prostitution related activities occurring in several areas but mainly in Brixton, along Brixton Hill and in Streatham. According to the *Lambeth Violence Against Women and Girls (VAWG) Strategy 2011-2014* there are an estimated 150- 180 women involved in prostitution in the borough. Data from Spires Streetlink indicates that at the time information was gathered for the strategy 72 women were actively involved with their street outreach services. The strategy further reports that Lambeth Police made seventeen arrests for vice related offences between May and November 2010.

Lambeth Police have more recently conducted operations to target sex purchasers. Between 2011-2012 twelve operations were conducted with 63 men stopped, arrested or warned about purchasing sex. The findings also suggested that a significant proportion of men involved in purchasing sex in the borough were local or from surrounding areas.

2.2 Policy context

In line with the Mayor of London's approach to prostitution, the *Lambeth Violence Against Women and Girls Strategy 2011-2014* views prostitution as a form of male violence against women and a form of commercial sexual exploitation. The strategy takes a two pronged approach to prostitution targeting the purchasers of sex while also providing women involved in prostitution every support to exit.

The Lambeth Prostitution Group play a lead role in the delivery of support to women involved in prostitution in the borough. Rather than addressing prostitution through anti-social behaviour panels and enforcement activity, which are inherently exclusive, the approach adopted by London Borough of Lambeth is one of inclusion with women referred to a multi-agency risk assessment conference (MARAC) where protection and support can be offered.

2.3 The foundation of the Chrysalis Project

In 2002 St Mungo's, Lambeth Substance Misuse Team (LSMT), Lambeth Crime Prevention Trust (LCPT) and the Stockwell Project formed a partnership to proactively engage women involved in prostitution who were vulnerably housed or who had been displaced through the closure of crack houses. Several key objectives were set by the partnership including improving the numbers of these women entering drug treatment, rehabilitation and detoxification programmes and also improving partnership working to meet the needs of this extremely vulnerable group.

In 2008 the South London Women's Hostel was refurbished, however, a model for moving women on through the accommodation and on to independent living was not established. This gap in provision was met through a unique partnership between St Mungo's and Commonweal Housing. This partnership has allowed the provision of suitable independent stand-alone accommodation for women involved in prostitution who were ready to leave the hostel environment. It has also permitted St Mungo's to create a pathway through and away from group living in the hostel setting, freeing space for new clients and providing an aspirational goal for women at earlier stages.

The creation of the Chrysalis Project consolidates the hostel provision and support work of St Mungo's, with the high quality follow on supported accommodation provided by Commonweal Housing in a three stage evidence based exiting model.

2.4 Recent changes to the Chrysalis Project

The changing political and economic climate over the course of the evaluation has meant that there have been significant changes to how St Mungo's and Commonweal deliver the Chrysalis Project. There have also been important changes to the wider context within which this delivery takes place. The evaluation engaged with women who had been accommodated in the Chrysalis Project before these changes occurred and therefore focuses on the original model of delivery which is documented in more detail in chapter 5. Details of the recent changes and the possible implications of these changes are provided separately in section 5.4.

3 Aims

The overall aim of the evaluation was to examine the third phase of the Chrysalis Project in order to provide independent feedback to Commonwealth Housing and St Mungo's. The evaluation also aimed to document good practice and provide lessons for other providers who may want to replicate the Chrysalis Project model and generate key messages for policy audiences concerned with changing policy about the housing and other needs of women previously involved in prostitution.

To achieve this aim the evaluation examined:

- The benefits of phase 2 and phase 3 accommodation to women;
- The demand for and use of this type of accommodation;
- The duration of use and rates which women move through this accommodation on to independent living;
- How women are selected and referred into this accommodation;
- The appropriateness of this selection and referral;
- The specific benefits and long term outcomes for women who are provided with this accommodation.
- Examining the extent to which the project assists women to leave the sex industry, develop skills, overcome dependencies and strengthen their self-esteem
- the potential cost savings to society of women engaging in more productive lifestyles and reducing their involvement in crime;

4 Methodology

4.1 Research Strategy

In order to achieve these aims elements of both process and outcome evaluation were employed. The process evaluation examined the selection of women for phase three housing; the support and monitoring of this provision; as well as the suitability of this accommodation for the women for whom it was provided. Issues relating to design and location and the general management of these facilities were also assessed. The process evaluation also assessed the levels of demand for this service and the extent to which provision allowed a free flow of women between accommodation phases.

The outcome evaluation took a participatory approach and worked closely with the women involved to assess the benefits and impact of this accommodation on their lives and well-being. Over the two years the evaluation worked with women to examine the ways in which the provision made an impact on their lives across a number of key areas (mental and physical health; education, training and employment; relationships; lifestyles; financial independence; and self-esteem) and how the provision supported them to prepare for or to actually move on to independent living.

In order to most effectively examine these issues a multi-method approach combining both qualitative and quantitative methods was taken. Quantitative analysis of existing data was combined with a qualitative investigation of the views of those using the service, operational staff at the service and other key stakeholders. This combination of methods is known as triangulation and aims to develop a form of analysis that is both extensive and intensive (Sayer 1992). That is, qualitative analysis was undertaken to examine the experiences, involvement and personal responses of women to their involvement with The Chrysalis Project. It also assessed the relation between the needs of each woman and the appropriateness and effectiveness of the housing provision and how it has had an impact on the woman's life. The intensive mode of analysis focussed on meanings, causes and the

processes of change and aimed to explain the patterns identified within the quantitative data.

Adopting this triangulated approach has the potential to increase the reliability and validity of the individual methods (Denzin, 1978). It allowed examination not only of the formal data about the women's involvement in the Chrysalis Project but also an investigation of changes in attitudes as well as behaviour. In this way it was possible to identify examples of good practice and 'what worked' on both an individual and project level and also areas of the project which worked well and where improvement may be beneficial. It was also possible to assess the impact of the Chrysalis Project on both the propensity of the women concerned to continue their transition out of prostitution and in relation to their lives in general.

One of the major difficulties in evaluative research of this nature is assessing the degree of change and significant turning points over time. In order to do this a qualitative longitudinal approach was undertaken (eg. Farrall, 1996; Henderson et al, 2007). To do this, the qualitative interviews asked women to reflect on their experiences over time, considering the ups and downs and plateaus in their lives as well as how they feel they were positioned at the time of the interview and at significant times in the past. The interviews also incorporated visual and creative methods to elicit information about women's hopes and plans for the future.

4.2 Research Questions

The following research questions were addressed within the evaluation:

- What benefits does the provision of this type of accommodation have for the women involved?
- How does the project meet the different needs of the women with whom it works?
- How does the project impact on women's lifestyles including factors such as their physical and mental health, their relationships, their attitudes, their behaviours?
- How does the project help women to overcome their dependencies?

- How does the project support women to attain skills, education, employment and financial independence?
- How does the project provide women with a sense of self esteem and independence and allow women to adopt a view of their future away from prostitution?
- How does the phase three accommodation allow the movement of women into and out of the service? Does it take pressure of the previous phases?
- What benefits could this type of project have on the wider community?

4.3 Qualitative methods

Interviews with project staff and other key stakeholders

The qualitative elements of the research included consultation with key stakeholders using semi-structured, face-to-face interviews. A purposive sample of nine stakeholders was chosen. The sample included stakeholders from Commonwealth Housing (2) and St Mungo's (3); those working directly with women residents (4); those responsible for the development of the service (5); and those at organisations making referrals to the Chrysalis Project (2).

This interview data was used to provide a holistic perspective on the operation and impact of the Chrysalis Project and to provide context to the outcome evaluation. The aim was to examine the experiences of the various stakeholders and to identify and investigate the effectiveness of the Chrysalis Project in meeting its objectives. Stakeholders were questioned about improving outcomes for women; areas of good practice; gaps in provision; barriers to operation; ways to improve effectiveness and the costs and benefits associated with running the project.

Interviews with Service Users

Qualitative in-depth semi-structured interviews were conducted face-to-face by a trained female interviewer with a sample of 12 women who had been involved with the Chrysalis Project. Nine women had been accommodated in the phase three commonweal flats and a further three were expecting to move into a flat some time in the near future. One of these women was interviewed twice as she had been one

of the first to move into a Chrysalis flat. Three of these women had moved on to independent living away from the project and were re-interviewed towards the end of the evaluation period. The sample included women from a variety of backgrounds and who presented with a diverse range of needs² The research followed participatory model that aimed to empower each participant throughout their involvement in the study.

The interviews focussed on the following themes:

- The women's relation to and involvement with the project;
- The availability and take up of accommodation;
- Self reported changes in attitudes and behaviour (eg. improved self-esteem);
- The identification of critical moments of change;
- The barriers to success;
- The women's reasons for leaving the accommodation service eg. natural progression into their own housing, moving out of the area, relapsing into a more chaotic lifestyle;
- The impact and effect of the Chrysalis Project on the women's overall well-being including for example, their relationships, self esteem, mental and physical health and so on.

4.4 Quantitative data

St Mungo's collects a range of quantitative data about each of the service users in contact with its services. The following quantitative data about each of the women housed in the third phase was provided for the evaluation:

- General demographic data
- History of involvement with St Mungo's hostels
- Interventions
- Periods of engagement
- Assessments of need and risk

² For ethical reasons, women who were in crisis at the time of interview were excluded from participation until their personal circumstances improved or they felt stable enough to be involved in the research.

- Outcome stars.

The data on interventions and outcomes was limited by two factors: 1) the transition of all of St Mungo's data to a new database in late 2010; and 2) the loss from the SLWH of the Activities Worker who to a significant extent was responsible for entering local data about each of the women engaged with The Chrysalis Project. In order to improve the quality of this data it was necessary to conduct a manual data audit, cross checking data on the partially completed local database with each woman's personal file. As this was a significant task, only data about the women who had been housed in the third phase commonweal flats has been gathered and a comparison group is therefore not available to the evaluation. This process highlighted a number of weaknesses in the data which are documented more fully in section 10.1 of this report.

Case Studies

A series of detailed participatory case studies was also undertaken with women who were involved with the Chrysalis Project. The case study approach empowered women to be actively involved in the study and to see their involvement having an impact. The case studies have been used within the report as a way of highlighting key findings and of investigating why women may either continue to engage or may drop out of the project.

Outcomes for women engaged with the Chrysalis Project

A principal aim of the research was to evaluate the outcomes for women who have been involved with the Chrysalis Project. In order to avoid unnecessary re-questioning of women service users, the St Mungo's Outcome Star was to be a central component of this analysis. The Outcome Star is a standard tool used to collect data from service users across the organisation. It is administered regularly during each woman's contact with the service in order that changes in key elements can be tracked and women can reflect both on their current experience and their ongoing journey to recovery and exiting. It has ten points (relating to motivation, self-care/living skills, managing money, social networks / relationships, substance use,

physical health, mental wellbeing, meaningful use of time, maintaining tenancy / accommodation, offending, domestic abuse and sexual assault) each of which can be scored out of ten, making an overall score out of 100.

4.5 Sample description

General demographic data was provided by St Mungo's for the ten women who had been housed in the seven Commonweal flats since they became available as phase three of the Chrysalis Project. The women ranged in age from 19 to 52 years of age, however nine of the ten women were aged 25 and over. Seven of the ten women were Black British (either Black Caribbean or Black Other), two were of mixed ethnicity and one was of 'Other' ethnicity. While this is a small sample, the proportion of clients of Black British ethnicity is significantly higher than the population of Lambeth at the last census³. All of those using the service were British born. On admission to the service five were in receipt of Employment and Support Allowance, three Job Seekers Allowance and two were in receipt of Income Support.

Among the sample of 12 women interviewed for the evaluation all reported having significant substance misuse problems; three reported having experienced domestic violence which had contributed to their homelessness; three had begun their involvement in prostitution before the age of sixteen; two had experiences sexual abuse as children and one had been pimped into prostitution by a family member. One woman, had secured a tenancy in one of the Commonweal properties after 30 years of homelessness. Over half of the women interviewed had a history of being looked after by the local authority. A fifth of the women had received a custodial sentence and others had received cautions for shoplifting and loitering. Women's involvement in prostitution ranged from two to twenty years.

4.6 Methodological limitations

³ See

<http://www.neighbourhood.statistics.gov.uk/dissemination/LeadTableView.do?a=7&b=276764&c=lambeth&d=13&e=15&q=341030&i=1001x1003x1004&m=0&r=1&s=1338477029176&enc=1&dsFamilyId=47> (Accessed 30/5/12)

While the 'gold standard' of evaluation, (ie. randomised control trials and the use of comparison groups) are widely advocated in crime reduction spheres, they are an unsuitable method when examining interventions with women. Such methods are more suited for examination of large scale crime reduction initiatives such as the impact of improvements to street lighting that do not involve measuring change among small numbers of individuals.

The additional problems faced when evaluating interventions with women are widely recognised. Lart et al (2008) for example, discuss a number of methodological weaknesses that prevent robust social policy being developed in relation to women. These weaknesses include: small sample sizes, a lack of British research studies, weak or unexplained sample selection, a lack of randomised allocation to intervention and control groups, poor matching of comparison groups, a lack of true 'no treatment' groups which made it difficult to isolate the intervention under study, and short follow up periods meaning there were limits on how long changes could be assumed to last.

The current evaluation is subject to a number of these methodological limitations, further detail of which is provided below. Despite these weaknesses however, the qualitative approach taken means it is possible to examine how and why the Chrysalis Project assists individual women to exit prostitution in order that the process and mechanisms of exiting can be explored and models of exiting and exiting support can be strengthened. While it is not possible to clearly determine the outcomes, cost benefit, or social return on investment of a project such as this, the qualitative evidence gathered within this evaluation can be used to make assumptions about the processes and mechanisms through which women change (Pawson and Tilley, 1997) and provide information that will be useful for policy makers, practitioners and commissioners of similar services.

Small sample size

The Chrysalis Project is the pilot of a model that may potentially work with women exiting prostitution and as such only has a limited number of flats available to a small

number of women. Conducting research using small sample sizes has several consequences, for example, individual women offenders are potentially identifiable and measures need to be taken to protect their identities; small changes in the numbers of women offenders may make significant changes in terms of proportions; data cannot be generalised as it cannot be considered representative of the population; and problems with data quality, which could be managed within a larger sample, can prevent robust conclusions being drawn. (Easton et al, 2010)

Ethical considerations

It is not possible for ethical reasons to randomly allocate vulnerable, marginalised women to a treatment or non-treatment group in order that the impact of their involvement with Chrysalis can be established. Nor is it possible to create other suitable comparison groups as each of the possibilities has its own limitations and none represent a comparable 'non-treatment' group. For example, attempts were made during the evaluation to construct a comparison group of women who were not accommodated in the Commonwealth flats but who were housed independently when leaving the project. This proved difficult, as the women were reluctant to be interviewed, possibly as they felt either because they had moved on and did not want to be reminded of their past experiences or they may have lapsed/relapsed and returned to prostitution and substance misuse and the associated chaotic lifestyle. Using a group of women who were from an area where the intervention was not available would not have been comparable due to the differing structure of resources, policies on prostitution, and social needs and demographics of women involved in prostitution different areas. Similar problems would have been encountered had a comparison group of women who received support before the flats were available as the nature of the project and how support was delivered had significantly changed. It was also unlikely that these women would come forward to be involved in research if they were no longer involved with the service for similar reasons to those identified above.

Access to data

A further limitation of the study was the limited access to background and outcome data for each woman. From the outset of the study, it was decided that where data was already held by the service that the unnecessary re-questioning of women would be avoided. It was therefore decided that data from the project's unique local database and the St Mungo's Outcome Stars would be used rather than gathering a complete set of background and outcome data from each woman. This approach proved problematic however as access to both of these sets of data was limited by the local problems recording data into the database and by broader changes to St Mungo's data systems. Both the background and outcome data were therefore insufficient in quality and number to be used to draw any solid conclusions or indeed generalise more widely about women exiting prostitution.

Short evaluation period

Finally, it is also the case that the period of the evaluation is very short and that changes may either not be fully realised or indeed sustained over the longer term. As has already been noted, even if a longer evaluation period was possible, women may not be interested in remaining involved in research that reminds them about their past involvement in prostitution.

5 The Chrysalis Project^{4,5}

5.1 What is the Chrysalis Project?

Women exiting street prostitution are often extremely vulnerable and experience complicated mental and physical health issues, dependencies and other often complex social challenges (Bindel et al, 2012; Matthews, 2009; Hester and Westmarland, 2004) The Chrysalis Project provides specialised, staged, residential support for women exiting street prostitution who face these types of issues. The model of support employed within The Chrysalis Project was inspired by the work of Judith Herman and is based around the three stages of recovery from trauma documented in her work – safety; remembering and mourning; and reconnection (Herman, 1997). The project provides a differentiated and individually tailored programme that understands and responds to the complexities involved in each woman’s healing and recovery. The model was designed with an understanding of the process of significant personal change and an awareness of the timeframes in which such change takes place. Rather than viewing exiting as a linear process the model recognises and accommodates the possibility that when women exit they will experience lapses and reversals during the process.

Phase One – Emergency Accommodation and Assessment

The first phase of the Chrysalis Project focuses on establishing a safe and protective environment for women away from the pressures of street prostitution and homelessness. Women are provided emergency hostel type accommodation (at SLMH) and are assessed to determine their support needs. To be eligible to enter the first phase of the project women must be over 18; currently involved in street based prostitution and drug use; and homeless but with a strong connection to the London Borough of Lambeth. Women can be referred from other local services supporting women involved in street prostitution such as Trust, Spires, Probation, Lorraine Hewitt House, Prison CARAT teams, Police (including local Safer

⁴ The way in which the model of support is delivered has been subject to significant change during the course of the evaluation. As the women involved in the evaluation moved on to the final stage prior to these changes taking effect the evaluation report focuses on the previous model of support. The changes and some of their implications are discussed in section 4.x and in more detail in Appendix 1.

⁵ For further detail please see *The Chrysalis Project DRAFT Replication Procedures Manual*.

Neighbourhood Teams, Project Sapphire etc), Lambeth Drug and Alcohol Action Team and Drug Intervention Partnership, or Lambeth Housing and Supported Needs Assessment and Placement team (SNAP).

Support at this stage focuses on encouraging women to begin to talk about their experiences, to know that they are not alone; to know that their response to their circumstances is normal in abnormal circumstances; to accept support as an act of courage rather than as a sign of weakness and to recognise that recovery is possible as others have recovered from similar experiences. There was also extensive on-site support across health and substance misuse including rapid access to substitute prescribing. As the St Mungo's Area Manager responsible for The Chrysalis Project explained:

'So the safety part, the emergency access part is the first stage project at [SLMH]. That is really about a place of safety, getting people into those key services: the health interventions, getting all of those assessments done, getting everything in place...If people are IV drug users then we have an in-house prescribing service. There's a plethora of services that are available. If people's health is really poor we have an immediate care scheme. There's a nurse and a health support worker who have a rolling list and within the context of that service they do particularly intensive health related work.' (Area Manager, St Mungo's)

Phase Two – Stabilisation at South London Women's Hostel

The second phase is based at St Mungo's' South London Women's Hostel (SLWH) and became operational in September 2008 after a full refurbishment of the original premises. The SLWH provides 17 en-suite accommodation units with shared kitchens arranged in six clusters each with their own key-fob entry system. The hostel also has a large shared living room, activities suite and garden. Access to the building is secured with a key fob entry system and CCTV.

Women accommodated at the SLWH are provided considerable levels of support while at the same time being encouraged to develop increased levels of self sufficiency. Both the accommodation and support in this phase are further broken down into three stages representative of Judith Herman's three stages of recovery from trauma. Women move through the service depending on their needs and readiness. The Area Manager for St Mungo's explained:

'The primary focus here would be the 'remembering' part of the process and that's more therapeutic type work. Having said that, within this building we also mirror the wider service framework, so that when women come here they enter at one part of the building and move through the building [as their needs change] from reception to remembering and mourning and then to the reconnection and external focus part of the building at the far end.' (Area Manager, St Mungo's)

The aims of this phase are to engage women in meaningful activity to increase their confidence, choices and opportunities; to support and facilitate engagement with external substance misuse services (including substitute prescribing and residential treatment options); to support women to achieve and maintain stability in their drug use and to work towards exiting prostitution; to increase women's access to primary healthcare and treatment; maximise the options available to women in relation to resettlement; reduce the numbers of women receiving ASBOs; enhance women's coping strategies and resilience to optimise their potential to leave prostitution; to work jointly with other agencies to provide co-ordinated care and support to women; and to provide peer support and holistic therapies for women.

Women can be referred to Phase Two from a number of sources including South London Mixed Hostel, Trust, Lorraine Hewitt House, Lambeth Drug and Alcohol Action Team, Lambeth Drug Intervention Partnership, Metropolitan Police Sapphire Unit, Spires, Lambeth Substance Misuse Team / Aftercare, and Prison Carat Teams.

The table below illustrates the nature of support and intervention at each of the three stages of recovery at SLWH.

Table 5a: Example of the types of support and intervention at each stage of the three stages of the exiting model

	Clinical recovery / therapeutic programme	Personal recovery / Health and Wellbeing	Cross cutting themes	Social recovery / move on
Safety	A twelve week rolling programme of one hour sessions	Screening for blood borne viruses, sexual health screening, health MOT's Individual counselling. Open and group sessions on wellbeing, physical health, food and nutrition	Activities provided at the hostel by external organisations including peer mentoring, peer facilitation, interview training etc.	A programme of in house activities, cooking skills etc
Remembering and Mourning		Emotions and mood, relaxation, coping strategies, individual counselling / closed group sessions	Complementary therapies – acupuncture, homeopathy, reflexology	
Reconnection	A twelve week rolling programme using structured tools and resources wit a focus on the cycle of change, Cognitive Behavioural Therapy (CBT) based relapse prevention, triggers and cravings	Life works one to one sessions. Off site provision.	Reconnecting with family - Lambeth Children and Families Social Services	Pre tenancy programme, Commonweal flats Education Training and Employment advice and support Volunteering Opportunities Apprenticeships Courses at the local college

Women are ready to move into the first stage of Phase Two support at SLWH (Safety) when they are actively using harm reduction techniques; are actively engaged with substance use services and are making positive changes in their use. They must also be ready to actively engage with staff in relation to their recovery.

Women will move onto the second stage of support at SLWH (Remembering and Mourning) when they have stabilised their drug use and are linking in with community services (including substitute prescribing services); are attending individual and group work sessions at the project; are actively engaging with project staff regarding their recovery and are addressing risks associated with drug use and sex working.

Women in stage three of the support available at SLWH (Reconnection) will be stable and taking minimal risks in their substance misuse or involvement in prostitution; and they will continue to engage with community services such as substitute prescribing; they will be attending group work sessions run by the project; they will be actively engaging with project staff around their recovery including senior project workers and the life skills worker and they will have a definite move-on plan and have achieved specified goals and aspirations towards this.

Phase Three – Moving on with support

The third phase of the Chrysalis Project involves moving on from residential support at the SLWH to other accommodation. This phase of the Chrysalis project focuses on supporting women to reconnect with a sense of being like other people, and establishing a connection to other aspects of their own life and identity after their traumatic experiences. Women are ready to move on to this phase when they have completed a move on induction plan; are actively involved in personal development, education, training or work activities. This may mean moving into residential rehabilitation, a private or local authority tenancy or supported housing. To move into supported accommodation or residential treatment women must also meet any additional criteria set by the specific provider.

The focus of this evaluation is the phase three supported accommodation provided by Commonweal Housing who have purchased for this purpose, seven small, anonymous, one bedroom flats in the London Borough of Lambeth. While the properties are owned by Commonweal Housing, floating support is provided by St Mungo's staff based at the SLWH⁶. These flats are available to women who are able to live more independently and who are engaging with treatment and meaningful activity.

This type of accommodation allows women to develop a sense of living away from services. While support is still provided to women, through one to one key work and 24 hour telephone contact, the aim is to build positive community connections, encourage self management and develop inclusive social supports. A key objective is to link women in to wider community support networks and provide assessment and referral into generic services where appropriate, for example, linking into long term housing and resettlement options to follow on from their period of supported accommodation. A key goal of this provision is to ensure a flow of women through the earlier stages and on towards independent living. Access to the Commonweal flats is generally through the earlier phases of the Chrysalis Project although referrals have also been received from other local services supporting women exiting prostitution. Women can remain in this phase of the project for 12 –24 months⁷ and when leaving stage three are provided with six months post resettlement support by the St Mungo's' support worker based at SLWH⁸.

5.2 Support work

The support work delivered at SLMH, SLWH and to women living in the Chrysalis flats is focussed on St Mungo's 'personalised recovery' approach and is structured around the St Mungo's Outcome Star. The underlying premise of the 'personalised recovery' model is that each individual will recover from trauma through a unique and non-linear process and that individual clients should be respected and provided

⁶ Following the restructure of services this support is now based at a St Mungo's post treatment service.

⁷ Recent changes have meant that this has now been reduced to 12 months.

⁸ See footnote 4.

options during this process. St Mungo's believe that personal change comes from within but can be fostered through the provision of an environment which enables people to make these changes *'in their own way, in their own lives and in their own time.'* This approach is further explained in the following statement from the St Mungo's website:

'The recovery approach is about enabling people who have experienced rough sleeping, mental health problems, drug or alcohol dependency, offending behaviours, and histories of complex trauma, to live to their full potential, and to try to realise these things in their lives. It is about transformation and change. The recovery approach at St Mungo's is about using the best skills and resources we can provide to work with our clients, respecting their experience, valuing their qualities, and believing in their aspirations, in order that they find practical, lasting and real ways to achieve their potential.' (St Mungo's Website)

The model adopted ensures that each client is viewed as an individual and that the interventions adopted facilitate a personalised recovery for that person.

Rather than adopting strict eligibility criteria, the area manager of the service explained that the principle of 'readiness to change' is adopted throughout each of the stages of engagement and that key workers and the manager of the service work flexibly with each individual around their own process of change. As the Manager of the SLWH explained:

'It's an individualised thing. Its not that there is a generic underlying thing that we expect. In stage three at the moment we have a woman who is maintained on a methadone script but her change is that she is not sex working. She hasn't sex worked for two years. She was at the point of dying, she has serious health needs, but you know, she is ready to move on.' (Manager, St Mungo's SLWH)

This approach has been adopted to best meet the needs of the client group who have often experienced exclusion from other services as the result of eligibility criteria and formal requirements. For example, women with mental health problems may have been excluded from treatment and support due to their substance misuse, chaotic lifestyle or violent behaviour. A holistic approach such as this is only possible as a result of the specialist skills, experience and knowledge of the manager and fostered among the team at the SLWH. As the St Mungo's area manager explained:

'What underpins the service are the relationships and knowledge of the women that [SLWH manager] and her team are able to bring to the table. There's a culture of constant analysis really and it's recognising those small but really significant things combined with the desire and the ability to actually take some seriously positive risks and to think the process through. Its about actively promoting and capturing that 'readiness to change' because women's prior experiences is 'hoop jumping' and exclusion'. (St Mungo's Area Manager)

The model of support adopted by the project does not view reversals or moving back through the stages as a failure but rather acknowledges that this is where a woman's needs are at the time. This strategy prevents the shame, stigma and resistance that might otherwise be associated with punitive action and helps to keep women in the process longer. For example, the manager of the SLWH explained that some of the women involved with the project had previously been evicted from other hostels for violent behaviour or for not being compliant with the rules about their use of the space. The SLWH however adopts a different approach to these issues and works closely with women to keep them engaged and address behaviours rather than taking punitive action. This is done with knowledge and awareness of the traumatic experiences of women involved in prostitution and of the behaviours that they may display in response. As she explained:

'What we've done is we've prevented eviction, by recognising each individual and looking at the reasons as to why some of their behaviours are presenting.

Rather than eviction, which historically would have happened a long time ago, we've tried extra support. We've dramatically reduced evictions as a result.'
(Manager, St Mungo's SLWH)

The model of support and staged approach allows women to move through the stages in both directions in negotiation with their key worker.

The approach adopted at the service focuses on hearing about women's experiences as part of the process of healing and to do this has utilised a range of therapeutic interventions to meet the different wants and needs of women at different stages. This is important to ensure that women are not required to engage in interventions that are inappropriate depending on where they are in the exiting process.

The project has been created using the principles of the Psychologically Informed Environment with two visiting psychotherapists providing support to service users and providing clinical supervision and reflective practice for staff.

5.3 Strategic relationships

In accordance with the work of the Mayor's office, London Borough of Lambeth have included prostitution within their strategy to address VAWG. The Safer Lambeth executive, chaired by the London Borough of Lambeth Chief Executive and the Borough Commander, are responsible for overseeing the borough's work towards this strategy under partnership arrangements. Delivery to the strategy is the responsibility of the VAWG Operational Group, which is chaired by the Assistant Director for Community Safety and supported by the VAWG Programme Manager. This Group meets every quarter and is attended by senior officers from a range of departments, agencies and partners in the borough⁹.

5.4 Recent changes

⁹ Further detail of the governance arrangements in relation to VAWG in Lambeth can be found in the *Lambeth VAWG Strategy 2011-2014*.

London Borough of Lambeth recently reconfigured its supported housing and accommodation pathway. As part of this process the SLMH was closed. This combined with contract revisions for the Chrysalis Project has meant that the SLWH is now the first stage of the accommodation pathway rather than the SLMH. As part of that transition emergency beds¹⁰ are now also provided at SLWH.

The capacity lost through the closure of the SLMH has been replaced with post-treatment accommodation in one of three semi-independent housing projects delivered by St Mungo's in Lambeth. The post treatment accommodation provides en-suite studio flats for eight residents and a continuum of support around substance misuse, mental health and managing their tenancy. The project is linked by remote CCTV to the SLWH and the night support staff at the hostel are on call if required. The availability of this accommodation fulfils a longstanding gap in provision for women aspiring to abstinence following drug treatment. Where women face difficulties a move back to accommodation at the SLWH is negotiated through the key work relationship. Key work and psychotherapeutic support for the women in phase three is now provided at the post treatment accommodation rather than at the SLWH. This is now incorporated into the mainstream funding of the service provided by Lambeth Supporting People¹¹.

In addition to these significant changes to the nature and structure of provision, the process of referral to the Chrysalis Project has also changed. While referrals were initially received directly to the project from a number of sources in contact with women exiting prostitution including non-residential support services, the police or prison CARATs teams, all referrals for short term and temporary housing allocation

¹⁰ For up to 72 hours.

¹¹ Supporting People is a national programme delivered by Local Authorities to provide housing and support services to vulnerable people to assist them to improve their quality of life and remain independent in their accommodation. Women exiting street prostitution may fit the eligibility criteria of the scheme as they may experience one or a number of vulnerabilities that make them eligible for support. These may include but are not limited to homelessness, mental health problems, domestic violence, being ex-offenders, having a learning disability or substance misuse issues and so on. The programme offers housing related support of two types – supported housing or tenancy support – and most of the support is provided by the voluntary sector through organisations that have already been providing similar support to particular client groups.

are now made through a central assessment centre operated by the London Borough of Lambeth SNAP team.

Perhaps the most significant change since the project's inception is the significant alteration to the maximum period of residence. The original service model included an (approximate) 5-year maximum period of residence across the elements of the service, with a possible two year stay in the third stage Commonwealth flats. The commissioners of the service have since compressed this timeframe and prescribed a maximum length stay of 9 -12 months at any stage of the project and a total of 24 months at the whole project. In addition to alterations to the maximum stay at the project a requirement and targets for minimum periods of activity / participation at each stage of the service has been established under new contractual arrangements with London Borough of Lambeth. The period of post resettlement support has remained unaltered.

Further discussion of these issues and the possible implications of these change are documented further in chapter 12.

6 The importance of provision for women exiting street prostitution

The extreme vulnerability and marginalisation of women exiting prostitution was noted by each of the stakeholders. They reported that women accessing the service had commonly experienced physical and sexual violence, neglect, domestic abuse and complex combinations of these and other experiences. A number of stakeholders also commented that this complexity often meant it took some time for women to unravel and work through these experiences and fully exit prostitution.

According to the manager of the SLWH some women come to the service without ever having had contact with mainstream services at all. She gave the following example:

'We had one woman who had been in a crack house for 16 years, had never ever claimed benefits, had never had a tenancy, wasn't on any system anywhere. It took months to get her claim sorted... never had a health check, never had a smear.' (Manager, St Mungo's SLWH)

The above example illustrates the depth of the vulnerability and marginalisation of some of the women attending the service. The manager further explained that two fifths of women entering the service felt that without the support of The Chrysalis Project they would not survive the next 12 months. Indeed, many of the women interviewed felt that they would not have been able to change without support. As one explained:

'I think it's you know, as long as they can have this establishment going I think they should keep it, because they've helped a lots of women. I might have not been here today if it wasn't for St Mungo's you know that's the way I look at it. They are very important.' (Service User 08)

The key stakeholders interviewed unanimously viewed the provision available through The Chrysalis Project as much needed for women with complex support needs and who may not have these needs met or even identified in generic, mainstream and non gender-specific services. In fact, the Women's Link Worker from SLAM stressed the lack of this type of support for women in general and reported that even with the availability of this service in Lambeth that there was a lack of bed spaces to effectively meet the needs of women involved in street prostitution in the borough. As she explained:

'There's not enough dedicated bed spaces for women because one of the things, when you look at treatment, providers will say that women are in the minority but women have specific needs even if they are in the minority in terms of figures, numbers. [SLWH] is small, and small projects work well with clients rather than bigger projects. People can get lost in a big hostel. In a small project it's much more manageable in regards to keeping tabs on clients and how they're doing, but there's not enough. For example, I've got clients now that are homeless, that have no access to housing and the referral is in with the SNAP team and I know that it would be a good [referral], but if there's no voids I can't get them in. There's a shortage of those types of beds, with that support, and that structure.' (Women's Link Worker, SLAM)

7 Views about the Chrysalis Project

The stakeholders interviewed had a good understanding of the nature of the provision available at the SLWH, and were aware of the availability of independent move on accommodation. While most however were not formally aware of the name the 'The Chrysalis Project', each valued the work of St Mungo's and the SLWH and held it in high esteem. They viewed the service as well-resourced with a capacity to provide good all-round support to women exiting prostitution both in-house and through established links with external providers. A Social Worker from Lambeth Social Care Team for instance praised the proactive partnership working of the Manager of the SLWH and appreciated her open approach to sharing responsibility for complex cases, which in turn maximised the outcomes for women in their joint care.

7.1 Model of Support

The model of support used at the Chrysalis Project was also viewed highly by stakeholders. A Social Worker from Lambeth Social Care Team felt that the Chrysalis Project offers very client centred support, starting with the very basics and working up to meet more complex needs. She also felt that the project workers were able to establish high levels of trust with the women clients, something which took a long time to do and was often not achieved by workers from other services. She said:

[It's] very client centred and just the intensity of it, the amount of contact. I think because they offer that really basic level of work that's often missed. You know, we [Lambeth Social Care Team] do a lot of talking and they [SLWH] do a lot of doing and I think that is really important. That sort of Maslow's hierarchy of needs you know? You can't get to the top things, psychosocial stuff until you've met the basic needs and I think they do that. I think they're really good, I've got a lot of respect for the work that they do because the women are hard work.' (Social Worker, Lambeth Social Care Team)

The capacity of the staff to build trust with service users and the importance of this relationship in their making change was noted by a number of service users. As one woman who had returned to the SLWH after a short period at SLMH explained:

'Very good – like I said, before I went away it was, I didn't care, I took it for granted, the staff didn't mean nothing to me. I didn't talk, tell, confide anything in them, I didn't trust them. But since the move to [SLMH] and back it brought me a different relationship. It brought me back down to earth let me see, come on these people are there to help you. You don't have to tell them your life story but obviously they are there to help and I took it on board. The relationship with the staff grew stronger. I gave trust. I trusted them. Before I didn't trust them. I have to gain trust. People have to gain trust. It took a long time even with [key worker]. She was my first key worker at [SLWH] when she first got there. I asked to change her because I didn't get on with her. I didn't like how she was because I only saw that she wanted to know my business. Now our relationship is very good now, she has helped me a lot.' (Service User 022)

The client centred nature of support at the project was also acknowledged by the Women's Link Worker from SLAM. In her view it was this approach that enabled changes to occur. When describing the way support work was delivered at the project she said:

'If you can identify with a client in a way that makes them feel they're being heard, then that is the most important thing. Not a condescending or kind of do- gooder thing but more about accepting the clients. If you can accept the clients for where they are now, that enables them to change later on. Not you with the agenda deciding what is best for the client, because they won't come along with you. It's already your goal. It has to be their goal and recognising when they're ready and maybe when they're not quite ready.' (Women's Link Worker, SLAM)

She too felt that the project were providing a wide range of services for women attempting to exit prostitution and had made positive changes which were further engaging and motivating clients. In her words:

[SLWH] has changed in regards to what they offer. There's a lot of work now going on in regards to group work and other services coming in to provide a service and things like that. At [SLMH] [a worker] is very proactive with going to court with clients and really keeping things going. There have been some changes in regards to engaging clients within the hostel. It keeps the women involved more. It creates a structure for them and shows their progress and how they are getting along. I mean I won't refer someone to [SLWH] if they just want housing. They have to be looking for changes, it is about clients who are motivated to make changes, and then they'll be in the better place.'
(Women's Link Worker, SLAM)

The women interviewed felt that this variety of provision as well as the structure and intensity of the support was key to facilitating change. As one woman explained, the service had achieved the right balance of activity and supervision without making demands that she felt she couldn't meet. She said:

'I would say everything they have done is spot on. Everything, the way they manage everything. They don't take over your time but they set things for you to do so that you get back into the swing of having things to do.' (Service User 021)

The same woman went on to comment that the structure and accountability were crucial in making her rethink her behaviour. As she explained, being at the SLWH had made her much more aware of the consequences of her behaviour. She said:

'Yeah just having the structure on things cos before it was just like, do what I want when I want, but once I was with them, it was kind of like "Oh right well". I wasn't always in trouble, but there was times when I was in trouble for stupid

things. Being at SLWH I was like well it's whether I go out on the road and get into trouble or I watch what I'm doing cos if I don't then I'm not going get the help that I want. For me to get the help I had to sacrifice what I was doing. And that kind of made me aware of what I was doing.' (Service User 021)

She explained how the model of support had helped her significantly reduce her substance misuse, internalise responsibility for making decisions about her own behaviour and over time develop her belief that she could take charge of her actions and choices. She said:

'For me which I'm still surprised with, compared to what I was smoking, I don't even know, all day everyday, up all night... And now when I get my money, normally I think that's it that's all my [drug] money there. Now I don't even buy [it]. The only time I smoke is if I see someone and they say do you want some? Then I'll have some. Now I'd rather go shopping. Spend ten, twenty pound on my shopping or on my rent or something like that. Now it's me that makes that decision. I think it was having someone there, because to be honest I could have made those decisions before but having no one, not to tell me what to do, but to advise me on the best way to deal with things, and not just say it once and never see them again. But to have someone there and not all the time to go on about the same thing but to always kind of drop the hint. And after a while I was like, let me just take into account what she's actually saying. Then when I thought about it myself I thought you know I can do this.' (Service User 021)

This woman credited her regular, scheduled one to one meetings with her key worker as having a significant role in her changing behaviour. For her, these meetings allowed her to steadily deal with issues one at a time at a manageable pace. It was her view that if she hadn't been required to attend weekly meetings she may never have opened up and explored many of the issues which came up in these sessions and that the process of meeting regularly has helped her be more emotionally open. She said:

'It might sound normal to everyone else but to me it was kind of the structure. 'Cos everywhere else I was it was "Come and talk to us when your ready." Whereas with [keyworker] it was "Right on Thursday two o'clock, we will sit down we're gonna talk" and I was like "Alright." and I had to prepare myself for what I wanted to talk about and everything, and I was sitting down talking with her I had nothing to say, but she would know exactly what to say for me to open up kind of thing. I noticed things that I thought weren't bothering me, until she brought it up I was like "Ooh hold on, that is hitting a button." or made me feel emotional, and once we'd talked about I was like "wow". Then I'd say to [keyworker] "Right when we meeting next?" Yeah that's what I mean, its like, it's a bit hard cos you think well you ve got things going through your mind, but you don't want to talk to people about it, and you don't know how to start a conversation without spilling out your whole life and they're like "ok." Whereas with [keyworker] she broke it down, and we went through the DV that I went through, we talked about it, and I got kidnapped one time and we talk about that and what happened went through what happened from the beginning to the police and all that. I knew it affected me but I built a brick wall so it was always there eating away but I never, I always put it out of my mind but when I sat down and talked about it... Before I wouldn't tell anyone, but I can sit down with a friend and talk about it., its not alright but it is alright., I just , I don't feel to have to close it up. You've maybe put something around it and gone ok, I can deal with this section of that now.' (Service User 21)

Some of the women interviewed also offered feedback about how the support on offer at The Chrysalis Project could be improved. While the majority felt that no improvements were necessary three women reported that the group work activities at SLWH were not well attended by other women and that they would like to have seen greater levels of participation from women living in the building¹². As one woman explained:

¹² This is something that St Mungos have recently attempted to remedy through adherence to an aspirational target of 6 hours meaningful activity a week for each woman.

'... the way I see it I would put it down on the tenancy agreement that you have to go to certain activities and you have to take part. If you don't take part... they don't even know within themselves that they want to take part. Cos I didn't know I wanted to do something, I go to the theatre and I didn't know I wanted to do that! I used to put my name down and not go, then they made me and I really liked it. They don't know the goodness, and they just need pushing to just try it. I regret not doing the computer thing at [SLWH]. He would be there for 1.5 hours and no one would go or 1 or 2 people would go and now I want to do that.' (Service User 022)

Two of the women mentioned that they had often gone to 'muster' other women to come to group sessions but that take up remained low. As one woman explained:

'I tried to come up with some little ideas and what I did was go around with the staff and knock on everyone's door a couple of hours before the meeting and say "Yeah its Friday meeting," but someone else was supposed to take it on after me and take turns but I noticed that no one did and it just went back to the staff... I kind of got pissed off with being the only one in the meeting. Me and the same two faces out of 18 of us. There's only three of us going to the same groups. I thought let's see what happens when I don't go and I didn't go last week so nobody went.' (Service User 012)

Another service user felt that the model of support could be improved through more service user involvement in issues that related to the move-on flats. She felt that meetings of service users could be arranged to take place at SLWH or another convenient location. For her, participating in matters that personally concerned her was an important aspect of becoming independent. She reported that she had been particularly motivated in this regard as a result of the changes to the duration of stay which she felt was a negative decision.

7.2 The staged exiting approach

Key stakeholders also viewed the staged approach adopted by the project positively as it was felt that it assisted in motivating women by allowing them to see their success and achievement and by providing them aspirational goals such as having their own home. As the Women's Link Worker from SLAM explained:

'It is important because women will then see how they progress from one stage to another, it's an indication of how well they're doing, I think that's quite important for the women as well.' (Women's Link Worker, SLAM)

Others felt that the staged approach gave women permission to be at different stages and to progress at their own pace rather than compare themselves with other service users. As a counsellor from Streetreach said:

'I think that it has been very successful, because its given permission to be at different stages. So if you are in the first stage, it is given permission to you be very chaotic and not doing as well as other women are doing. I think the pacing of it is very realistic because women are not going to come off the street and in three months, be living a positive self fulfilling life, it does take a long time. It gives permission for that some how.' (Counsellor, Streetreach)

Women involved with the project were also supportive of this approach and the way it was managed within the key work relationship. As one woman explained, this provided her a sense of structure and progress without making her feel overwhelmed. In her words:

'I would say everything they have done is spot on. Everything, the way they manage everything. They don't take over your time but they set things for you to do so that you get back into the swing of having things to do.' (Service User 021)

The staged model and approach to support adopted by the project appeared to be able to work effectively to manage both progress and lapses. As the key worker responsible for women housed in the third phase commonweal flats explained, one woman relapsed and fell into crisis. As part of her key work it was negotiated that she would return to the SLWH for more intensive support. She returned for a weekend only to find that this process triggered her motivation sufficiently for her to not want to return back to the hostel again and she worked hard to return to her flat and a state of stability.

For another woman it took her to lapse and be returned to an earlier stage of the model to realise what she could achieve and the support that was available to her. She describes this as the best thing that could have happened to her as it shook her out of her complacency and was the point at which she actively started to engage with exiting. As she explained:

'No I got a place in [SLWH] first, yeah and then I went to [SLMH] because I got myself in a bit of a problem around the drugs area still and they terminated my place at [SLWH] for six months. It was at [SLMH] when my turning point was. Yeah it was my turning point in my whole life, cos really if I didn't go to [SLMH] maybe I wouldn't even be at the stage I'm at now. I can't say [SLMH] wasn't helping me but I took it for granted and I didn't take it serious. The facilities that they have got that can help you and that's the only thing I can say is for women who want to change, you'll move from a five star hotel to a one star hotel... When I realised what I had at [SLWH], the luxury that I had, the self contained, en-suite... to go to somewhere like [SLMH], it was a dump. It was like coming out of a 5 star hotel to live in a dustbin and that turned my life around. I had to get back on form and I said "I don't want this life. I just don't want to live in one single room. I want better for myself." and I worked on that and I got back to [SLWH]. I was back there for about eight months a year, and I aimed to come out into the [Commonweal flats] and I have now been there since January of this year. Ten months and it's the best thing that's happened! In here it has given me back my independence properly.

That's the best thing that has ever happened to me, I would never change it.'
(Service User 022)

Only one interviewee wasn't keen on the staged approach. She had been referred from outside the SLWH and did not have the same history of disadvantage and marginalisation as some of the other women involved in the project. While she said she *'...found it very patronising and condescending and at times humiliating'* she also understood a staged approach was good for people who needed support and who weren't used to taking responsibility for their lives in the way she had done in the past¹³.

A Social Worker from Lambeth Social Care Team reported that women have sometimes said that with the staged approach there are too many workers involved in their cases and that they have at times found this confusing as there is often a different worker involved at each stage or with different agencies. This is particularly true when moving stage involves moving to a different location, for example, moving from support at the SLMH mixed hostel to the SLWH or where women have key workers connected to their accommodation and their substance misuse. She explained that having multiple workers requires a significant amount of organisation and communication to ensure clarity for both staff and client. Where the matter involves a safeguarding issue a social worker will become the 'case co-ordinator' but in her view the responsibility for co-ordination was less clear when there was no safeguarding issue involved.

7.3 Referrals¹⁴

The process of referral to the service was viewed highly by stakeholders. It was considered straightforward, fast and fair as it was able to prioritise those in more

¹³ This woman's case was unusual in that when she was referred the conditions of the tenancy were not properly explained to her and the matter has since been sensitively resolved by the Manager of the SLWH.

¹⁴ The process of referral to the service has changed. Referrals are now made through a centralised assessment centre rather than directly to the service.

need when necessary. As the Manager of Trust, a non-residential service for women involved in prostitution in Lambeth explained:

'The staff have unanimously fed back that the referral process was very simple. If there was a bed it was quick... they would interview quickly and were also good at prioritising needs. (Manager, Trust)

Similarly, the Women's Link Worker from SLAM spoke highly of the process of referral and its capacity to meet the immediate needs of chaotic, vulnerable women living on the streets. She said:

'I've worked in hostels before previous to this, and the difference with [SLMH] is that I had a client two weeks ago that was in crisis and she had nowhere to live and everything was just falling apart and I was able to ring [SLMH] and they were able to take her for the weekend for pure safety reasons. No other hostel would do that. There is no other hostel I would be able to ring and say "Listen there is a real urgent need, this client has to be off the streets tonight." that would make that provision for me in a situation like that. So, that immediate response is their strong point.' (Women's Link Worker, SLAM)

Central to the process of referral was their knowledge of the client group and of their own skills to work with women exiting prostitution. Stakeholders therefore felt confident making referrals as they knew women would be well placed, would receive appropriate support, that lines of communication would be kept open and suitable partnership working arrangements devised. The Women's Link Worker emphasised this by saying:

'They've always been really accessible that way and that's the real benefit of having them in the area is that they know the client group, they know who they can work with well and therefore I feel confident if I place somebody in there that they're going to be, you know, and we communicate, they don't go

in and that's the end of it. We have joint meetings to see how they're getting on, look at the division of work and who's going to do what.' (Women's Link Worker, SLAM)

Women are also able to self refer to the service and often did so after hearing about the service from other women. Several stakeholders commented that they knew of women who felt able to trust the service or who had been motivated by the progress of other women attending the service. As the manager of the SLWH explained:

'We have a resident who self referred and I met her when I was out and about with another resident. She introduced herself, didn't introduce me as the manager, just said "This is [the manager of SLWH]." I met her like that and she must have found out who I was and she was homeless. The reason she wanted to come here was she was dying. She knew we would support her through that the best way we could.' (Manager, St Mungo's SLWH)

As one service user who self-referred to the project explained:

'Before I entered here [SLWH] I'd see some of them round and about the place and they looked well. They looked better than before they lived here and so that motivated me to come. Yeah cos I was really losing myself once I had lapsed and relapsed after coming out of rehab and so I'd see these girls walking around and I'd think "Oh she looks well. She looks well. Where are they going? I'd see them about and I kind of followed their trail to here.' (Service User 012)

While most referrals were made smoothly, there was one instance where a referral became problematic. In this instance, the woman was referred to the phase three Commonwealth accommodation without previously being engaged with services at the SLWH. This client was referred internally from another St Mungo's service and had established a strong therapeutic alliance with her key worker there. As the client had not had time to establish a rapport with the support worker working with women in

the Commonweal properties a conflict arose. The client remained connected to her original keyworker and failed to establish a bond with her new worker, particularly as she reported that she had struggled with the Commonweal keyworker's joint role as support worker and housing officer. At the time of the evaluation, this woman was on the verge of leaving her Commonweal property and was considering moving into a private rental, however, the issue was resolved by the manager of the SLWH who worked through the issues and retained her in her Commonweal property. This experience however raised an important point for the process of referral and how to manage transition and ongoing support work for women who have not moved through the model of support from phase two to phase three.

7.4 Timeframe

The stakeholders that were interviewed indicated that the overall five year timeframe was positive as it allowed time for women to come to terms with their past experiences and then to heal and to make a sustainable exit from prostitution. The timeframe available to women was also considered important due to the high likelihood of relapse, particularly as they moved towards independent living in the third phase commonweal accommodation. As one stakeholder who worked closely with women at this time explained, it was common for women to relapse out of an unconscious fear of moving on. She said:

'We just need to understand how it seems to be about institutionalised living, and to appreciate, how the risk is that they are so frightened of living alone that they deliberately relapse so that they can remain in the hostel. When I say deliberately I probably mean unconsciously, but that it very common that they will relapse just as they are about to go to detox or to rehab or to go into their own flat. I think a lot of that is about that it is so terrifying and it might be giving them a bit more time in the hostel.' (Counsellor, Streetreach)

A number of women reported being fearful of fully leaving support services and moving on from their supported accommodation. One woman who had successfully remained in a Commonweal tenancy for 12 months explained that she was worried

that her high levels of anxiety about this might prompt her to return to drug use as a coping strategy. She said:

'I haven't gone that far yet but it's to come. I don't wanna think about that at this time cos I've got another year to go. If I start thinking about that I'll be stressed out before time. By the time I get to that stage I will be drug free so I can get there. If I start thinking "Oh I have to move soon" it's gonna make me want to smoke and block it all out. I want to take it one day at a time and go to the next step up because I have a year to go and there is no reason for me to think about that yet. My major one first is my drug taking.' (Service User, 022)

Women also reported that their inability to imagine themselves having an independent future had meant that they had taken their time to progress. For example one woman explained that she had spent three years at the SLWH not engaging with the process as she could not imagine having her own flat. She said:

'When I first moved in here I couldn't see myself in my own flat. Yeah. I couldn't see it. Didn't want to. In the past, thinking of the future, I couldn't see myself in my own place. But when that flat came about I felt I was ready and from day one I've been alright in that house.' (Service User 06)

The complex needs of women who are leaving prostitution and their response to trauma is likely to mean that they will require a significant amount of time to move forward and that their exiting journey may include a number of lapses and relapses before they exit permanently. It is for this reason that stakeholders felt that the timeframe across the project was realistic in order to prevent a revolving door where women leave only to return to services later. As the Commonwealth Chair explained:

'Well it has to be the right time. There is no point pushing someone out when they are still very vulnerable cos they'll go backwards again. But I think the

point of this is to enable women to move on. It's not a destination. It's a staging post...' (Commonweal Chair)

Women in the Commonweal flats generally held the view that two years was a more appropriate timeframe to ensure they were able to successfully stabilise and move on to independence.

On the other hand, however, one woman acknowledged that without the pressure to move on in a particular time, women might also not be sufficiently motivated take up the services on offer. In her view it was only the threat of changes to the permitted timeframe which had encouraged many women to engage constructively in the process.

7.5 Independent Commonweal flats

The provision of safe, good quality, independent move-on accommodation away from the hostel environment but with a safety net of support was considered by stakeholders to be a vital part of The Chrysalis Project model. The provision of this option allowed women something to aspire to and provided them with safety, stability and a continuity of support while developing their skills at living independently. As the key worker supporting women who had moved into this type of accommodation explained:

'I think the service has been really welcoming for the women in general. The flats have increased their motivation to change. There is something there to look forward to – moving out independently. Having the flats has done a lot of good to the service.' (Support Worker, phase three Commonweal flats)

She went on to explain that the provision of independent accommodation for women exiting prostitution gave them the important signal that others have faith in their capacity to change and achieve their potential and that women can then internalise this and have the self belief to progress beyond homelessness or institutional living. She said:

'By only providing hostel accommodation for disadvantaged service users and by not encouraging them to do things for themselves people [services users] believe that is only as far as they can go, we're [society] not really looking into helping them to achieve their potential and we're just colluding with the problems. We have a particular service user and the way she has appreciated being in a flat after the hostels is just inspiring, you know. She's really happy, really looking after the flat. She has made lot of changes in believing in herself by living in that flat you know. And I think that's how it should be.' (Support Worker, phase three Commonweal flats)

The chair of Commonweal Housing, explained that the provision of the independent move-on accommodation aimed to allow women exiting prostitution to have the opportunity to develop a sense of autonomy and to move towards independence at their own pace, rather keeping them remaining trapped in hostel accommodation which may further deskil or institutionalise them. She said:

'Its absolutely clear I think that prostituted women go through a period when they have a foot in both camps. Its not "One day I'm a prostitute. One day I'm not." You have to find ways of finding people along that spectrum I think and while the hostel did that, the problem was the next bit. Now I think there are quite a lot of problems in the next bit, I don't think it's just for prostituted women. Hostel living is quite institutionalised, almost always and doesn't develop some of the kind of skills or autonomy or independence which you might get living on your own and sometimes people have been deskilled by their lifestyles. It's trying to find appropriate ways of re-skilling people... If we look at the figures about how women enter prostitution, most women in prostitution start as children, so they actually haven't had that experience of becoming an adult or developing that autonomy. They might have done some very adult things or got involved with some very adult drugs or whatever, but actually that sort of that nice safe growing up with a bit of being able to move at your own pace hasn't been available to them.' (Commonweal Chair)

The role of stable accommodation for women with children was also acknowledged. Women separated from their children stood little chance of having them returned to their care if they were not able to provide them with suitable accommodation. As a counsellor providing support to a woman in The Chrysalis Project who had worked hard to have her child returned to her care explained, the possibility of housing with support makes the transition on to independent living possible and attainable, rather than something which other women might see as unattainable. She described this in the following way:

'One of the main problems, as you will know that they have is putting the roof over their own head. A lot of them have been separated from children and if they have had a child removed at birth, the ability to put a roof over that child's head that would be assessed to decide if that child can go back to the mother or not. But even though its not that mother's fault, she wouldn't be allowed a child back if she is living in a hostel or sofa surfing, or rough sleeping etc. So having that opportunity, I think it's a fantastic incentive and goal, and the fact that you can go there and still come back to [SLWH] and use services at [SLWH], that makes it seem not quite a scary if you were just being placed somewhere by the council... just the fact that there is some link between Commonweal and the Chrysalis project makes it better. So I think it's a great goal for women to aspire to for women to move onto those flats and it's just a little bit more manageable. All round its really positive.' (Counsellor, Streetreach)

Stakeholders also viewed the quality and appearance of the accommodation in general as important. For instance, a Social Worker at Lambeth Social Care Team felt that the appearance of the SLWH building and the way in which it is cared for created a positive experience and model for women, suggesting that looking after the building presented a pro-social model of how they should look after themselves, gave them something to aspire to and sense of increased expectations. The quality of the independent move-on accommodation provided by Commonweal Housing

was given a significant amount of consideration from the outset. The underlying ethos of the organisation meant that the quality of the housing provided was imperative. As the Chair of Commonwealth Housing explained:

'We thought quite hard in all our projects about quality because we are of the view that if you don't provide the right kind of quality of housing, actually your not giving people the best chance, and one of the things we have to do is give them the best chance. If you are saying that we are finding housing solutions to social injustices, its not a solution if your saying that your gonna dump people in housing that you wouldn't want to live in.' (Commonweal Chair)

The chair went on to explain further the rationale for this decision, indicating that the aim of the project was to provide good quality housing that will help to improve women's self esteem, increase the expectations they have for themselves, provide a break from the past and act as a motivator for further change. She said:

'One of the things that I'm swiftly concluding is that too many projects which are at providing housing for people who have experienced certain kinds of social injustice, provide pretty crumby housing. And actually trying to provide housing that has quality and security I think is quite significant, because it kind of enables people to step up when the world has been expecting them to, you know women who are coming out of prison, women who have prostituted themselves, or been prostituted by others, its you know, your self esteem is crumby, you kind of have low expectations for yourself and high expectations that the world will deliver you horrible experiences. So actually, if you put them in a secure, smart, supported housing, you can provide a kind of boost to efforts to make a different kind of life for themselves. The surroundings, the quality of the housing itself, you can make a break. One of the things about the hostel is that in a way it's not enough of a break for a lot of these women. They are there with a lot of other women who have been through the same things, you know drug and alcohol, options lurk! And it can be hard for them to say, I'm really making a break with that. I'm taking control, cos that's the

critical thing for women who have been prostituted is getting control because they have so often lost control...however friendly a hostel is, it's a hostel.' (Commonweal Chair)

She further explained that being able to make choices and have control about who has access to your personal space and how it looks provides women with a sense of control that they may never have experienced:

'I think having your own flat, that you choose the things in, maybe without much money to choose the things in, you can have some control over what bits of it look like, you can choose who comes. You can have control over your own front door. That's quite powerful for some women who haven't had that control before.' (Commonweal Chair)

The importance of this aspect of the accommodation as a safe haven was voiced clearly by one of the service users who said:

'The most important thing was I had a roof over my head, somewhere I could, it was my Sanctuary, I could close my door, that's my time behind there, somewhere where I was safe. No one could come and invade me. No one could come and violate me...' (Service User 08)

The availability of good quality, safe, independent but supported accommodation in stage three provided women with a sense of the future away from the hostel environment where they would be able to make greater choices about their lives. This gave women something to look forward to while also requiring them to be responsible and accountable and providing the security and safety of ongoing support should they feel they might struggle.

The provision of support to women at their first stages of independent living was considered vital in order that they were not set up to fail. Women involved in street prostitution may not have had the opportunity earlier in their lives to develop a sense

of independence and autonomy or feel in control of their lives. Providing a stepped approach, introducing different levels of responsibility as women become better equipped to manage means that they have a chance to reskill and develop themselves at a manageable pace rather than being expected to move on before they are ready. As the Commonweal Chair explained, the staged approach, allows women to take small steps while working towards their full potential. She said:

'I think expecting people to fly straight after they have been supported in a hostel is condemning some of them to fail. So I think finding something where you can maybe have learned to walk in the hostel, can maybe run in a flat with a bit of support, before being expected to fly out on your own.'
(Commonweal Chair)

7.6 Women's experiences of moving into the phase three Commonweal flats

The women interviewed expressed a variety of feelings about moving into their own accommodation. Most were excited at the prospect, proud of their achievements and looked forward to having a place of their own, however, for some it was also a daunting experience tinged with fear, loneliness, and guilt. A counsellor from Streetreach who was supporting a woman moving into her own flat explained:

'I think if you're not from such a troubled background, you can take for granted that it is a fantastic goal to have a home of your own, but actually if you've grown up in care and been in and out of prison and then lived in hostels it is very, very frightening because its not the norm. I know women who are very, very anxious about it because they are institutionalised through that whole history of living in a group and having support. Its like people who grow up in the city feel out of sorts in the country and vice versa. We can overlook that and I think sometimes that accounts for some women having a relapse because they are so terrified.' (Counsellor, Streetreach)

Many of the women involved in the project had a long history of living with other people and had never lived on their own in their lives and many women reported that

they missed the busy hostel environment. For one woman this loneliness meant that on her first night in her new flat she slept on the sofa in the living room with the television on to give her the sense that there were other people around. A counsellor from Streetreach working with woman at this stage of exiting explained the desire of some women to return to the hostel and the potential damage this may cause them. She offered the following example:

'I am working with a women at present who is a fantastic success story. She has had 7 years of chronic addiction, sex working and mixing with violent men and she is now living in a flat of her own with her own baby, but a lot of my work with her was to work on her self esteem. She has been in her flat since January and she is still struggling with it because it still doesn't feel right for her. She misses the whole the communal aspect and the support and her and the baby alone in four walls. Although it is a great achievement, she's aware of it in her head as an achievement, but she really, really struggles with it. She actually longs to go back to the hostel, just to visit but it wouldn't be a good thing for her. Upsetting things happen there, it might derail her.'
(Counsellor, Streetreach)

Women also felt apprehensive about what would happen to them after the two year timeframe was up. One woman, for example, acknowledged that she never wanted to move and that for her while ever the prospect of moving hung over her head she couldn't be fully settled. She said:

'I really don't want it to finish. I said I'd rather live with St Mungo's until the day I die. I don't want to move out of where I am. I don't want to leave. I think if I have to leave or start thinking about it it might put me back. So I try not to think about me actually leaving, getting another place. I mean I'm 52 , I'll be 53 going on 54. For me to be uprooting again, that is another stage of my life but I haven't thought about it yet. But I will have to because I'm a bit frightened about it but until near enough the time I'll just live happily where I am. I am settled here. But one little thing, I cant really be settled until I know

its permanently mine and it's never gonna be permanently mine unless I stay here and pay them for everything. I'll work on that when it comes to it.'
(Service User 022)

Two women, interviewed early in their time at SLWH, expressed concern about how the process of moving on would be managed as they were worried that they would be asked to move on before they were completely ready and that they would be unsupported when they did so. These women reported that they had not yet begun to discuss the option of moving on with their key worker, however, topics like these are covered in key work sessions from the earliest opportunity. Comments such as these suggest this is an ongoing point of anxiety for women but it is important to recognise that such fears would be normal for anyone faced with the prospect of temporary accommodation and decision making that was out of their control.

One woman who had left street prostitution and had been living in one of the move-on flats for over 18 months said she often felt guilty living in her flat as she felt she had been prioritised ahead of others who she perceived to be in greater need. She said:

'The change is when they gave us the flats, which was very important, cos that is really good cos we skipped the housing list. That is more than fantastic but I feel really kind of overwhelmed 'cos we skipped the housing list, of all the girls that was in there and people that come out of jail. When you look at other families who pay their rent and have kids and they look at us and we don't pay nothing and we don't pay fuck all – get a flat like that. Its all upside down – I don't know what to say.' (Service User 01)

It is important that this woman's experience is examined, as this might be a perception that other women might hold and one which women might require support with during their time with the project. Her view that she has 'bypassed the housing list' suggests that she feels she has been given unfair treatment in comparison to others who need to be housed and perhaps indicates that she is concerned that she

might be judged negatively for receiving support and resources that are not available to others. Such comments also that this woman does not view herself as 'deserving' of this support and that this might be the result of low self esteem or low expectations about her future but may also be the product of widely held views about who are 'deserving' and 'undeserving' within society (Christie, 1986).

While it could be considered positive that this woman does not view her self as a 'victim' and that this might be a sign of her capacity to progress towards a stable exit, this view might also suggest that she has not fully come to terms with her experiences in street prostitution or indeed in other aspects of her past.

This woman's case, while offering an insight to the feelings of guilt women involved with the project may experience, also raises a number of important questions for theories of exiting (see for example Matthews, Easton, Bindel and Reynolds, 2012). For example, at what point has a woman created a sufficiently robust non-prostitution related identity to sustain her exit permanently? Does a woman need to work back through all her 'issues' in order to prevent a future lapse or relapse? And when has enough exiting support been provided? While these and many other questions remain, cases such as these highlight the complexities faced when working with women attempting to exit and the challenges faced in delivering support services.

8 Engagement and intervention

8.1 Duration of engagement

Since the outset of the project ten women had been accommodated in the third phase Commonweal flats. All of the women, even those with a prior history of abandoning or being asked to leave St Mungo's accommodation, have remained in their flats until they were ready to move on. Three of the ten women have moved on from The Chrysalis Project into independent accommodation. Of these women one remained in her Commonweal flat for four months, one for 18 months and one for the full two years permitted.

This finding is important as it shows that the women selected to move on to phase three are engaging with the process of exiting and remaining in their accommodation until a sustainable move on and resettlement plan can be arranged. It is unclear from this sample of women whether the reduced timeframe for the third phase accommodation will have a similar result, or indeed, whether the exits of these three women are sustained over the longer term. Both of these questions require further examination in order to determine how best to support women to exit prostitution and the most appropriate timeframe in which this can occur.

8.2 Interventions completed

Women involved with the Chrysalis Project participate in a range of interventions in addition to their ongoing one to one support and therapeutic work. These interventions include a range of activities conducted within the project (communal meals, discussion groups, cooking, watching DVDs) and those outside the project (eg. trips to the theatre, picnics) for women who were more ready to reconnect socially.

Data about these interventions was available from February 2009 up to December 2010 when formal electronic recording ceased. This data was available for six of the ten women. The number of interventions ranged from six to over 150 with the number of interventions increasing according to the length of each woman's stay at the project.

The types of interventions received by the six women in the cohort in are listed in table 9.1 below. The most frequently recorded intervention was motivation and orientation which accounted for 178 (45%) of all the interventions recorded.

Table 8.1: Type of intervention (n=6)

Intervention name	Total
Motivation and orientation	178
Discussion group	39
Communal meal	29
Cooking	23
Art	19
DVD night	18
Cultural	14
Coffee morning	12
House meeting	12
Theatre trip	9
Picnic	7
Skills4Health	6
Massage	5
Chip therapy	4
Bingo	3
Social event	3
Other	18
Total	399

9 Outcomes for women

The nature of the project and the structure of the supported accommodation pathway means that by the time women are in phase three they have usually made important changes in their lives and are significantly more stable than when they arrived at the earlier stages of the project. Indeed, in order to be selected to move on to the third phase of the project women must meet a number of criteria many of which are indicators of progress. Therefore while it is difficult to unravel the changes women make at earlier stages in the project from the progress they make during phase three it is important to look at how the third phase accommodation enables women to make further change in order to identify the processes and mechanisms that support women to move on. The following section examines the available outcome data as well as detail from the qualitative interviews with women who are accommodated in the third stage Commonweal flats.

9.1 St Mungo's outcome star data

Outcome star data was available for eight of the ten women who had been accommodated in the third phase Commonweal properties. A total of 35 outcome stars were completed, with a range of one to eleven stars completed for each woman. No outcome star data was available for four of the women as two women only had one outcome star and another two women had no outcome stars recorded on their files. Of the six women who had outcome stars completed, three women had three outcome stars, one had six, one seven and one eleven stars on their files. In addition to this a number of outcome stars were incomplete. For example, the woman with eleven outcome stars had two records that are 50% or less complete and the woman with seven outcome star records, has one that is 50% or less complete.

At least two outcome stars at different points in time are required to establish if a change has occurred, however, even two points in time for such a small group would be a highly unreliable measure of change. Indeed, with just two points in time – for instance one at the point of move on from phase two and the other after recently moving in to phase three - it may appear that a woman has gone backwards rather

than forwards in her exiting journey. That is, a woman may score highly when she is ready to move on (or even on a particular day) and then as she faces new challenges her score decreases temporarily while she manages these challenges or reassesses her circumstances.

Another challenge with this data is that by the time women have moved into the third phase accommodation, there is not significant change as the changes have largely been made at earlier stages. A woman may maintain positive change or it may appear that she has gone backwards depending on the point in time where stars were completed.

Other evaluations have experienced similar problems with this type of data as it is simply not designed to measure overall outcomes but rather it is used as a key work tool on an individual level. In cases where sufficient data exists it can be cleaned and adapted for the purpose, however, even in projects with significant numbers to make a good sample problems with accurate, regular recording and data entry may mean there is insufficient data from which to draw conclusions. For reasons identified above it has also not been possible to create a comparison group against which the outcome stars for women involved with The Chrysalis Project could be measured. The evaluation will therefore necessarily rely on the detailed qualitative data gathered during interviews with women involved with the project.

9.2 Increased responsibility and independence

From the outset of the project, it was recognised that as a result of their early experiences women involved in street prostitution often haven't had the transition to responsibility and independence that many other adults experience. Nor have they had the space in their often chaotic lives to develop these skills. It was therefore a key aim of the third phase accommodation allow women the opportunity to increase their independence, assert greater control over their lives, improve their levels of personal responsibility, and develop their self esteem and the time in which to internalise and normalise such significant changes.

The interviews with women suggest that central to their explanations of their ongoing change were the feelings of responsibility which having their own tenancy instilled. As one woman explained:

‘Coming from sitting down all day and doing nothing, now I split my time into different categories. Before the sound of washing up or turning on the Hoover was like rare. Now I wake up and I don’t force myself, its part of me, I get up and I do my housework and [keyworker] will come round and she always says the place smells lovely and I’m like “Yeah I’ve done that.” It’s those things there, they put it into my head, from being at [SLWH] I know I have to maintain my room cos it’s gonna be observed and from there it got me into “Alright, cleaning isn’t too bad”. It’s just become part of normal life. Its weird but its good... Before I would have just thought, psssshhhh, whatever, and sat down and done my own thing. It has helped a lot.’ (Service User 021)

For another woman, something seemingly trivial - being able to prioritise her bills - gave her a sense of pride and control over her own life and that this had made her incredibly happy. The following excerpt from her interview demonstrates this:

SU: *“I thought that would be, before, didn’t want those responsibilities before, but now I do, do you know what I’m saying?”*

Interviewer: *“You quite enjoy it?”*

SU: *“I do yeah”*

Interviewer: *“You’re smiling when you talk about that, having the responsibility...”*

SU: *“Yeah, I pay my bills, tut, what a thing to smile about?”*

Interviewer: *“Does it give you the satisfaction of knowing you’ve sorted them all out?”*

SU: *“Yeah, I suppose so, yeah, it might sound mad to some people, but I don’t know, I get a lot from it.”*

SU: *“It’s good to have the responsibility [volunteering on the phones at SLWH], I think”*

Interviewer: *"It seems you kind of thrive on....."*

SU: *".... Responsibility! who me?, yeah I know that's what it sounds like to me as well now.... Yeah! Something to do like, I'm in charge, I'm not like power mad but you know, but something to do, something to help I suppose yeah."*

(Service user 05)

Both of these examples show how women living independently in the third phase accommodation had responded to the possibility of having increased personal responsibility. The first woman reported enjoying the structure she could create for herself through having a routine of getting up and cleaning her flat, and the personal reward and motivation she experienced from undertaking these chores and receiving praise from her key worker. She explained how this had been a continuation of the requirement at the SLWH to keep her room clean but that since she had been living in her own flat that this had now become an internalised and normal part of her life and something she was really pleased about. The second woman had a similar experience as she had taken greater responsibility for her life through making sure she prioritised her income and paid her bills. She discussed the satisfaction and positive reward of doing this and the sense of control it allowed her over her own life. As she became used to having more responsibility she had begun volunteering at the hostel which she also enjoyed.

Women commented that the one to one support and key-work they had been involved in at earlier stages of the project had instilled this sense of responsibility and accountability but had also allowed them an outlet when things became too much. As one woman explained:

'I think its better than just going into a flat with no support. I don't know, cos I'm in one of the flats, there's certain things I've got to do, I mean I'd have to do them anyway, I'd have to pay the bills but I've got to extra keep on my toes , cos I've got them as well so that'll sort of help me stay in line as well. Maybe if I'd got a council place, I haven't got them checking on me every week, not

checking but coming to see if I'm ok, I might have not done as well.' (Service User 06)

Case study - Karen¹⁵

While Karen presented as one of the most chaotic people that the manager of the SLWH had ever worked with she is now living independently of the project, is in a new relationship, has reconnected with her family and has become financially independent. As the manager of St Mungo's SLWH explained:

'She comes in now and you hear her and she sees her key worker in the front and all you can hear is laughter, they are both laughing, you know it is amazing.' (Manager, St Mungo's SLWH)

During her involvement with the Chrysalis Project, Karen undertook a number of training courses (including a food hygiene course and overdose training run by Kings College Hospital), she volunteered in a number of positions (giving time to the Peckham Hour Bank and End to End among others), she attended treatment and support with the Alcohol Recovery Project and Trust and regularly attended church. She attended and chaired a number of meetings within the voluntary sector. In March 2011, Karen re-started her small business, a stall in a South London Market.

9.3 Reconnecting with family

A number of women involved with the Chrysalis Project had managed to reconnect with their families as a result of their involvement with the project. Perhaps the most striking example of this is the following woman, who entered the project in the early stages of pregnancy while still involved in substance misuse and prostitution. The support provided by the project meant that this woman was able to keep custody of her baby and has now become independent of support services. As the SLAM Women's Link Worker explained:

'I've got one client that went there who was pregnant. She was in treatment with us, and the staff there worked really, really hard with her around keeping

¹⁵ A pseudonym.

her in treatment for care of her and of her child. She had a script here for her opiate use and we referred her to substance misuse team and she went to rehab and did really well. She is in recovery now and has got full care of her child, which is progress because she had other children who were taken into care previously. The structure at [SLWH] and their ability to be able to give their clients that wrap around service where they are quite proactive with appointments, making sure they got down to the places, they did a lot of work with her. They went to hospital with her, midwife with her, there was a lot of hand holding. It worked really well with that client and she's kept a very good relationship with them and is independent living now.' (Women's Link Worker, SLAM)

While this is only one case it is significant. This woman, like many others involved in street prostitution had lost previous children into the care system. The Chrysalis Project provided her intensive, flexible support to prevent this happening and in fact moved her on to independence. The benefits to this woman are clear, however, in cases such as these also wider benefits to society for example in reduced costs of social care and in improved outcomes for children (see new economics foundation 2008).

9.4 Education, skills and training

A key requirement for women moving into phase three was to be involved in meaningful activity. Meaningful activity could include a range of activities such as education, self development, training, volunteering or other skills development activities. Women involved with the Chrysalis Project engaged with a range of training, education and skills development opportunities ranging from completing food hygiene certificates, learning to drive, volunteering and apprenticeship programmes, and courses delivered by the Job Centre including Pathways to Work.

A number of women involved in the project were keen to take on responsibility through volunteering. Several expressed interest in working with services that support women in similar positions to their own. Such motivation is known as

'generativity' and is considered important to the process of desistance (Maruna, 2000/2001). Some women had undertaken placements at SLWH or other local services including Spires, however, engaging with volunteering of this nature was often a challenge for women as they frequently encountered their peers who were still involved in prostitution or who were still engage in substance misuse. The process of becoming involved with volunteering of this kind and of facing the challenges that it poses is important as it provides information for women about their progress and resolve and may trigger further key work discussion or intervention.

9.4 Financial independence

A number of women involved with the Chrysalis Project achieved financial independence while living in the Commonweal flats. One woman resumed her own business as a market trader, another took on employment in a restaurant after completing a food and hygiene certificate and an apprenticeship scheme with a local chef. A key challenge faced by women when they returned to employment was how to manage their new financial arrangements as they were no longer eligible for housing benefit or support with council tax.

9.5 Improved self esteem

Improvements in self-esteem were frequently reported by women involved with the project. There were many ways in which this manifested, for instance, some women took pride in their ability to clean their flats, others in maintaining responsibility for their financial affairs and yet others in obtaining employment or reconnecting with their families. For one woman however, her improved self-esteem was demonstrated by her ability to participate in the research. She said:

'I mean I wouldn't talk to you once upon a time. You wouldn't get nothing out of me. I would just sit there, I would answer the question, I would answer direct and then it stops. Just ask me a question and I give you an answer, I'm not going to be talking to you. Its different now I'm talking to you. But before I wouldn't be talking to you, it would go no further. You have to build it up and I couldn't do that before.' (Service User 08)

Such basic shifts in confidence are crucial for women exiting prostitution as they represent the beginning of a renewed sense of self and allow opportunities for further positive and rewarding experiences that reinforce their progress towards an independent life away from prostitution.

9.6 Meaningful social activities

A key struggle for many women exiting prostitution and substance misuse is beginning to engage in meaningful activities that support them to restructure their time and reconnect with others. Such activities, allow women to develop and strengthen aspects of their identity that are not related to their past and to increase their self esteem and independence as a result. Within the Chrysalis Project, women are supported to participate in activities that are appropriate for their stage of change in order to engage with new aspects of themselves and to work through the challenges that these experiences might pose for them. For example, one woman who was living in a Chrysalis flat reported in March 2010 that she did not know how to structure her time and that she 'felt better' when she had something to do. She was encouraged to attend a theatre trip by her key worker and admitted putting her name down several times but never going. It was not until her key worker 'made her go' that she realised how much she enjoyed the theatre and cultural activities and this became something for her to focus on and participate in. She was grateful for the support and for being pushed a step further to become involved in something she may not otherwise have chosen to do. She spoke with regret that she had not taken up more of the opportunities on offer.

9.7 Moving on

Three women had been resettled outside the project one in a housing association flat, one in the private sector and one in a non St Mungo's hostel / shelter¹⁶. None of the women had moved on into local authority housing due to the long waiting lists experienced. This is a potential barrier to permanent resettlement and also means

¹⁶ One further woman had left the project as she had witnessed a violent event and was now in the witness protection programme.

that attempts to unblock earlier stages of the model will not work while ever the level of engagement remains high and the supply of move on accommodation remains low.

10 Challenges to successful delivery

A central aim of the provision of the third phase accommodation by Commonwealth Housing is that the key points necessary for replication of the pilot project are identified. In addition to the elements that enabled this project to be a success, it is necessary to also identify any barriers or challenges that might be faced in order that strategies to minimise these issues to minimise their impact.

10.1 Ensuring the emotional health of workers and service users through clinical supervision

Throughout the interviews with stakeholders it was recognised that working with this client group in a residential setting was particularly challenging from both a practical and emotional point of view and that clinical supervision was crucial in order to maintain the quality of the service and the health of both the women and their workers. A counsellor from an external organisation that provides therapeutic support for women at the SLWH believed that clinical supervision was important particularly due to the nature of the women's experiences. She said:

'The only thing I would say is I think that it is really harrowing work. I've been in this field one way or another all through my working life, and I'm in my 50's now. So I'm used to tough environments, but this is a really traumatic tough environment to work in and I think I'm not sure that there is enough care taken of staff... I think the providers of that project need to be aware of how very, very emotionally demanding it is on the staff. That would be my comment, they see so much.' (Counsellor, Streetreach)

A Social Worker from the Lambeth Social Care Team felt that it was important staff at the project had clinical supervision in order to combat potential transference, counter transference and projection issues and to improve worker's self awareness. She felt that a failure to address these issues when delivering support work would mean that workers would be at risk of emotional harm but also that potentially the outcomes for women would suffer. She explained:

'You've got to reflect, there'll be transference and counter transference, projection, and blame, it will all go on so you've just got to watch it all, the process in itself what's happening and you've got to try and step outside and get an objective view, but it's hard when you're in it... Sometimes you don't see it yourself, your part in it, that you're a block... sometimes it's only when you reflect on it yourself you think "Hmmm I could have done that bit differently. It wasn't very helpful the way I approached that."' RW' (Social Worker, Lambeth Social Care Team)

For her there was a real risk that the nature of the work may result in the blurring of professional boundaries and that there could be potential collusion between workers and their clients. She presented an example about when it would be appropriate or not to share information with Social Services, particularly when the stakes are high for instance in matters that might lead to the removal of a woman's child. In general she felt that there were examples of good practice in relation to information sharing but there were also some more difficult ones, however she also reported feeling very able to bring such issues to the SLWH Manager for effective resolution. It was her view that ongoing clinical supervision was necessary to ensure that the project continued to operate effectively in this regard.

Clinical supervision is important for a project like this to ensure that professional boundaries are maintained, that key work is delivered appropriately, that staff don't suffer burnout¹⁷ and that issues which emerge in key work relationships are effectively resolved. Maintaining these standards is important in order to keep service users engaged and motivated and to therefore ensure that the third phase accommodation is utilised to its best advantage. This in turn will allow the greatest benefit both to the women and to society more widely and maximise the social return on investment possible.

¹⁷ Since adopting the principles of the Psychologically Informed Environment, where staff and service users have access to trained visiting psychotherapists, staff sickness has reportedly reduced by approximately 85%.

10.2 Ensuring appropriate referrals to ensure maximum utilisation of flats

A central challenge for The Chrysalis Project was to ensure maximum occupation of each of the Commonweal flats to ensure the best social return on investment possible. Of all the ten women referred into the third stage, only one woman considered leaving her accommodation prematurely, however this matter was resolved to maintain her in her tenancy until she was ready to move on to independent living. This referral was unique in that it was the only one to be made where the service user moved directly into her accommodation without previously having engaged with key work through the SLWH. Two key issues prevented this service user settling into her accommodation. Firstly, she was not informed at the point of referral about the requirement to have regular key work sessions and secondly that she did not build a therapeutic alliance with her new key worker but instead remained in contact with her previous key worker. This transition was so difficult for this service user that she refused to engage and was at the point of possible eviction before the issues with her referral were unravelled and a solution identified to maintain her in her accommodation.

This referral suggests that special care needs to be taken with referrals to the third phase Commonweal flats that are not made directly from the second stage. Referrals from outside The Chrysalis Project need to be well screened for suitability and clear information given regarding the requirements to engage with key work throughout the duration of the tenancy. Opportunities must also be provided for the handover of clients between key workers and should there be a legitimate personality clash between a worker and service user that alternative key work arrangements can be made.

10.3 Working in partnership with other agencies and services

A key challenge faced by organisations delivering services for women exiting prostitution is the need to work in partnership with other organisations to obtain support that isn't available in house. The key issues that arise in this regard are negotiating shared responsibilities for clients, sharing information between organisations, and facing challenges in relation to access criteria.

Both the manager of the SLWH and the St Mungo's area manager for instance expressed concern that some of the service users who attended the project had been out of contact with statutory services for many years and that arranging support for them with these agencies had on occasion been difficult. This was particularly problematic in relation to several young women who had entered the project with mild learning difficulties. It was the view of both managers that the women's problems with substance misuse often acted as a barrier to their accessing services and support in relation to the plethora of other needs they may present with.

10.4 Facing rapid change

A key challenge for both the evaluation and for future service planning were the significant changes to provision that were made during the evaluation period. These changes included the following:

- Reconfiguration of the supported housing and accommodation pathway in Lambeth including changes to the process of referral to The Chrysalis Project;
- Decommissioning of the Cedar's Road Mixed Hostel;
- Resultant reorganisation of emergency provision and first stage delivery to the SLWH;
- Development of post-treatment accommodation;
- Changes to the maximum period of residence both across the project and in the phase three Commonweal properties;
- Mainstreaming of the costs of support work for phase three into the borough's Supporting People budget.

While it is difficult to know what impact such changes might have in the longer term, some of the possible implications of these changes are addressed here.

Referrals

The reconfiguration of the supported accommodation pathway in Lambeth has meant that referrals to The Chrysalis Project are no longer directly made to the

service from organisations in regular contact with women exiting prostitution. Rather, referrals for supported accommodation are made through the London Borough of Lambeth's SNAP team. The risk of changing the referral process is that women are not identified or don't feel able to disclose their involvement in prostitution and that as a result some women who would be suitable for the project may not end up referred. Stakeholders from the project indicated that since these changes the nature of the referrals made to the project had changed. According to them, the women referred since the changes frequently had much higher level support needs and often no history of involvement in street prostitution. This suggests that changes to the referral process may have had an impact on who is referred although at the time of the study it was unclear whether these changes were directly attributable to changes in the referral process or were the result of other factors.

The following comment from a stakeholder making referrals to the project suggests however that even though the referral pathway has changed, knowledge of the project and the provision available means that rather than making direct referrals, referral agencies now make recommendations to the central SNAP team about which women may be suitable for the service. As the Women's Link Worker from SLAM explained:

'I work closely with the staff there and I feel that they have confidence that if I make a referral it's going to be an appropriate one and they will look at it. Even now if I go to the SNAP team to make a referral I can still hopefully recommend that this person actually gets to [SLWH].' (Women's Link Worker, SLAM)

The Manager of the SLWH has also been proactive in establishing an effective relationship with the Pathways Manager at the SNAP team to ensure the most appropriate referrals are made and that staff making referrals are made aware of the needs of this group of women. It is suggested that the new referral process is monitored to determine if changes in the types of referral are the result.

Reorganisation of stages

The decommissioning of the SLMH mixed hostel and the introduction of post treatment accommodation has required some reorganisation of the first two stages of The Chrysalis Project. Originally, the first stage emergency and assessment phase was based at the SLMH mixed hostel. With the recent changes these are both now provided at the SLWH and the post treatment accommodation has become the second phase for women who have moved on from drug treatment.

This change has mixed benefits to the project, on one hand it is an improvement for women entering the first stage as they are housed in women-only provision, something which evidently deterred a number of women as the following quotes suggest:

'We've got women out there that won't go to SLMH because they don't want to be in a male environment. So we've got women out there waiting to come into the service here (SLWH).' (Manager, St Mungo's SLWH)

'I went to SLMH first of all. I was there for a while and then I was feeling a bit uncomfortable there. There were a bit too much men and then I asked if I could come here [SLWH]... They knew I was a prostitute so you know they were making remarks and this and that and I couldn't take it.' (Service User 019)

On the other hand, this change has meant that the SLWH has now become the reception area for women who are often highly chaotic and usually still heavily involved in substance misuse and sex work. While the hostel accommodation is divided according to the stage of change a woman is in both stakeholders and service users felt that the presence of these women may have a destabilising effect on women further along the process of exiting and may in some cases lead women to lapse or relapse. As one woman who had made significant progress in her recovery explained:

'I didn't like it, cos obviously I felt kind of embarrassed because I used to be like that as well and then I just knew a lot of the girls there and I just didn't want to be there. Yeah I've got past that stage and stuff like that, I just didn't want to be in a place where there are people using and going out to work etc, I didn't want to be in that environment at all.' (Service User 020)

A key challenge faced by the service was whether particular stages of the service should require women to be abstinent from substances. While there is an argument that this would exclude many women, both women and stakeholders recognised the difficulties women who were actively trying to address their substance misuse faced when living together with other drug users. As a counsellor from Streetreach explained:

'There is a benefit in those women being together, the disadvantage is I think when the time comes to stop using because it is a difficult environment, and I don't know really how you get around that because I think when a woman is really ready to stop using she probably needs to be removed because there is so much use going on around her... I don't have a solution, but there is a problem with women who make a decision to clean up, to stop using or to stop drinking, because I think it is a really difficult environment to do that in. For example, one of the women I was working with had been trying to cut down her use. She had ended up with other women being so angry with her for that and they beat her up and she's frightened of them. They were upset because normally they would pool their funds and buy together and she didn't want to do that any more because she was trying to stop. So I think the pressures to keep using there are just unbelievable and I think, somehow creating special support for women who are trying to stop using, which may mean working in parallel with another project where women can be removed when they are at that point. That's one thing that I think could be an improvement.' (Counsellor, Streetreach)

Two stakeholders who had worked with the same woman commented about her experiences of trying to deal with her substance misuse issues while living at the SLWH. This woman had lost custody of her baby through her substance misuse but was working hard to change her behaviour in order to have her child returned to her care. Both stakeholders reported the difficulties and struggles this woman faced as the only accommodation available to her was in the SLWH where other women were both chaotic and using drugs around her.

Several of the key stakeholders felt that it was important that a key criteria of the final stages of The Chrysalis Project was that a woman was no longer using substances, particularly as substance use had an impact on motivation, stability, personal finances and other areas of their lives. As the key worker supporting women in the Commonweal flats explained:

“It would give them a better focus on improving their lives. We still have some of the ladies who you know don’t have motivation or structure still. They feel lost, they struggle financially with the money. Considering the substance they usually use is crack and how crack operates is the more they use, it’s like the more they want to use, yeah? And that I think that would be much better for them.” (Support Worker, Commonweal flats)

She went on to explain that she felt a better approach would be for women to start at the SLWH where they could prepare for the changes they were making, then when they were ready they could go through a program of detox and rehab and then return to the move-on flats once they had addressed their substance misuse and were abstinent. The recent changes to the structure of support mean that abstinent women are now able to take up post-treatment accommodation as phase two of the model before moving on to be accommodated in the phase three Commonweal properties. Women in phase three now access key work, psychotherapy and other interventions at the post treatment accommodation rather than at the SLWH. This is considered by both stakeholders and service users as an improvement to the staged

approach as one of the difficulties experienced in the original model was the lack of accommodation suitable for women who were attempting to be abstinent.

Changes to timeframe

Finally, a significant challenge to The Chrysalis Project has been the requirement to reduce the possible timeframe for support from approximately five years across all stages of the project to a maximum of 2 years. A limit was also placed on the time women could spend at any one stage of the project with a cap of 9-12 months introduced. While the original timeframes were based on the evidence available about desistance from offending and timeframes for recovery from substance misuse, new commissioning arrangements have meant that women now have less time in support.

Both service users and stakeholders felt that the previous five year timeframe was more appropriate considering the historic and contemporary experiences of many women involved in street prostitution and the project's experience of women's process of exiting. The available evidence about the needs of this particular group however are limited and commissioning decisions are based on evidence from other groups, often male. Such decision making has been identified as problematic as women experience different vulnerabilities and complexities than their male counterparts (Corston, 2007). It is therefore likely that the reduced timeframe will have consequences for the delivery of the project, however this remains to be seen and will require further analysis after a cohort of women have been through the new model.

A potential consequence of the overall length of stay is that some of the most vulnerable or chaotic women may be excluded from the process simply through the fact that they are unable to envisage a future away from their current lifestyle. For these women a significant amount of support work and time may need to be dedicated to this issue alone.

11 Calculating the Social Return on Investment of the Chrysalis Project

11.1 Calculating the social costs of street prostitution

Although no formal estimate has been created, it is widely recognised that the social costs of women's involvement in street prostitution are high. Women involved in street prostitution experience poor health, have substance misuse and mental health problems, have often been the victim of violence (either in the past or more recently) and have often been involved with the criminal justice system or had children taken into care. As these costs have not been calculated for women involved in street prostitution and the women involved with the Chrysalis Project are also involved in substance misuse, it is possible to estimate the social costs by using as a proxy a measurement of the costs of substance misuse. In 2009, using a number of existing reports, Casey et al (2009) produced a comprehensive estimate of the social costs of substance misuse over one year. This estimate, produced for the Scottish Government, included the following social costs of substance misuse: health care costs (drug related deaths; drug poisonings; drug related mental health problems; costs of inpatient and day care cases; uptake of health services eg. A&E, inpatient, outpatient, community treatment; blood born viruses; substitute prescription); Criminal Justice Costs (costs to police; prosecution; courts; legal aid; prison; probation; criminal injuries compensation); Social Care costs (children and families; children's panel; substance misuse services); costs to the economy (absences from work; lost productivity; lost output); wider societal costs (lives lost due to drug related deaths; victim costs; consequences of crime; anticipation of crime). Based on these potential costs Casey et al (2009) estimated that the total cost per year to society for each problematic drug user was £61,000.

Estimates such as these however, do not account for costs over a number of years or for the cost implications to the impacts of substance misuse on children of substance misusers. Some commentators have therefore regarded such estimates as a significant underestimate of the 'actual' costs. In a recent report published by the new economics foundation (2008) the social costs connected to women's

offending were calculated over a period of ten years. According to this report for every pound invested in community programmes for women offenders, there is a saving of £14 to society over ten years and in their view community focussed intervention has a broader and more sustainable impact than is often acknowledged. It is therefore important to consider more than the short term return on investment of different approaches to street prostitution as longer term solutions that tackle underlying issues may provide a greater return to individuals and communities than punitive approaches focussed on enforcement.

While a suitable estimate of the social costs of prostitution can be identified, this research struggled to obtain robust quantifiable information about the outcomes for women involved with the project. While other studies have been able to calculate approximate return on investment data (eg. Easton and Matthews, 2010b), in this case the small sample size and limited available data have prevented a reliable estimate being made, however, even with good outcome data such methods have acknowledged limitations (eg. Brand and Price, 2000). The following sections of the report therefore provide a discussion of the potential social returns that a project such as the Chrysalis Project can produce.

11.2 Costs of the Chrysalis Project

The costs of delivering the Chrysalis Project can be broken into two parts. The costs incurred by St Mungo's in providing support services and accommodation to women in phase one and two; and the costs incurred providing phase three move on accommodation and support for women.

Costs of support services

Since its inception in late 2009, the Chrysalis Project has provided 133¹⁸ periods of accommodation and support to a total of 66 women including women who have been housed in the Commonweal flats. The total cost of the project for the three financial years 2010/11 to 2012/13 was £2.1 million. During this period, a support grant of

¹⁸ This includes 12 women housed in the Commonweal flats and 121 women housed in earlier phases of the project.

£1.3 million was provided to the project by the London Borough of Lambeth meaning the actual cost of delivery to St Mungo's was approximately £800,000. Therefore, the average additional cost to St Mungo's of each period of accommodation is approximately £6,000 and for each individual woman is approximately £12,000. These costs are over and above the costs of housing and providing support for these women through mainstream provision.

Capital costs for the third phase Commonweal flats

In 2009 and 2010 Grove End Housing Ltd (GEHL) purchased and upgraded seven one bedroom flats at a total cost of approximately £1.07M¹⁹. These properties are leased by GEHL to Commonweal Housing for ten years. Under this arrangement GEHL is responsible for costs for repairs, insurance and service charges relating to the seven flats. Each calendar month, St Mungo's pays £2,100 rent to Commonweal Housing and any surplus between the housing benefit collected by St Mungo's and the cost of the rent paid to Commonweal Housing remains part of St Mungo's budget to reinvest in the project for maintenance and support costs. There is therefore no cost attached to this phase of the project for St Mungo's but rather the rental return provides a small income to the project overall. This in itself improves the cost effectiveness of the project overall.

11.3 Benefits of the Chrysalis Project

Ten women had been accommodated in the third phase Commonweal flats. All of the women, even those with a prior history of abandoning or being asked to leave St Mungo's accommodation, have remained in their flats until they were ready to move on. Three of the ten women have moved on from The Chrysalis Project into independent accommodation. Of these women one remained in her Commonweal flat for four months, one for 18 months and one for the full two years permitted. This finding shows that women selected to move on to phase three are engaging with the process of exiting and remaining in their accommodation until a sustainable move on and resettlement plan can be arranged.

¹⁹ As with any property, the current value of these flats depends on local house prices at the time.

Without examining change over the long term it is difficult to establish the 'returns' that improvements to self-esteem, self-care, skill levels, education and so on will have for women who move through this service. Examination of the small cohort of women who have moved on from the Chrysalis Project suggests that a number of women have found employment and that many are significantly less reliant on state funded support such as housing and unemployment benefit, social services support or ongoing treatment by the NHS.

11.4 Estimated return on investment

Using the calculations above, the additional support costs for the ten women who have been through the phase three accommodation would be approximately £120,000. According to the new economics foundation (2008) this investment has the potential to return £1.6 million in social benefits across a ten year period. Alternatively, drawing on the work of Casey et al (2009) who estimated the social costs of an individual substance misuser to be £61,000 per annum, the return for supporting ten women to leave prostitution and substance misusing lifestyles would be close to £610,000 each year. This is without including the benefits of provision for women who have been involved in earlier phases of the project but who have not progressed to the third phase accommodation. Both of these calculations, while basic, show the potential of a project such as the Chrysalis Project to significantly reduce the costs to society of women involved in prostitution. Furthermore, many of the women who have been through the Chrysalis Project will move on (either immediately or sometime in the future) from requiring any form of mainstream, state funded support such as housing or unemployment benefit, thus potentially providing yet another layer of return for society in general.

Assessing the return on investment of projects such as the Chrysalis Project can provide powerful information from which decisions about commissioning local services can be made. In this case, while it has proven difficult to separate the benefits of phase three from the earlier phases of the project, the available evidence suggests that women involved in phase three show significant progress away from their previous involvement in street prostitution. There would therefore be an

associated reduction in social costs, some of which are borne by the local authority and others which are wider costs to central government.

11.5 Conclusion

The design of the third phase of the Chrysalis Project is unique as it offers additional support to women exiting prostitution at no additional financial cost to St Mungo's or the local authority. Women involved in the third phase accommodation are provided support that is funded with the mainstream Supporting People agenda; the capital costs of the project are incurred by Commonweal Housing; and the subsidisation of rents by Commonweal Housing offers a small return to the project overall. While it is difficult to isolate the benefits of the third phase from the rest of the project, women who have been involved with the third phase have engaged with the project and remained in their accommodation, moving on to independence when they are ready. The available literature about the social return on investment in women's services and on the wider costs of substance misuse suggest that the three phases of support available to women through the Chrysalis Project are likely to provide significant social returns both now and in the future.

12 Conclusions and recommendations

A unique approach to supporting women to exit prostitution

Lambeth is considered to have one of the largest street prostitution markets in South London. Women involved in prostitution became a key priority in 2002 when the closure of a number of crack houses led to the displacement of a significant number of vulnerable, substance-misusing, homeless, prostitution-involved women. More recently, Lambeth have included prostitution as a priority in their recent VAWG strategy. The strategy has two key aims: 1) to target the purchasers of sex to reduce the demand for prostitution in the borough and 2) to provide suitable support for women seeking to exit.

The Chrysalis Project is a joint enterprise between St Mungo's, Commonweal Housing and the London Borough of Lambeth. The project has been developed in consultation with women service users and with consideration of the available evidence and literature about recovery from substance misuse and traumatic experiences. The project design is grounded in this evidence and is built around Judith Herman's (1997) three stages of recovery from trauma – safety; remembering and mourning; and reconnection. Women involved with the project progress through these stages in relation to the type of accommodation and level of support they require as well as the types of interventions in which they participate. The project was created as a way of further developing the hostel provision and support work of St Mungo's in order to move women involved in street prostitution on through support and on to independent living.

The Chrysalis Project is a unique service providing women exiting prostitution supported accommodation with specialist key work provision and psychotherapeutic support within the framework of an evidence based exiting model. The first two phases of the project provide hostel accommodation, individualised key work support and a range of interventions suitable to the current needs of each woman. The third phase of the project provides women with access to independent accommodation away from the hostel environment. While in this stage women receive key work support and have access to psychotherapy and a range of other provisions through

the project. The project operates according to the principles of the Psychologically Informed Environment (PIE) – with both therapeutic support for women and clinical supervision for staff provided by two visiting psychotherapists. When women are ready to move on their own accommodation outside the project, six months follow on support is provided by their key worker. Nowhere in London or the country provides this level of specialist residential support for women exiting street prostitution.

The focus of this evaluation is the third phase accommodation provided by Commonweal Housing. As part of a pilot project Commonweal Housing provided seven anonymous one bedroom flats only available to women ready to move on to their own accommodation from earlier stages of the project. Prior to the availability of these flats women were housed in a range of accommodation depending on what was available at the time. This meant sourcing suitable accommodation from a range of provision including the local authority, private landlords, housing association or other supported accommodation. Taking this approach meant women ready to leave the hostel were often confronted with a number of barriers including but not limited to long waiting lists or discrimination by private landlords. Problems in finding suitable accommodation often meant women remained in the hostel environment longer than necessary with significant impacts on both the women themselves and on the project's ability to provide support to other women.

General views about the Chrysalis Project

Both the women and stakeholders interviewed were positive about the SLWH and of the availability of the third phase Commonweal accommodation. Women living in the Commonweal flats were positive about the accommodation and support they received. They were also open about the challenges faced in moving on and about their fears in relation to their future beyond this support.

At present there are few targeted, evidence-based services for women exiting prostitution, particularly, those able to address multiple vulnerabilities and the fundamental issue of homelessness. While the provision Chrysalis Project was

welcomed by key stakeholders, it was also recognised that even in Lambeth, with its strong VAWG strategy and proactive approach to commissioning, the number of bed spaces for women with these needs were still insufficient. Some stakeholders were not aware that the different components of support had been unified into one project known as the Chrysalis Project. It is suggested that further efforts to brand the project are undertaken in order to clearly convey the consistent, staged and holistic nature of the work delivered by St Mungo's,

A clear strategic policy stance on prostitution

A key consideration for those interested in replicating the Chrysalis Project model is the need for a proactive and coherent policy approach to prostitution such as that adopted in Lambeth. In Lambeth, this approach has improved the local delivery of services by ensuring that agencies such as the police, courts, local authority departments and service providers such as St Mungo's all work toward the same goals. It has also ensured sufficient funding to develop and sustain the work of the project over the lifespan of the current VAWG strategy despite budgetary restrictions in other policy areas.

In contrast to this approach, other areas of London have chosen to take a more punitive approach that focuses on enforcement action against women. While such an approach may appear an 'easy' solution in the short term, it is not without cost or long term consequences either for the individual borough or London as a whole. For example, women involved in street prostitution may be barred from their area through the use of an ASBO. This can mean women are unable to access support services in their borough and may also be excluded from accessing mainstream services in other areas due to their not having a 'connection' to that borough. This approach only serves to further marginalise women. It also places the responsibility for the disorder connected to prostitution on women rather than the men who exploit them - either as pimps or purchasers of sex.

While the Mayor's Office oversees the activity of each of the London boroughs and includes prostitution in its VAWG strategy it has no administrative power over the

requirement to provide specialist support for women exiting prostitution. It is therefore up to each local borough to adopt their own approach. As shown in Lambeth, a coordinated strategic approach can improve the support available to vulnerable populations by creating partnerships between the statutory and voluntary sector – improving outcomes and reducing the costs of service delivery.

The benefits of openly discussing exiting

Perhaps one of the most powerful aspects of the Chrysalis Project, and one that is supported by the clear policy stance in the borough, is its proactive approach to exiting. While many projects claim to provide exiting support, it is usually offered as an ‘add on’ provided by harm minimisation services on an ‘ad hoc’ basis that is only available when requested by individual women. Indeed, many pro sex work commentators, activists and support projects object to explicitly discussing exiting with women as they view this as ‘coercive’ or moralistic (Cusick et al, 2011).

Approaching exiting in this way, rather than offering exiting as an option and empowering women to make an informed ‘choice’, may have the effect of maintaining women in prostitution when in fact they want to leave (Matthews, 2008; Roe, 2005). A recent large scale study of women exiting prostitution found that while many women involved in prostitution did not initially voice dissatisfaction with their involvement or an immediate desire to leave, through open discussion of the possibility of exiting with a researcher or a skilled key worker, a number of women were able to identify exiting as an important short term goal (Bindel et al, 2012).

The reasons cited by women for not immediately voicing a desire to exit prostitution varied. Some women, particularly those involved in street prostitution, were unable to conceptualise a life beyond prostitution or felt they did not have the strength to make such a significant change. Other women, often those making significant amounts of money in indoor prostitution or escorting, explained that their immediate peer group did not allow them to discuss their dissatisfaction or the difficulties they faced through their involvement in prostitution. Such views were usually considered a failure of the individual to cope rather than an occupational hazard. Women reported

that discussions of exiting among this group generally focussed on long term, planned, strategic exits rather than immediate exits based on personal or emotional reactions to selling sex or sex purchasers.

Findings such as these suggest that women welcome the opportunity to talk about exiting, and to explore the exiting possibilities available to them in the present. A key strength of the Chrysalis Project is that it openly encourages women to consider exiting and provides them 'every support' to do so. While the number of projects providing an element of exiting support has been increasing as a result of changes to government strategy and funding arrangements in reality few projects provide proactive, holistic exiting focussed support, and even fewer are able to accommodate women at all stages of the exiting process. The Chrysalis Project therefore provides a qualitatively different exiting approach than that on offer in many other services.

An accommodation based model

The dedicated third stage accommodation is crucial to the success of the Chrysalis Project. Having access to independent accommodation with ongoing support assists with the process of 'role exit' by introducing women to new experiences, responsibilities and associated emotional experiences at a manageable pace. Being away from the hostel environment allows women to process changes and develop new aspects of their identity (for example, enjoying cultural activities such as attending the theatre; improving levels of self-care through cleaning, paying bills or regulating access to personal space; acknowledging and responding appropriately to emotions, for example, developing positive strategies for dealing with loneliness; reconnecting with family and other significant relationships and so on) while at the same time having a 'safety net' to fall back on if needed.

The third phase Commonwealth flats are particularly important to this process. According to the stakeholders interviewed, women who have previously lived in hostel accommodation often experience discrimination in the private rental sector with landlords rejecting them as tenants when their accommodation history becomes

known. The Commonweal flats assist women to shed some of this stigma as they provide an anonymous and neutral base from which to move on. This neutral base is also important as it allows women to develop unstigmatised social relationships. It is through these relationships that women negotiate and further develop their pro-social ideal non-prostitution related identities and continue to move towards a sustainable and permanent exit from prostitution (Maruna et al, 2004; Runggay, 2004; Maruna, 2001; Ebaugh, 1988).

There are however a number of challenges to be faced when delivering accommodation based exiting support. As access to the project is based on an applicant's eligibility for housing according to the local authority criteria, this may pose a barrier to housing some women. For instance, how can an accommodation based model support women who are classed as 'intentionally homeless' by the local authority, for instance, women who have abandoned a tenancy when fleeing a violent partner?

In addition, being based on local authority housing eligibility criteria means that a project such as the Chrysalis Project is unable to support women who have no 'connection' to the borough. This has two implications. Firstly, there is a potential gap for women who for example have been banned from their own borough under the conditions of an ASBO. Secondly, this factor in effect creates a postcode lottery in relation to the quality of support women involved in street prostitution receive. While not a concern for this evaluation, this might be an issue that requires some consideration in other areas wishing to replicate the Chrysalis model.

The staged exiting model

Recent research examining women exiting prostitution is supportive of the use of a staged exiting model such as that being used by the Chrysalis Project (Matthews et al, 2012; Bindel et al, 2012). The use of a staged model provides a framework within which to provide interventions; makes it possible to tailor treatment programmes that fit with the situations and needs of different women and allows more effective monitoring and evaluation of progress and achievements. A number of different

models exist but most focus on the initial expression of the desire to leave prostitution followed by support to help women stabilise their substance misuse, housing and health issues. The next stage of such models tends to be work to re-establish relationships with family and friends followed by a stage involving reconnection with the wider community (Ebaugh, 1998; Littell and Girvin 2002; Levesque et al 1999).

While many staged models have focussed on returning to past experiences to heal trauma, over the last five to ten years there has been an increasing attention given to models that look forward and address phenomenological and existential issues such as establishing a desired and socially approved identity that can both make sense of the present and of the past (eg. Maruna, 2001; Runggay, 2004). Such approaches have become much more popular as it has been recognised that it is not necessary to completely resolve issues in one's past in order to exit a role or desist from crime. Such models suggest that in many cases women are able to cease their involvement in prostitution with targeted support to meet key needs rather than requiring long-term, in-depth therapeutic approaches (Matthews and Easton, 2012; Ebaugh, 1988).

While the model utilised in the Chrysalis Project has its foundations in the work of Judith Herman (1997) and the St Mungo's recovery-focussed approach, in practice and with the ongoing pressure to reduce the time women are permitted to stay involved in the project, the model implicitly operates utilising a combined approach that provides therapeutic support to women while at the same time supporting them to establish non-prostitution related identities and social support networks.

The Chrysalis model of support

The Chrysalis Project has adopted a client centred model of support with women receiving ongoing support from the same key worker across the duration of their involvement with the project and for six months after they have moved on. This arrangement means that women are able to establish safe and trusting relationships where intensive therapeutic work can take place. Within this relationship they are not required to repeat the shaming and stigmatising experiences of their past or

involvement in prostitution; they understand the boundaries and practices of the worker and the project and there is the possibility of a fluid and flexible approach. By the time a woman is ready to move on to the third phase of the project the relationship between the woman and her key worker has developed aspects of a healthy, positive, adult relationship. The relationship between the worker and the woman assists her to develop a sense of who she is without the stigma of prostitution attached. The work within this relationship during phase three is crucial to the exiting process as it deals with the deeper issues of self-esteem, self-worth, self-responsibility, intimacy and relationships in a 'safe' form. From this position, the woman becomes more able to face personal challenges, either from within the key work relationship or from other aspects of her life, and can thus work towards developing further unstigmatised positive social relationships.

In many respects this key work relationship becomes the location where women work through many of their struggles –understanding their life in prostitution, dealing with shame, issues connected to living in a marginal situation, and dealing with intimate and close relationships (Mansson and Hedin, 1999). Often in the early phases of this relationship, the key worker acts as the 'holder' of a woman's sense of hope, trust, self-esteem and self-regard. Over the course of time, and the developing relationship, women begin to internalise some of these facets of themselves. In this way the key worker acts as a 'navigator' of exiting holding onto the idea that there is a future away from prostitution and helping women to establish what this future may look like and how to move towards it (Paternoster and Bushway 2009).

The findings of this research have indicated that this continuity of relationship is important to women exiting prostitution, and that difficulty arises where women are expected to 'connect' with a new key worker at a later stage of change, as much of the 'relationship building' has occurred earlier in the process. It is for these reasons that firstly, consideration should be given to the possibility of referring women from outside the second stage of the Chrysalis Project into the Commonweal flats and secondly that this continuity is fostered and nurtured as a site where significant exiting progress can be made. It is also important that this continuity of care

continues when women have left the project, as this is a period where many people leaving services feel most vulnerable.

Some challenges

A key challenge to the Chrysalis Project over the course of the evaluation was how to manage service delivery in a rapidly changing context. Changes to central government funding of local authorities have triggered a number of significant changes to the project. There have been changes to, for example, the funding arrangements, referral process, supported housing allocation pathway, timeframe for engagement, and project phases.

Permitted period of engagement

A key aspect of the changes to the project was a significant reduction in the time women are permitted to remain involved with the project – both at each stage and overall. Aside from cost savings, there was a view that moving women through the project more quickly would increase the numbers of women who could benefit from the service.

Many key stakeholders felt that the original longer timeframe was more realistic due to the traumatic nature of the experiences of many of the women. There was also a view that the shorter timeframe may exclude some of the more marginalised women who felt they might not be able to meet the pace of change required which may then mean a shift in the type of women who can be supported by the service.

On the other hand there was a sense among some service users that the reduced timetable had in fact motivated them to move through the phases of the project more rapidly. For these women, having an end point in mind meant they had become more aware that there was a time limit to the support on offer and that they needed to take advantage of this support while it lasted.

While there has been a significant reduction in the permitted timeframes, there are also a number of women who have stayed at the project longer than these guidelines

suggest. While this is mainly due to the timeframes changing during the period of these women's engagement with the project, this finding may also reflect a tension between the criteria to which the project must operate and the practice of providing individualised and flexible support to women who are attempting to exit. Clearly there is a balance to be struck in the duration a woman stays at the project – if she leaves too early she may return at a greater cost and if she stays too long there is an opportunity cost as other women are unable to move between support phases – however coordinating a woman's exiting process and the commissioning timetable may prove to be quite a challenge. It has also not been possible to determine the impact of the shortened timeframe on the outcomes for women involved with the project. However it would be useful to examine this in more detail over the longer term, particularly as it may reveal further information about how women exit prostitution and the types of support that they need to do so.

Process of referral

The process of referring women to the Chrysalis Project has also changed. Women are now referred through the central SNAP team rather than from other specialist services that have specialist knowledge of the needs of women involved in prostitution. It is not clear how this change to the referral process will impact on the number and type of referrals made to the service, however, there is an expectation from service providers and staff that non-specialist housing staff may not be sufficiently able to identify and meet the needs of women who would benefit most from attending the project.

During the evaluation period there was also some suggestion that the Chrysalis Project should provide support to other vulnerable homeless women who are not involved in street prostitution. While this may appear on the surface a sensible option, as vulnerable women may share a range of needs, there is a real risk that the few services available to prostituted women will become diluted and may lose the specialist focus that provides so much benefit for women exiting prostitution. For example, if women without involvement in prostitution are admitted to the service the effect may be that prostitution involved women marginalised from the service as they

will either not disclose their involvement or will not want to engage with the service due to the shame and stigma attached to their involvement in prostitution. As a consequence, it may then appear that the number of women involved in prostitution accessing the service has significantly reduced. Therefore, without a clear understanding of and commitment to the highly complex, specialised needs of women involved in street prostitution there is a risk that services such as the Chrysalis Project lose their specialist focus and that the needs of women for whom the service was designed will fail to be met. It is recommended that the Chrysalis Project remain as a service specifically meeting the needs of women involved in street prostitution.

Establishing outcomes

The presence of significant changes to the project in combination with problems encountered in effectively measuring outcomes has made evaluation of the impact of the project difficult. Further examination is required to establish more detail about outcomes in general and about how the new arrangements will affect the success of the project. It would also be useful to establish a framework for evaluating the sustainability of women's exits following their involvement in the project although this may prove difficult as women may no longer want a direct connection to their past.

A key limitation of this evaluation has been access to robust data from which outcomes for women involved with the project could be established. The lack of outcome data further limits the conclusions that can be drawn in relation to the social return on investment of commissioning projects such as these in future. This project is not unique in that fact and it is widely acknowledged that a key hurdle faced in developing services for women, within the criminal justice system at least, are the difficulties in evaluating impact (Lart et al, 2008). Indeed some authors are critical of the 'malestream' focus on quantitative data collection and of the widespread dismissal of the value of qualitative data when evaluating programmes for women (Hedderman, 2011).

While the Chrysalis Project is relatively small, and the numbers of women accommodated in the different phases will always be relatively few, there is still potential to improve data collection through acknowledging and remedying some of the existing problems. This will be of benefit to both the Chrysalis Project and to others wishing to replicate the model of provision. For example, while Outcome Stars may be effective key work tools, they have some recognised limitations as a method for collecting outcome data. Firstly, they are not routinely administered. A key worker or service user may complete the star alone or they may be jointly completed during a key work session. Each of these methods of administration will produce a different result. Secondly, they are not administered on a routine basis. For outcomes to be measured effectively data should be gathered, for example, every six weeks, at key points of transition or at another recognised interval. Finally, outcome stars are also limited in relation to the information that is gathered. In their current form they are unable to measure all the possible changes a woman can make; to isolate particular factors or to clearly establish relationships between different factors. Outcome stars therefore represent a useful key work tool rather than a comprehensive tool for gathering robust evaluation data.

While these limitations exist, gathering accurate outcome data for this group would be a challenge and would face a number of ethical challenges. It is therefore recommended that the outcome star data is used but that improvements to its collection are made to maximise its potential. Outcome stars should be routinely gathered on a monthly basis and at points of transition through the project. For example, women should be encouraged to complete the stars before and after they move through a stage, around a period of lapse and also on a regular monthly basis. The way in which the stars are completed should remain consistent throughout. For example, a decision should be made that all stars be completed by the woman alone, by the key worker alone or be completed jointly. It is also important that all stars are fully completed (including scores of zero and ten) and that the data is electronically recorded ready for outcome analysis at a later time.

Establishing outcomes and return on investment of the Chrysalis Project

While the evaluation has struggled to quantify outcomes for women involved with the project, during the time the project has been running, ten women have been housed in the seven Commonweal flats. All ten women, even those with a history of abandoning or being asked to leave St Mungo's accommodation in the past, have remained in their flats with three women moving on to independent living during the evaluation period. This represents a significant success considering the number of flats available and the timeframe available to the evaluation.

The women engaged with the third phase reported a range of improved outcomes, for instance, many of the women were relishing their renewed sense of personal responsibility and self-esteem, others were enjoying re-engaging with their families or participating in new social activities and others had worked towards financial independence with the support of the project.

The design of the third phase of the Chrysalis Project is unique as it offers additional support to women exiting prostitution at no additional financial cost to St Mungo's or the local authority. Women involved in the third phase accommodation are provided support that is funded with the mainstream Supporting People agenda; the capital costs of the project are incurred by Commonweal Housing; and the subsidisation of rents by Commonweal Housing offers a small return to the project overall.

While it is difficult to isolate the benefits of the third phase from the rest of the project, women who have been involved with the third phase have engaged with the project and remained in their accommodation, moving on to independence when they are ready. The available literature about the social return on investment in women's services (new economics foundation, 2008) and on the wider costs of substance misuse (Casey et al, 2009) suggest that the three phases of support available to women through the Chrysalis Project are likely to provide significant social returns both now and in the future.

Summary of Recommendations

It is recommended that:

- Further bed spaces for women exiting street prostitution are made available – both in Lambeth and in other areas of London and the rest of the country;
- A proactive policy approach that supports exiting is adopted in areas where there are significant numbers of women involved in street prostitution;
- Projects supporting women to exit prostitution proactively discuss exiting as a possibility for each woman with whom they have contact;
- Projects providing support to women exiting investigate the possibility of adopting the Chrysalis Project third phase accommodation model in order to provide women neutral, independent accommodation away from the hostel environment;
- Consideration is given to how to support women who do not have a direct connection to Lambeth or who have become ‘intentionally homeless’, for example, women who have received ASBOs from other boroughs or who have fled violent partners;
- Projects working with women exiting prostitution adopt a staged model that takes into consideration recent evidence about desistence, particularly that it is likely there will be lapses and reversals in the process but also that exiting is possible without the need for a woman to completely resolve issues from her past;
- Projects adopt a client centred approach that allows the development of trusting key work relationships that can continue to function across all stages of change.
- Attention is given to the recent changes to the Chrysalis Project and that a review of the effectiveness of these changes is undertaken, particularly in relation to changes to the referral process and timeframe women are permitted to stay involved with the project;
- Women involved with specialist prostitution support services be able to be directly referred to the Chrysalis Project. Alternatively, that referrals from these services to the SNAP team are treated with priority and that services are able to offer direct support to women in order that they are not re-questioned about traumatic issues by generic staff.

- Improvements are made to the collection of outcome star data in order that an improved assessment can be made of the impact of the project;
- Efforts are made to brand The Chrysalis Project in order that the consistent, staged and holistic nature of the project is reinforced.

13 Blueprint for replication

Women exiting street prostitution face a range of complex vulnerabilities. While there is growing awareness of the benefits of providing support for women wanting to leave prostitution, there remains a dearth of stable, specialist, supported accommodation in most areas. The evidence available from this evaluation suggests that the supported accommodation provided by the Chrysalis Project can assist women to recover from the shame and stigma of their experiences and begin to establish a stable non-prostitution related identity. The following elements of the project are important for those considering developing an accommodation based support project for women exiting prostitution:

- Service providers who are experienced in providing support to women involved in street prostitution;
- Service providers who can provide support across all stages of the model in order that internal transfers can be made without referral back to the housing support register;
- A referrals process that can identify and respond to a woman's involvement in street prostitution (ie. referrals through specialist outreach and support projects as well as centralised services);
- The use of a targeted and staged model of support that is grounded in the evidence about role exit and desistance;
- A client centred key work model that can provide continuity over each stage of support;
- A consistent but flexible approach that allows each woman the same opportunities and resources but delivered accordance to her unique needs;
- Access to abstinence based post treatment accommodation;
- Good quality, independent accommodation away from the hostel environment but with individually tailored key work support;
- Dedicated accommodation that is available to all women and which provides a *neutral* base from which to reconnect with social networks and to move on from.

- A psychologically informed environment with access to psychotherapy for women service users and clinical supervision for key workers²⁰

²⁰ In the Chrysalis Project client support and clinical supervision is provided by the same psychotherapists. Taking this approach has significantly reduced staff absence due to sickness and encouraged a deeper engagement with therapy among service users.

References

- Bindel, J. (2006) *No Escape? An investigation into London's Service Provision for Women Involved in the Commercial Sex Industry*, London: Eaves Housing.
- Bindel, J., Brown, L. , Easton, H., Matthews, R., and Reynolds, L. (2012) *The PE:ER Project: A study of how women exit prostitution*, London: Big Lottery Fund.
- Brand, S. and Price, R. (2000) *The Economic and Social Costs of Crime*, Home Office Research Study 217, London: Home Office.
- Buchanan, J. (2004) Missing links? Problem drug use and social exclusion, *Journal of Community and Criminal Justice*, 5 (4), pp.387-99.
- Casey, J., Hay, G., Godfrey, C. and Parrot, S. (2009) *Assessing the Impact of Illicit Drug Markets in Scotland*, Edinburgh: Scottish Government.
- Baroness Corston (2007) *Women with Particular Vulnerabilities in the Criminal Justice System*. London: Home Office.
- Cusick, L., Martin, A., and May, T., (2003) *Vulnerability and Involvement in Sex Work*, Home Office Research Study 268, London: Home Office
- Cusick, L., Brooks-Gordon, B., Campbell, R., and Edgar, F. (2011) "Exiting" drug use and sex work: Career paths, interventions and government strategy targets', *Drugs, Education, Prevention and Policy*, April 2011: 18(2): 145-156.
- Denzin, N. (1978) *Sociological methods: A sourcebook*, New York: McGraw Hill.
- Easton, H. and Matthews, R. (2010a) *Prostitution in Glasgow: A Strategic Review*, Glasgow: Glasgow Community Safety Services.
- Easton, H. and Matthews, R. (2010b) *Evaluation of the 218 Service: Examining Implementation and Outcomes*, Glasgow: Glasgow City Council.
- Easton, H., Silvestri, M., Evans, K., Matthews, R., and Walklate, S. (2010) *Conditional Cautions: Evaluation of the women specific condition pilot*, Ministry of Justice Research Series 14/10, London: Ministry of Justice.

- Ebaugh, H.R.F (1988) *On Becoming an ex - the process of role exit*. Chicago: Chicago University Press.
- Farley, M. (2004) 'Bad for the body, bad for the heart; prostitution harms women even if it's legalised or decriminalised', *Violence Against Women*, 10 (10), pp.1087-1125.
- Farley, M., Baral, I., Kiremire, M., and Sezgin, U. (1998) 'Prostitution in Five Countries: Violence and Post-Traumatic Stress Disorder', *Feminism & Psychology*, 8 (4): 405-426.
- Farrall, S. (1996) 'What is qualitative longitudinal research?', *Papers in Social Research Methods*, Qualitative Series, 11. London: LSE.
- Hedderman, C., Gunby, C. and Shelton, N. (2011) 'What women want: the importance of *qualitative* approaches in *evaluating* work with women offenders', *Criminology and Criminal Justice*, 11(1): 3-19.
- Henderson, S., Holland, J., McGrellis, S., Sharpe, S. and Thomson, R. (2007) *Inventing adulthoods: a biographical approach to youth transition*. California: SAGE.
- Herman, J. (1997) *Trauma and Recovery: The Aftermath of Violence--from Domestic Abuse to Political Terror*, New York: Basic Books.
- Hester, M and Westmarland, N. (2004) *Tackling Street Prostitution: Towards an Holistic Approach*, Home Office Research Study 279, London: Home Office
- Lart, R., Pantanzis, C., Pemberton, S., Turner, W., Almeida, C. (2008) *Interventions aimed at reducing reoffending in female offenders: a rapid evidence assessment*. Ministry of Justice Series 8/08, London: Ministry of Justice.
- Levesque, D., Prochaska, J.M. and Prochaska, J.O. (1999) Stages of change and integrated service delivery, *Consulting Psychology Journal: Practice and Research*, 51 (4), pp.226-341.
- Littell, J. and Girvin, H. (2002) Stages of change: a critique, *Behaviour Modification*, 26 (2), pp.223-273.
- London Borough of Lambeth (2011) *Lambeth Violence Against Women and Girls Strategy*, London: London Borough of Lambeth.

- Maruna, S. (2000/ 2001) *Making good: how ex-convicts reform and rebuild their lives*. Washington DC: American Sociological Association.
- Maruna, S., Immarigeon, R. and LeBel, T. (2004) Ex-offender reintegration: theory and practice. In: Maruna, S. and Immarigeon, R. (eds.) *After crime and punishment: pathways to offender reintegration*. Cullompton: Willan.
- Matthews, R. (2008) *Prostitution, politics and policy*. Oxford: Routledge-Cavendish.
- Mayhew, P. and Mossman, E. (2007) *Exiting prostitution: models of best practice*. New Zealand: Ministry of Justice Crime and Justice Research Centre. [Online] Available at: <http://www.justice.govt.nz/policy/commercial-property-and-regulatory/prostitution/prostitution-law-review-committee/publications/exiting-prostitution-models>
- Melrose, M. (2007) The Governments new Prostitution Strategy: a cheap fix for drugs using sex workers?, *Community Safety Journal*, 6 (1), pp.18-27.
- New Economics Foundation (2008) *Unlocking Value: How we all benefit from realistic alternatives to prison for women offenders*, London: New Economics Foundation.
- PAAFE. (2005) *Breaking down barriers: one step at a time*. Edmonton, Canada: Prostitution Awareness and Action Foundation.
- Paternoster, R. and Bushway, S. (2009) Desistance and the “feared self”: toward an identity theory of criminal desistance, *The Journal of Criminal Law and Criminology*, 99 (4), pp.1103-1156.
- Pawson, R. and Tilley, N. (1997) *Realistic evaluation*. California: SAGE.
- Roe, G. (2005) ‘Harm Reduction as a Paradigm: Is better than bad good enough? The origins of harm reduction’. *Critical Public Health*, 15 (3), pp.243-250.
- Rumgay, J. (2004) Scripts for safer survival: pathways out of female crime, *The Howard Journal*, 43 (4), pp.405-19.
- Sayer, A. (1992) *Method in Social Science: A Realist Approach*, London: Routledge.
- Shelter (2004) *Tackling homelessness among female sex workers*, London: Shelter

Turning Point (2005) *The Crack Report*, London: Turning Point.

Ward, K. (2007) *In pieces: a review of prostitution, community safety issues and good practice*. Ipswich: Ipswich Prostitution Strategy Implementation Group.