

Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted.

Albert Einstein

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ACRONYMS

BBV	Blood borne virus
CHPCT	City and Hackney Primary Care Trust
CJS	Criminal Justice System
DART	DAT Assertive Response Team
DAAT	Hackney Drug and Alcohol Action Team
DOSH	Department of Sexual Health
FTC	Foundation Training Company
HPU	Homeless persons unit
HIV	Human Immunodeficiency Virus
MPC	Male Partners Coordinator
MPP	Male Partners Project
OD	Open Doors
PPO	Persistent prolific offender
SAU	Specialist Addiction Unit
SSW	Street based sex worker
SMT	Substance Misuse Team
STI	Sexually transmitted infection
TB	Tuberculosis
TBOW	TB Outreach Worker

EXECUTIVE SUMMARY

The Male Partner Project (MPP) was set up in July 2008 as an additional initiative within Open Doors (a sexual health outreach and clinical service for sex workers), to provide similar support for the male partners (MP) of street based sex workers (SSW).

The MPs characterise a hard to reach, vulnerable cohort of men. The majority are prolific offenders and drug and/or alcohol dependent. They share similar health needs and chaotic lifestyles with their female partners and due to their social exclusion rarely access or engage with health services. The needs of MPs are multiple and complex and as they represent a high risk group for transmission and infection of communicable diseases highlight an area of previously unmet need and substantial public health impact. The MPP is a forward thinking initiative that recognises that this group of men deserve a more sophisticated analysis of their partnership status than to simply be categorised as ‘pimps’ and also that they should be given equal rights to accessing services as to do so significantly influences role the lives and health outcomes of their female partners.

This evaluation took place during October – December 2010. It documents the service delivery approach, measures its effectiveness in increasing access into social and health services for this sub-group of men, as well assesses the project’s impact on increasing the retention and engagement with SSWs via a joint casework approach. The evaluation involved a review of service data and project documentation, in-depth interviews with a sample of men who have been supported by the MPP, interviews with SSWs who had referred their male partners to the MPP, and interviews with key service providers.

Below is a summary of the evaluation’s key findings:

The Male Partner Project model

- The MPP is a unique service delivery model that provides assertive outreach services to the male partners and associates of SSW. There is no other known outreach service in the UK that solely targets this group of men, nor is needs-led to address the health, social and personal needs of these individuals.
- The MPP is managed by one person, the Male Partner Coordinator (MPC), who identifies men in need and maintains frequent follow up with them by telephone contact and personal visits. His responses are rapid and flexible which increases retention of this client group.
- As the MPP is located within community based health services he has utilised existing treatment pathways established between Open Doors and the acute health sector.
- The MPP has direct access to this hidden group of men, through the female beneficiaries of Open Doors (OD) who refer their male partners to the MPC.

- One of the main achievements of the MPC role has been to provide a link, which did not exist before, between key service providers and this client group. The MPC has successfully built upon existing agreements between OD and specialist services to facilitate fast track access into health and social services, such as the Department of Sexual Health (DOSH), Specialist Addiction Unit (SAU) and Hackney Homeless Person Unit. Such mechanisms have enabled the MPC to provide a speedy and effective gateway into these key services, which is often the 'hook' into accessing further services.
- Through persistent follow up, the MPC has also been well positioned to seize upon engagement with MP at times when they are not in active cycles of crime, thereby exploring various ways in which to address their offending behaviour.
- The exceptional interpersonal skills and commitment of the MPC has enabled long term and meaningful relationships to be developed with this client group.
- Structural support from a pro-active and supportive manager and forward thinking public health commissioner as well as collaborative inter-agency work has all contributed to the ongoing success of the MPP work.
- The MPC has shown consistency and determination to gain access to this hidden community of men. His credibility with this cohort is now such that the MP's themselves feel able to refer other male associates with similar needs.

Service outcomes and benefits to other services

- Since the MPP began the MPC has engaged with 66 male partners or associates of SSW, of which 84% were substance dependent. During this period a total of 95 referrals or support with maintaining health or social services (housing, benefits, legal advice etc) were provided by the MPC. As well as supporting men to stay engaged with borough based drug treatment services, two clients have successfully completed drug rehabilitation.
- The MPC has been catalytic in not only engaging and bringing a high-risk group of men into acute services, but has also supported them to maintain contact with community-based services. In turn this has had a positive impact on overall retention rates, compliance with medication, improved treatment outcomes and has lessened the overall cost in managing the health care needs of these individuals.
- One key aspect of the MPC role is his active part in facilitating early intervention to treatment and care for preventable conditions. This has not only resulted in the improved well being of individuals, but has shown to be cost effective in preventing the likelihood of this subgroup needing hospitalisation for acute conditions. Furthermore, engagement and retention in treatment reduces further transmission of BBV and related co-infection as well as potential multi-drug resistance.
- The MPC has provided a key role in enhancing the continuity of care for individuals in their transition from acute into community-based services. This continued engagement also demonstrates significantly improved compliance with wider support services.
- The work of the MPC to support the male partners of SSW assists Open Doors by reducing attrition rates of the female clients.

- The MPC demonstrates that through the regular engagement and support of prolific and persistent offenders this intense support has an overall impact in reducing continued offending among this group.

Impact on quality of lives

- Interviews with beneficiaries demonstrate the impact of the MPC as an advisor and counsellor by helping to find solutions to short and long-term problems. They also describe his ability to gain rapid access to housing or trouble-shoot existing accommodation problems as well as to facilitate prompt referral for methadone prescription and treatment.
- The MPC responds to the needs of individuals who have poor personal and social resources and an inconsistent ability to help themselves. The success of the MPP has been dependent on the MPC's skills to develop trust and engage with these men in a way that is acceptable to them. His persistence and determination to engage with the most challenging individuals has been fundamental to sustaining contact and improving overall health and social outcomes.

Outcomes from the MPP demonstrate the importance and wider benefits of health commissioners and service providers investing in and exploring innovative approaches that identify, engage with and retain this hard to reach group of men. The wider impact is that public health services are able to address the health and social exclusion issues faced by both sex workers and the men who inhabit their lives.

The MPP model also illustrates the potential for adapting this outreach model to in other parts of the UK, as well as broadening the model to include men who are not necessarily the partners of sex workers, but who are closely linked to the street fraternity. By building on pre-existing collaborative work with key services and other outreach workers, the MPC is in a very strong position to extend the effectiveness of this post.

INTRODUCTION

The Male Partners Project (MPP) was set up in July 2008 as an additional project within Open Doors (OD) City and Hackney Primary Care Trust (CHPCT) sexual health outreach and clinical services, to provide similar support for the male partners of street based sex workers (SSW).

OD has been working with street based sex workers (SSWs) since 2006 in order to meet their physical, psychological and social needs. As the OD team's relationship with the women developed and with more understanding of their personal lives and networks, it became clear that their male partners, (historically characterized as pimps) played an important role in their lives and influenced their ability to sustain engagement with services. The women expressed frustration and difficulty with their ability to progress as they felt held back by the circumstances of their relationships, whereby their partners did not receive similar services and were thus "left behind". OD identified this gap in service provision and recognized that working with couples had the potential to be far more beneficial for the women, than working with women on their own.

As a result OD sought additional funds to employ a male worker to coordinate work exclusively with the male partners of women using the OD service. The remit of this post was to develop their access to health and social services. As this report will illustrate, the needs of the male partners of SSW are multiple and complex and include acute health problems that highlight an area of previously high unmet need and substantial public health impact.

Male partners characterise a "hard to reach" population, whereby a majority are prolific offenders and drug and/or alcohol dependent. They share similar health needs and complex lifestyles with their female partners, and because of the stigma associated with their relationship status to the women they can be equally if not more excluded on occasions. It is also the case that this cohort rarely access or engage with health services.

This evaluation report assesses the progress and outcomes of the MPP and the impact that the work of the male partner coordinator (MPC) has had on the lives of this hidden group of men.

Objectives of the Evaluation

The main objectives of this evaluation were to assess:

1. The overall effectiveness of the MPP in increasing access to clinical treatment and social services for the male partners of SSWs; and
2. The impact of the project on increasing retention and engagement of the SSWs through working with couples and joint casework.

In order to measure the effectiveness of the MPP the study process addressed the following evaluation questions:

- a. How **relevant** is the MPP approach to addressing the needs of the client group? And how is this different from previous models?
- b. To what extent have the objectives of the Male Partner's project been **achieved**?
- c. What are the **key results** of the project's activities, including the number of men who have engaged with the services and their outcomes?
- d. What evidence is there that the project has **changed the quality of male partners / sex workers lives**?
- e. What is the potential for **sustainability**, expansion and replication of similar interventions?
- f. What are the **lessons learned** from the Male Partner project? And how should these lessons be utilised in future planning and decision making of male partners work?

Methods

The evaluation used a variety of data sources and methods to provide a comprehensive evidence base. This consisted of:

- A review of all relevant project documentation and client data files;
- An extensive literature review of research among SSW and their relationships, dual therapy initiatives for substance users, and similar service delivery approaches;
- In depth interviews with male partners, the direct beneficiaries of the MPP (8);
- In depth interviews with female partners of men (4);
- Interviews with services providers (2), the Male Project Coordinator, and the Open Doors Service Manager.

Interviews with the male partners and female service-users were purposely sampled to ensure that interviews were held with the male partners of SSW who had been intensely case managed by the MPC. This enabled richer feedback about how the service works. Interviews were with women who had referred their partner / male associate to the MPC. Interviews were arranged by the MPC and carried out over a 2 week period. The evaluator conducted all interviews alone, either in the respondents' home, or coffee shops / bars. These were relatively short, lasting 30-50 minutes in duration. All respondents received a phone credit gift, refreshment and travel expense as an appreciation for their time.

The interview questions were based on the Most Significant Change Technique¹ whereby respondents were guided to talk about their "stories" and experiences of the project and then asked to identify the most significant change in their quality of life as a result of the MPP. Due to time constraints, as well as the elusiveness of the client group, the number of interviews was limited although they do represent 13% of the total number of male partner clients who have engaged with the MPP over the 2 year period.

¹ For more information see Davies & Dart 2005, accessible at <http://mande.co.uk/special-issues/most-significant-change-msc/> for more information about this research methodology

Furthermore, many of the findings revealed common themes and have provided profound insight into the strengths and impact of the MPP.

The evaluation process was divided into three main domains that also provide the structure for this report. These three areas capture the different components /aspects of the MPP to provide a comprehensive evidence base to measure the project's effectiveness, and are as follows:

1. **The effectiveness of the MPP model:** this section documents the uniqueness of MPP model, and how effective this approach has been in addressing the needs of the client group;
2. **The service results of the MPP:** presents the service outputs and outcomes as a result of the MPP activities; and
3. **The impact of the MPP on the quality of lives of male partners:** describes how the MPP has change the lives of male partners and how it has helped the situation of the women

The conclusions and recommendations document the potential of this service delivery model to expand and be replicated for similar health interventions, as well as lessons learnt from the MPP that can be utilized in future planning and decision making of working with this client group.

Authors note: While it is necessary to generalise about this client group as the male partners or associates of SSW who share similar social and health needs, it is not the intention of this report to take the individual stories or particular needs for granted. Every client is unique and this report has tried to show this as a true reflection of how the MPP functions.

THE MALE PARTNERS PROJECT APPROACH | ONE

If we both get help then we can both move forward together. It was like we (the women) get housed and they get nothing, nothing was happening for them. Can you imagine that you are my partner and I just got housed, then at the end of the night I say "Right babe, I'm going home now, see you later!" It's just not right.

SSW3, Stoke Newington

The MPP is a unique service delivery model. There is no other known outreach service in the UK that solely targets this group of men, nor is client led to address the whole needs (health, social, personal) of such individuals. This section explains how the MPP was established and how it evolved to effectively respond to the client group needs. It describes the characteristics and challenges of working with this client group of male partners, and how the model coordinates with, and benefits, other social and health services who also work with this client group.

How the MPP began

The MPP came about as an addition to the services of Open Doors, a CHPCT sexual health outreach and clinical service for Hackney based street sex workers. OD began in 2006 and developed partnerships and specific services to meet the wide range of complex health and social welfare needs that face the sex workers. These needs are closely associated with a host of psychosocial vulnerabilities, including exposure to violence and substance use, as well as problems linked to social demographic disadvantage (e.g. low income, homelessness and low education level).

As OD began to develop its work with the women it became clear that for a number of clients, the ability to engage with support and appropriate services was limited by the relationships with their male partners (boyfriends, or husbands) or other significant men in their lives. These relationships are characteristically based on drug co-dependency, whereby the women sell sex on the basis that it will support both her and her partner's addiction. Women expressed frustration that if they gained access to methadone prescriptions or support with housing and benefits that they would be at a different stage to the men in their lives, and that this would lead to a breakdown of any achievements made by them as the male partner would be "left behind" which neither couple were prepared to risk.

It was soon realised that for OD to achieve its objectives of helping women to become more stable and lead less chaotic lives, the service needed to not only recognise the complex and co-dependent relationships that women were in, but to also embrace the humanity and need of their male partners as well. The rationale for initiating the MPP is best summed up by the OD service manager whose experience with this client group led to this realisation:

"The issue of co-dependency is often key to our clients ability to access services as well as to their treatment outcomes. Service providers historically treat couples in a negative way, i.e. "your relationships are bad, and hugely problematic in terms of co dependency and addiction and for us to work with you, you should end the relationship." What I wanted to do if I ever ran a service like this was to not only acknowledge that these relationships exist, but to try to

tackle co-dependency in a different way, i.e. not making the assumption that the treatment journey for both would be doomed to failure. I wanted to say “Ok, let’s acknowledge your relationship and work with you as individuals who are in a relationship, and lets un-pack all the things that you sabotage for each other, as this is what relationships of co-dependency and addiction are so often prey to.”

OD Service Manager

Initially in September 2006, OD began discussing the idea of specifically targeting this previously unrecognised community of men with a male worker from the assertive outreach team within the Hackney Drug and Alcohol Action Team (DAAT). A pilot evolved from these discussions and within the period of a year 12 men engaged with the service. As a result of identifying need and complexity around this client group it was later decided to employ a male worker to work with this community of interest based within OD. In July 2008 CHPCT agreed to fund the post of Male Partners Coordinator (MPC), and later in April 2009 the post was further funded by the Team Hackney under the auspices of TB testing and treatment, whereby the main role of the MPC’s work with this hard to reach group continued, but was widened to focus on the prevention and treatment of tuberculosis amongst socially excluded individuals in Hackney. The MPP started out as, and has remained as, a one-man team: the MPC. The MPC works within the OD team and accompanies the late night outreach activities and occasionally assists with the Drop In centre for the women, but ultimately manages the MPP alone. This evaluation in essence assesses the work and performance of the MPC.

Men in the shadows

It is well documented that marginalised and socially excluded men rarely access health services, even though the reasons for their social exclusion, particularly drug and alcohol dependency, invariably mean that their need for health intervention is greater than men in the majority population². Through discussions with the sex workers and the OD team it has been observed that that their male associates are equally as vulnerable and share the same determinants of social deprivation and ill health as the women themselves, but unlike the women have fewer opportunities to engage with services, as expressed by one sex worker:

² See various press releases and research reports on the European Men’s Health forum web site: www.emhf.org

“It is easier for women as they are seen as more vulnerable than men, but most men I know are more vulnerable than I am. Most people don’t think about the men on the streets, and if they do, then they think they’re alright coz they are a man. We have drop in centres, we can get food and support, even housing is easier for women. But these men, they don’t know how to pick themselves up, get back on track.”

SSW 3

While sex workers have been acknowledged as a population in needs of specific intervention, it is evident that their male partners, who are even more difficult to engage with, have no targeted services aimed at them, and are expected to fall into mainstream services without any focused outreach intervention to bring them in.

Reasons for not accessing services are complex and varied. These men are shadowy figures, and are often only seen on late night outreach, or in the streets around the OD women-only drop in, and the majority have had limited, or no previous contact, with health and social services, unless forced to engage through the criminal justice system. For those that have gained some access to services through the criminal justice routes, they do not always engage fully as these services rarely recognise or are able to meet their complex needs. As a result there is a general mistrust of services as they are seen to be very punitive. However, for men who are not involved in criminal activity they perceive themselves further excluded from accessing services, as explained by one former male partner:

“There are two types of people who come into services - you are either coming through the courts or you come in as a private individual. Those who come in through the courts get all the help they want, they get automatically referred to [services], whereas the other people, like me who are on the periphery of it, and not in treatment services cannot get into services as you need to be referred. That is why [the MPC] is so important to Open Doors, because all these girls have boyfriends or

associates and they can’t get that help. If they have a boyfriend who’s not a criminal then they are stuck.”

MP1

Many male partners are also homeless and usually do not possess the right form of identification to register with a general practitioner, or to get referred to other services. From discussion with these men who reflected on the time prior to their first contact with MPP, they expressed a desire to get help but did not know how to access the services they needed, or had not had positive experiences to further their engagement.

Before the MPP started working with this client group, the male partners of SSW had been ostracised as pimps and abusers that had contributed to their difficulty to access services. Even the team at OD, while early on recognising the importance of addressing women in their relationships, were trying to work out what these relationships were, and if these men were really pimps or just boyfriends?” As the MPC recalls:

“Initially we questioned whether these men were putting the women on the streets, whether they were in fact pimping the women, but then we realised this was usually not the case and these relationships were more complex. It is the drug dealers not the boyfriends who rob them.”

MPC

The work of OD, and specifically the MPP, has aimed to challenge this stigma and assumption that a male partner is a pimp and regard it as a “lazy and cruel stereotype”. The team reflect that “we have had men who not only reject services because of the labels placed upon them but who have also been rejected by the very services that should be supporting them because of such false assumptions”.

OD has consequently endeavoured to explore the complex interplay between female sex workers and the men they are emotionally dependent upon. Often these relationships (which have endured over many years) are based on drug co-dependency. Many couples also have children who had been taken into care, either at birth or soon after. While some of the partners of SSW undoubtedly do “live off” of the earnings of their partner’s sex work to feed a drug habit, and while it would be naive to assume that these relationships are not without the complex interplay of power and potential abuse, it is usually the search for an economic equilibrium that drives the relationship rather than a straight forward pimp/sex worker characterisation³. The risk for the women getting of caught for sex working and paying a fine for soliciting is significantly less dramatic for both parties than the risk of the male partner getting caught for robbing and drug dealing and thereby facing a significant period of imprisonment – particularly if he has a history of persistent and prolific offending.

Table 1: Socio-demographic profile of male clients, 2008-2010

Characteristics		N= 66 (%)	
		Number	Percent (%)
Age	Mean age	40 years	
	Range	20-61 years	
Ethnic group			
	<u>White</u>		
	A British	20	31.3
	C Other	6	9.4
	<u>Mixed</u>		
	D White and Black Caribbean	4	6.3
	G Any other mixed background	1	1.6
	<u>Black or Black British</u>		
	M Caribbean	4	6.3
	N African	4	6.3
	P Any other Black background	24	37.5
	<u>Other Ethnic Groups</u>	3	3.2
Criminal justice history		33	67.1
Male partner of street sex worker		36	56.3
Health status			
	Substance dependent	54	84.3
	HIV +ve	5	7.8
	TB infected	7	11
	Hepatitis C	16	25
	Hepatitis B	2	9
	STI	2	3.1
	Diabetes	3	4.7
	Mental problems	3	4.7
	Other health issues ⁴	7	10.9

³ Whilst defining pimps and pimping is complex due to the different capacities people can be involved in the management of sex work, a legal definition of a pimp is ‘someone living off the earnings of or exercising control over one or more prostitutes’. For more discussion regarding a working definition of pimp and pimping refer to the introduction in May, T et al. *For love or money: pimps and the management of sex work*. Police Research Series Paper 134: Home Office Policing and Reducing Crime Unit. 2000.

⁴ Other health issues included mental illnesses and dental problems.

Table 1 above shows the socio demographic profile and health status of the male partners the MPP has engaged over the past two years. Out of a total of 66 men, the average age of this client groups is 40 years, and the majority identify as Black British (38%) and White British (31%). More than two-thirds of the clients have a criminal offending background (67%). The majority of this client group have had a prolific offending career (67%), such as robbery, burglary, drug dealing or violence, and more than half (56%) are a male partner of street sex worker. The client group also includes close male associates of SSW, or other men sharing similar needs that the MPP later included in the scope of his work as it was realised that they were also occasional sexual partners or close street cohorts of the women.

The health status of men was verbally informed and/or validated with the appropriate testing. The high majority of men are substance dependent (83%), usually crack cocaine and heroin and / or alcohol, and have a high incidence of blood borne virus infection (BBV). Sexually transmitted infections (STIs) are low, however, mental health needs feature significantly within this cohort. These findings reflect within the public health context, that most clients have multiple health needs, and coupled with their complex life style of drug using and relationships with sex workers, characterise a high risk group for transmission of, or infection with HIV, tuberculosis (TB), STIs and BBVs. Thus, the role of the MPC in reducing suspicion of authority and building trust in order to facilitate these hidden men into mainstream medical and social care is ever more important.

How the MPP model works

The MPP is an outreach service that provides support around clinical and case management for vulnerable men by working in collaboration with other social and health services. Outreach is carried out solely by the MPC, who identifies men in need and maintains frequent follow up with them by telephone contact and personal visits. The MPC transports himself around the borough by bicycle and this plays a big part in his accessibility and responsiveness to this client group. The specific objectives of the MPC post are to:

- Find and engage with male partners of street sex workers
- Facilitate their fast track access into health and social services
- Support access to education / employment
- Ensure that, as far as possible, needs and treatment of couples are managed simultaneously
- Create awareness within other services of the needs of the client group
- Offer joint case work and client support with other services
- Challenge co-dependency / domestic violence within relationships

Through these activities the success of the MPC is measured on the ability to support and motivate this client group while engaging and maintaining in services or treatment, such as methadone scripts, TB treatment and housing.

Due to the MPC's previous experience of conducting assertive outreach with a local drug and alcohol team, coupled with his extensive knowledge of the borough and street networks he was already a familiar figure to the SSW at the time the project began. Gaining trust of the women was critical during these early stages of the project, as it was only through them that the MPC would be able to make contact with their male partners. The MPC would meet the women during late night outreach and explain about the project and how it could help their partner to have access to health and social service in the same way that they do through OD. If the woman nominates her partner, this is then followed up by the MPC via a series of telephone calls and agreed visits.

In the beginning the MPC was treated with suspicion by the men, due to a) being a male working with their female partners and b) being of a physical stature and driving a PCT car 'not unlike a policeman', but the men were quick to respond and it was apparent a gap had been filled. During the first contact the benefits of working with the MPC is quickly sold:

"I quickly sell the service. The hook is the "script", as they need a referral for a script. The biggest problem is the drug dependency. They [the men] realise that the women can get what they need from OD, and this gives [the MPC] credibility and a basis for trust, which is essential among this client group. So they know I can support them in a similar way."

MPC

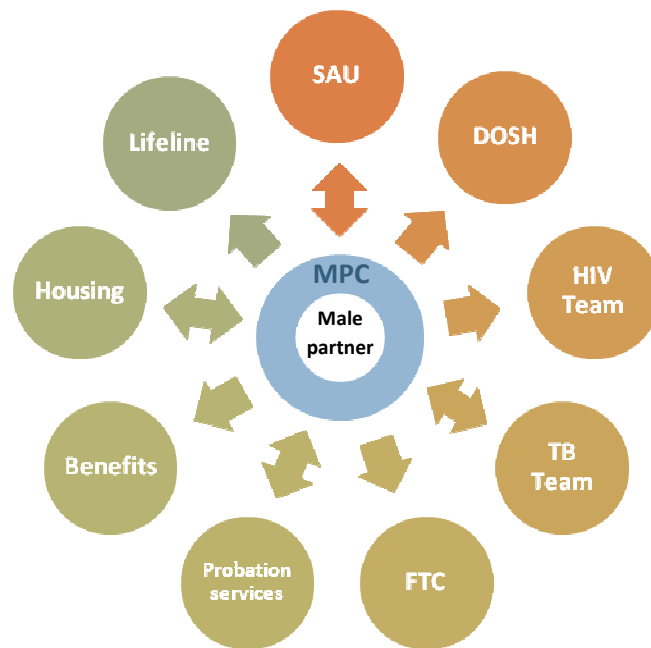
After the first contact the MPC identifies the client's needs and presents the options of relevant services and how to go about accessing them. This process is nicely captured in the way the MPC describes this process as similar to a game of snooker, whereby "I am always looking for angles".

Early on in the initiative it became apparent that the men's health and social problems were as complex as the women's and the need for collaborative working relationships with other agencies and organisations became essential for the project to deliver what it promised. For addressing the health needs, the MPP then built upon existing agreements between OD and specialist services such as, the Department of Sexual Health (DOSHS), and Specialist Addiction Unit (SAU), which also includes a BBV nurse, at Homerton hospital, and this enabled the provision of equal fast track access into these services. As fast track into prescribing services is often the initial "hook" into other important services, the MPC has even negotiated a weekly allocated time slot specifically for OD clients to be assessed by the SAU. In terms of the MPs' social needs, this broadly covers specific services such as benefits, housing and legal aid. To a lesser extent the MPC has forged links with the criminal justice system (CJS) such as the probation service and the Foundation for Training Company (FTC) for criminal offenders. The MPC has also "bolted on" male partners to an existing access agreement with the Hackney Homeless Person Unit that has enabled him to arrange clients for a temporary accommodation assessment within a very short amount of time. With the stability of having accommodation, the men are more readily to engage with other health and social services.

Figure 1 below illustrates the range of services the MPC has established working relationships with and the types of services that the men commonly need.

The male partner is depicted in the centre, whose support by the MPC is presented as a circle to reflect the holistic approach and constant support to addressing the men's problems. The MPC is then an intermediary who refers the MP to the identified service provider as shown by the arrows. The two-way arrows reflect the two-way referral pathway, whereby the MPC is informed of these clients by the respective service providers for him to mediate support to additional social or health services.

Figure 1: The role of the MPC and the interlinking support system of the MPP



The MPC places great importance on building therapeutic alliances with these men and establishing trusting relationships. The MPC maintains regular contact and support when needed, thus “the essence of outreach is that the door is always open and there is no discharge from service”. On-going support ranges from meeting for a “chat” at times, to frequent telephone calls to remind them of forthcoming appointments and accompanying clients to attend meetings or help fill forms if requested. The holistic approach of the MPC work goes beyond accessing services, but also includes helping with day to day needs that are also important for helping retain emotional or physical stability. Such needs may be help with finding a vet for a dog, getting a prescription for reading glasses, or even phoning a relative with whom the client has lost contact. The MPC also holds a small budget, which acts as a necessary engagement tool to provide for some basic needs, such as staple foods and second hand clothes.

The MPC has now effectively penetrated into this hidden community of men, and is not only known by word of mouth but has gained trust and credibility such that other associates with similar needs and vulnerability can be referred by the partners themselves.

The MPP's unique selling point

So what makes the MPP a different service delivery approach from other outreach models, and is this successful? Here we identify from the perspective of the male beneficiaries of the MPP and service providers who work closely with this client group the factors that make the MPP unique and effective, in terms of its ability to: a) address the needs of the MP and b) benefit other services and thus contribute towards wider public health outcomes.

Addressing the needs of the male partners

Perhaps the most distinctive feature of the MPP, that sets it apart from the way in which other services function is that it is “100% based on the need of the client”. This is necessary in order to respond to the diverse and often unique needs of this client group. The advantage of locating the MPP within a health service (OD), rather than within drug and probation services that have a more criminal justice bias, has meant that the response of the MPC to clients' needs has been evolutionary and client led rather than necessarily responding to agency specific targets and agendas. The MPC has creatively demonstrated that services can, and should establish innovative and client centred approaches if they wish to identify, engage and retain a hidden and marginalised group.

The MPP's location within the OD team has also been essential for the MPC to obtain access to this group of men via OD's existing work with their partners who are female sex workers. “The community of women give us 'A' grade access to [their] disenfranchised partners”. This has undoubtedly been one aspect that has contributed to the success of the MPP, without which, gaining this access and credibility would have been very difficult and probably not have had the same positive outcomes.

From discussions with the male partners (the direct beneficiaries of the MPP) it became clear when trying to assess their experience of the project that the role of the MPC and the MPP service are inseparable. To the men, the MPP *is* the MPC and all he personifies in fulfilling his duties. Therefore, the success of the MPP to attain its objectives is very much based on the interpersonal skills and quality of relationships between the MPC and the men themselves. In fact, as evident from the interviews with the male partners and also the women, the relationship they have developed with the MPC is so significant to them that this is ultimately the selling point of the MPP. The MPC is a unique role and due to the flexible nature of this position - which is needed to be able to quickly respond to the needs of this client group – he can work very intensively on a one to one holistic basis whereby every man is approached as a unique case. As a result he has built long term and meaningful relationships with individuals who have often rejected mainstream probation or drug service support due to its lack of flexibility and understanding. What is more, most of these see as vital that the MPC will continue to be available as they continue along their treatment/engagement/recovery pathway. As one service provider has to say about his role:

“They all [MPs] like him. It is obviously hugely important who is recruited for this position, particularly in this group where they are hidden and very suspicious of society. He has a real skill to engage with this group.” SAU consultant, Homerton Hospital

During the interviews with the male partners, they were asked to name the top qualities or “selling points” of the MPC role that made the service work for them. The following table list in order of importance based on the frequency they were mentioned, the six *key attributes* of the MPC role identified by the men:

MPC “Selling point”	Supporting quotes
1. Supportive	<p>“For a lot of these things you just want someone to hold your hand and sort of guide you through. That is what [the MPC] does”</p> <p>“I know there are people out there who apparently can help you, but he [the MPC] is actually the one who gave me the motivation to help myself. I do need that push”</p> <p>“he was the one who came with me, literally came with me to help fill in the forms... he gave me good advice, he just showed me the way”</p>
2. Approachable	<p>“He gives you a chance, he listens to what you say”</p> <p>“...I can say the way I feel and that in away has really helped me”</p> <p>“Because he has experience and understands what people are going through. He knows the game and I feel I can approach him as a friend. I feel he doesn’t judge ya”</p> <p>“you need someone who is real, and someone who can speak my language”</p>
3. Accessible	<p>“[The MPP] is particularly important because [the MPC] works directly on the streets”</p> <p>“He goes out of his way and meets me. We meet in coffee shops. It is the best way to meet and discuss my problems”</p> <p>“I like how he calls me, it kinda makes me feel looked after and someone cares. If I don’t answer he always leaves a message”</p>
4. Responsive	<p>“[The MPC] gets things done”</p> <p>“[The MPC] doesn’t give up on you, if plan A don’t work, there is always a plan B or a C. [The MPC] is so determined and you can see the expression on his face when he gets what he wanted to do”</p> <p>“I hadn’t heard anything and was waiting weeks about my housing, but then [the MPC] comes along and it takes a few days. He is so direct and there’s no messing about”</p>
5. Honesty	<p>“He told me the truth - “I will try but I can’t promise anything””</p> <p>“he never lets you down and even comes with you to the appointments, so is always there to support you”</p> <p>“his honesty, and he knows how to talk to people [social services etc]”</p>
6. Inspirational / educational	<p>“he is professional, with good advice and that”</p> <p>“He has given me so much encouragement and inspiration. He gave me the encouragement that life is not all shit and that there is something out there. And there is...”</p> <p>“I have learnt a lot from [the MPC], and when I have got totally better, I want to help others like me”</p>

During these discussions it became clear that these six aspects of “quality of care” are particularly important to this client group and have influenced their ongoing work with the MPC. These selling points reflect areas that other service providers have not delivered in respect to this cohort, and thus have contributed to the MPs feeling “let down” or even “giving up” on engaging with these services.

Unique skills of the MPC

We knew [the MPC] when he was employed in Hackney’s Crackdown Project...and we loved the way he worked with people. You have to be a certain type of person for this work: you have to be motivated, highly skilled, and sensitive. You also have to really have the skills and aptitude to get out there and find these people. You have to be big and tough but also have a gentle side. There aren’t many people who I have come across in my entire work like him. He is all these people and is a unique individual, due to his personality and his professionalism.

OD Service Manager

From the view point of these service providers this linkage has been vital and one of the main benefits of the MPC partnership to their work. The MPC has not only managed to bring this high risk group into services in the acute sector, but has also had the effect of keeping them on treatment and ensuring they follow up or attend necessary medical appointments, as described by a consultant from the SAU who compares the added value of the MPC with what it was like before the post.

“[Before MPP] it was highly unlikely to get people in. Previously we received women or men picked off the streets and they would have gone through the criminal justice system. They would have come a couple of times and that was it, then that would have been referral closed. Now with [the MPC] we have a community circuit out there. We see people who we never saw before, and these are people who ought to have a service...they may be physically unwell or need treatment that can have an impact on Hep C and TB and so on, so obviously we have general nursing and other health care, so once they’re in we have more to offer than just drug care for various bits and pieces.”

SAU consultant, Homerton Hospital

Benefitting other health and social services

One of the main achievements of the MPC role has been to provide the link, which did not exist before, between key service providers and this marginalised group of men. The multiple health and social needs of clients has demonstrated the importance of close, collaborative, inter-agency work, as depicted in figure 1 in meeting the aims and objectives of the post. The MPC has been instrumental in developing mechanisms to enable the chaotic lives of this client group to be stabilised quickly enough for individuals to be successfully retained in services. Through the established fast track access agreements this has enabled the MPC to provide a speedy and effective gateway into these key services, which is often the ‘hook’ into accessing further services.

Joint working at its best (case study)

We had one Caribbean 40 year old man who became extremely ill, because of poor compliance with TB treatment. This man had been on the streets for more than 12 years, was an injecting drug user, was HIV+ and had Hep C. [The MPC] found him and encouraged him to access services and helped him with his action plan. We all knew him but his engagement was never consistent. With [the MPC] he recognised the importance of accessing health services and was able to stick it out with [the MPC's support]. He ended up with renal failure and decided not to continue with TB treatment or dialysis. With [the MPC] able to work with him he was able to have a death at home with his extended family. That is one example that springs to mind, where a man could have had a miserable death on the gutter, if it wasn't for [the MPC] to work with all of us to work with him with all our specialist areas (HIV, TB renal services Hep C, BBV). He was the coordinator of a package of care to give this man a good death compared to a bad one.

TB Case Worker

The MPC also provides an important role in enhancing the continuity of care for persons in their transition from acute services to the next phase in their treatment in the voluntary sector. This has not only helped to maintain maximum caseload, but also to ensure the client successfully engages with the next service that will increase the chances of compliance, as explained by the consultant at the SAU:

"We are certainly seeing an increase in referrals among this group, and it will mean we keep people whereas before we would get people in and kept them briefly. But it also helps us, as we can't keep people for too long or else the system gets blocked, and it is often hard for a person to get to a new service to see a new person. With the help of [the MPC] then he can link and take them to their next provider, somewhere like Lifeline in the voluntary sector, as that is where people when they are more settled with our treatment ought to go. This is the aim and expectation of the DAAT with these three way meetings, but it is not always possible. But if you have an intermediary outreach worker then that is the perfect link, they are the constant to take them to the new service."

SAU consultant, Homerton Hospital

The success of the MPC to enhance the performance of other services has been demonstrated when the MPC role was extended as a part of the TB team in April 2009. The potential of the MPC to extend his work to include other men, who were not just male partners of SSW, diagnosed with TB was recognised by the TB case worker who previously had been working with the MPC during joint outreach. The added bonus of the MPC "being out there and meeting the men regularly" meant his visibility and availability enabled him to help the TB team by encouraging compliance among men on TB treatment, assisting with risk assessment and supervising the administering of TB medicines.

The added value of the MPC role is evidently very much dependent on the individual skills and aptitude of the coordinator himself, as described by the TB caseworker who although does outreach on her own, has acknowledged the advantages of the MPC accompanying her on these visits:

"We did not expand geographically, but as a service we became more effective....The added value of having [the MPC] is that he can actually make good relationships with chaotic men that middle class woman like myself cannot. They can see myself and [the MPC] as a team. He can go places that I cannot probably go very easily. He can meet them in a cafe, park and he is very acceptable in the way he is. Plus he has knowledge of the streets and knowledge of street language without sounding ludicrous. [The MPC] can do all that and carry it all off in a very credible way. He is very valuable. He has probably saved us thousands of pounds in terms of keeping young men in treatment. Otherwise we would be tearing around look for them."

TB Case Worker, Homerton Hospital

The MPC's gender not only has played a fundamental part in his acceptance among this client group but has also helped the team to enter potential hot spots in sometimes unsafe environments. Being a male is definitely a "selling point" of the MPP and has undoubtedly helped the MPC engage more quickly and build trusting relationships with this socially disenfranchised group of men, whose previous experience of male relationships have often been less than supportive.

Due to the persistence of the MPC assertively following up clients, he is in a position to seize upon other windows of opportunities, in particular to engage with male partners at times when they are not involved in an active cycle of crime or when the female partner is in hospital and unable to work. Through a more in-depth understanding of these men's complex needs and of their lifestyles the MPC has shown to be well positioned to work with the men and help explore new ways in which they can address their offending behaviour, as nicely summed up by one male partner

"Since I have been at the hostel, I am not using [crack and heroin] as much. I have been doing an ASRO⁵ course that [the MPC] helped me to get on. Basically he [MPC] helps to hold my hand. He keeps me out of trouble, well tries to anyway!"

MP6

Unique relationships are built

He [the MPC] has this ability to develop really good relationships with these men who probably have never had a good male relationship that is cost neutral to them. Other male relationships will be about engaging in criminal activities with other men, or men who have power over them because they are dealers, or men who are paying

their partners for sex. So they have never had a male relationship based on man to man as equals. So I think this is incredibly important as in no way do they have to pay for the relationship.

TB Case Worker

⁵ ASRO – (Addressing Substance Related Offending) is a nationally accredited short programme for offenders whose crimes are associated with their use of drugs or alcohol. Eligible offenders are referred to ASRO by the Probation Service.

SERVICE OUTCOMES OF THE PROJECT | TWO

...but with him [MPC], in a sense it is not about numbers but about keeping people in treatment that is important to us, because the numbers are obviously small for the men with TB during that period so it's actually about adhering to medication and keeping people on track and thus keeping costs down.

TB Case Worker, Homerton Hospital

This section presents the MPP service results over the past two years and assesses to what extent the objectives of the MPP have been achieved by comparing these results with available baseline data for this client group. It will then assess the implications these results have on wider public health and social outcomes that highlight the cost effectiveness of the MPC engaging with this hard to reach, high risk group of men.

Engagement with and service outcomes of the MPP

Table 2 below shows the number of men contacted by the MPC, those who chose to continue engaging with the MPC and the types of services these men received help to access or maintain. The table has been divided to show the distribution of referrals or support by men who are either existing service users or first time users of a service. This serves to illustrate how effective the work of the MPC has been to a) provide additional needed support to men already using a service, and also b) have reached an untapped client group – both resulting in addressing an area of high unmet need. The lower half of the table shows the types of health and social services that the client group have either accessed or received help to maintain, as a result of the MPC's efforts.

In total 66 men were contacted by the MPC through outreach. Out of these men, 47% (n=31) were already using at least one type of health or social service, and of these existing users, the MPC identified further need and provided at least half of these men (n=16) with additional referrals and/ or support. Out of the men who had no previous experience or were not currently engaged with any service (n=35), nearly two thirds (63%) were given support to access necessary services. In total 58% (n=38) of men were either referred to a service provider or provided help with maintaining existing support, as a result of their contact with the MPC. At least one half (52%) of the total contacted, continued to be intensively case managed⁶ by the MPC. This included considerable 'active' support and frequent contact with the client. Other men received more infrequent contact and called the MPC when required. Those who did ceased contact after the initial meeting did so due to personal choice.

⁶ Intensively case managed is when a client has 2-3 problems to address, or sometimes where the nature of the case requires more frequent contact with the MPC.

Table 2: MPP service outputs

Service outputs	2008 – 2010	
	Number	Percent (%)
Total number of men contacted	66	-
Total number of men intensely case managed by MPP	34	51.5
<i>Existing</i> service user prior MPP (baseline)	31	46.9
Additional referrals given by MPP to <i>existing</i> service user (n=31)	16	51.6
New service user (referrals given by MPP) (n=35)	22	62.8
Total number / % of men given referrals by MPP	38	57.6
Referrals to services (n=95):		
Health needs		
Drug / alcohol treatment (SAU)	14	14.7
Blood borne viruses (HIV, Hep B & C)	16	16.8
STIs (DOSH)	8	8.4
TB treatment ⁷	7	7.4
Other ⁸	9	9.5
Total	54	56.8
Average number of health needs per client	1.4	-
Social needs		
Housing (access or maintain)	17	17.9
Social benefits (access to or maintain)	9	9.5
Education / training (e.g. FTC)	7	7.4
Solicitor / legal services	5	5.3
Other ⁹	3	3.2
Total	41	43.2
Average number of social needs per client	1.1	-
Total number of referrals made to other services	95	

Data collected for the 38 clients who were referred to, or received support with, services by the MPC has been divided under two domains: health needs and social needs. As shown before this client group have multiple needs and in total 95 referrals or support with services were provided by the MPC. On average these men had 1.4 health needs and 1.1 social needs per person that were addressed by the MPC.

Figure 2 below shows the percent distribution of the types of services where the MPC provided help to access or maintain. The majority of referrals were for housing, followed by health care services for blood borne viruses, including HIV, Hepatitis B and C, followed by treatment for substance use and STIs. These are the key services that the MPC helps with in order to establish some sort of stability in the lives of these chaotic men, namely, to obtain and maintain accommodation and / or a prescription for

⁷ The MPC observed symptoms for TB on outreach and administered a sputum test if necessary. Only those tested positive were referred to the TB team at Homerton hospital for treatment services.

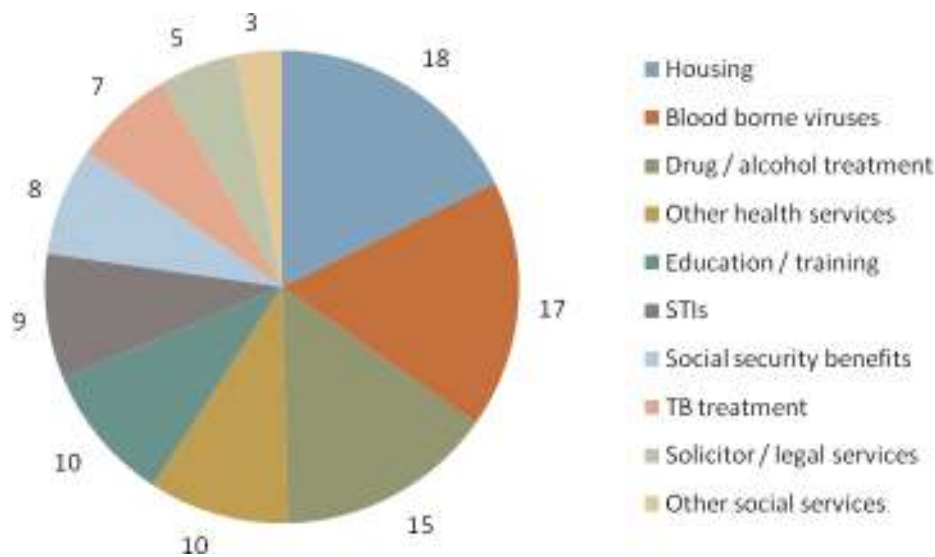
⁸ "Other health needs / services" include: GP, dentist, mental health assessment, Praxis, dentist, counselling.

⁹ "Other social needs / services" include: birth certificate, passport.

methadone treatment. Maintaining people with complex needs in stable accommodation is essential, without this engagement with other vital services is unlikely.

Additional service outputs shown in figure 2 are for TB treatment when tested positive by the MPC and other health needs including help with referring to a GP, dentist, and mental health services. In terms of social needs, a high majority of the men required help with housing whether accessing or maintaining current housing arrangements, followed by help with sorting out social security benefits, and access to educational or training programmes. The MPC also helped with accessing legal services, and sorting out identification records.

Figure 2: Percent distribution of health and social services mp received help to access or maintain



Significant outcomes:

Two male partners successfully completing drug rehabilitation;

One case supporting a client throughout the family court and social services processes to gain custody of his child.

Support to re-establish contact with a client's estranged family. This client was cared for at the end stage of his life by family and died of chronic health conditions at home.

Furthermore, out of the 34 men who disclosed they had a criminal record or have spent time in prison (table 1), only one male partner has reportedly continued to re-offend whilst still engaging with the MPP. Although the correlation between the work of the MPP and reducing criminal activity is difficult to prove, the work of the MPC to maintain men in housing and other services has anecdotally contributed to significantly lesser reports of offending behaviour and involvement with the criminal justice system.

Impact on women's engagement with Open Doors

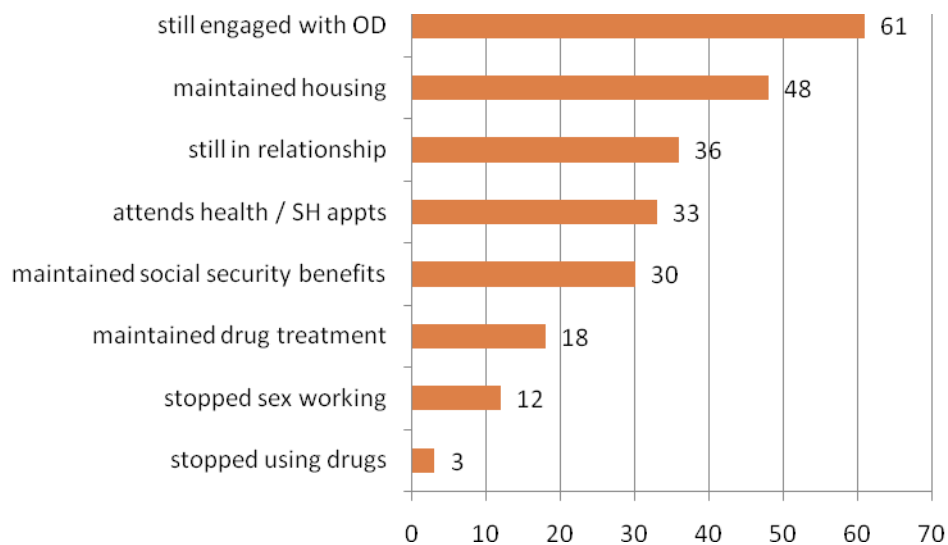
Since the MPP began, the OD team have recognised discernable benefits for its female service users. This additional service for significant men in the lives of SSWs has reportedly reduced attrition rates of women using the service, and enabled OD to work with the women in ways that were not possible prior the MPC role, as explained by the OD service Manager:

"[The MPC] has provided a massive contribution [to OD]. If we had not had [the MPC] we would still be working with the women and no one with their partners, and it would be 100 times more difficult. Before it was so much harder to fully engage with the women, they just didn't want to leave their men behind."

OD Service Manager

Figure 3 below summarises the key outcomes at the time of this evaluation of the women whose male partners have been working with the MPC. This data should be treated cautiously as there are likely to be numerous reasons (not just that their partners engage with the MPC) for improved outcomes for the women. It should also be noted that this data represents men and women seen by OD and MPP over a two-year period. Some couples have been engaged for longer durations than others, and some couples have disengaged and then returned as individuals regardless of their partner's engagement.

Figure 3: Percentage of women whose male partners engaged with MPP and their (main) service outcomes (n=33 women)¹⁰



The data represents 33 women who had originally been engaged with or had some contact with Open Doors. Out of these women 61% are still currently engaged with OD services. Just over one third (36%) of these women are reportedly still together with their male partner. In terms of helping these women

¹⁰ Note: These 33 women are 'associated' with the 36 men engaged with the MPP that includes two women who have had more than one male partner that they referred to the MPC. This data is also presented as a table in the annex.

to access or maintain health care and social services, OD has helped 48% of women to keep their accommodation, 30% to obtain social security benefits, and 18% to access the rapid methadone prescribing service and are still on a script. Furthermore, 12% (n=4) have stopped sex working altogether and 3% (n=1) have stopped using drugs.

The high differential between the proportion of SSW who have separated from their male partners but are still sex working without having become involved with other men goes some way to challenging the widely held assumption that all street sex workers are “pimped” and would not be on the street without male pimps behind them.

Cost effectiveness of the MPP approach

The above results show that the MPC as an outreach worker has demonstrated his effectiveness in addressing the multiple needs of this hard to reach group of men, of which without the MPP they would have continued to have had little or no contact with health and social services. The MPC is in a vital position to test these men for a broad spectrum of infections and engage them into services for early intervention to not only ensure the individual’s general health and quality of life improves, but also so they can engage with necessary treatment in a timely manner. To fail to do so can result in large cost implications due to the higher likelihood of this subgroup suffering hospitalisation for acute conditions. Not only does the MPC contribute to more cost effective service provision, but by engaging and keeping these men on treatment there is likely to be a reduction in transmission of BBV and related co-infection as well as a reduction of multi-drug resistance due to poor medication compliance.

The following provides a very brief insight into potential costs savings associated with operating the MPP¹¹. In the most recent cohort of men seen by the MPC (n=66), a total of 7 tested positive for tuberculosis. If the men had only recently become infected and subsequently completed a full six month course of treatment, the total costs of treating TB in this particular group would be £85,000¹². Based on anecdotal evidence, in the absence of an MPC we may assume that the same group could go for up to three years receiving only intermittent, or no contact with health care providers. In a worst case scenario where all men undergo a number of incomplete drug regimes, costs of treating TB inflate to £350,000 as a result of increased resistance relating to stop-start treatment. So even accounting only for this very small aspect of the service it can still present potential savings in downstream costs of £265,000.

The positive impact of the MPP also goes beyond the lives of the men themselves, to include wider social benefits. Improved personal stability as a result of MPP intervention means that the men are less

¹¹ At the time of the evaluation the total budget for the MPP was £50,000 per year, whereby the majority fund the post of the MPC.

¹² These figures are based on TB treatment for 6 months that cost the NHS approximately £5,000 per patient. If the TB is in its later stages, or if the patient is multi-drug resistant due to stopping and starting treatment the cost goes up to £50,000 per patient.

likely to remain involved with crime (or at least have tended to reduce the gravity of crime committed). This has a positive overall outcome on the number of times the individual will come into contact with the penal / judicial system, consequently creating potential savings around policing, courts, prisons etc. Despite the difficulty in quantifying this type of economic gain, the MPP role clearly contributes towards a series of small changes in individual behaviours that can lead to significant impact for the wider society.

THE PROJECT'S IMPACT ON THE QUALITY OF LIFE | THREE

I think he saves peoples' lives, for a start, and puts them back into society and back in reality. He gives them a home, he gives them company, and he gives them encouragement, and he brings them back up ... it is like a wilting flower and when he touches it, the flower raises up again and goes to the light. That is how he reaches people. That is the way I can explain him.

SSW4

This section documents the types of changes the men have experienced as a result of engaging with the MPC and how these changes have impacted on the quality of their lives as well as how they have affected the lives of their female partners. The men were asked to list the changes they had experienced as a result of the MPC, and then describe which one was most significant to them and the reason why this was most significant. The results were then analysed by themes to identify any correlation between the types of changes and the reasons for these changes the men had experienced.

All the men identified the MPC being instrumental in "making things happen", and that without his intervention they could not have achieved them on their own. The MPC plays a crucial role in providing fast *access* to services, as well as *motivating* them to use these services. For some men, the MPC entered at critical moments in their lives and was described as "having saved their life". The MPC shows the clients the options for improving their well being, he then creates the pathways into care and motivates them to engage in these services. This first engagement then provides a stepping stone for the client to move forward, as clearly expressed by one male client:

"He helped me get into services that I desperately needed, such as my GP, a physio and the motivation as well. The main change was help with my housing. No way would I have gone to physio, or do the things I do now without housing. Getting housing has made a massive, massive difference, and it was that that was holding me back."

MP5

The most significant changes or events that have contributed to improving the quality of life of the MPP beneficiaries, as described by the men themselves were:

1. Having someone to talk to (counsellor / advisor)
2. Getting access into housing or help to maintain current accommodation
3. Getting referred to the SAU for methadone prescription and treatment
4. Getting help to receive social security benefit payments.

It is very clear from discussions with the men that the MPC role as an "advisor" has been most profound in helping them identify their problems and how to tackle them. The MPC has filled a huge gap, for a client group who have poor social and personal resources and often lack knowledge of how to help themselves. This has been very much dependent on the MPC's individual skills to develop trust and engage with these men in a way that is acceptable to them. His persistence and responsiveness has been key in sustaining engagement and stability and encouraging the men to improve their self-care.

This is all central to the work of the MPC, and more often than not, depends on being able to access secure housing for this client group. This is clearly pointed out by one ex-partner of a male client:

“If it wasn’t for [the MPC] X wouldn’t be at home right now. He would have lost his flat sooner or later, and he would be back on the streets. And X could not do anything about it... and to be honest he would be dead this winter. If it wasn’t for [the MPC] helping with his flat he would be dead. There is no doubt about it. He still needs help mind as [X] don’t do nothing, he don’t go nowhere, he just exists...but at least he got a flat and can keep warm.”

SSW3

The following is one example of how the MPC has helped a male partner and how these actions have resulted in positive outcomes and improved quality of life and highlights how the male partner was ready to engage, but was unable to get the services he needed on his own

Story 8:” I didn’t have the skills to help myself”

I first met [the MPC] through Open Doors. I was like behind the working girls, and the girl I was with referred me. It must be 3 years ago now. I have been using drugs, (intravenous crack and heroin) for 21 years, and I was looking for help, but there were no help for people like me really, you know to find. I needed someone to give me that push and say “I’ll come with you. I will pay your fares and that”. Like I was spending more than a £1000 a week most weeks, and didn’t have anything. It was all going in my arm or leg, you know what I mean. That is how I met [the MPC]. I lived a very violent life, very violent life. Well that life is, when you are like in the mind of the working girls and basically it was just like knowing they [drug dealers] wanted their money back. You know I wasn’t putting the girls out there, I was working for them, you know. I hated paying them and going out with a prostitute, I didn’t like the idea of it, but I knew we had to do it to support out habits. So she would get the money and I would get the gear.

How did he help you?

So from nothing, he referred me to the SAU, and I got scripted. He then helped me get my dole money sorted out, coz I didn’t have any money for 6 months. He was the one who came with me, literally came with me to fill in me forms, coz my reading and writing is not is not too clever. ..He gave me good advice you know. He showed me the way.

What was the most important thing that he did for you?

The main thing is that he was there when I needed him. Like I would phone him, in the day or in the night and he would come to whatever situation, and some of the situations I was in were quite bad.” He picked me up from one the [crack] houses, where I got stabbed. You know he was there when they threw me out.

“He also helped with my paper work that was very important to me. He got my housing benefit and then I could get a bed and breakfast through my housing benefit”

How did he improve the quality of your life?

He put me on the right track. He wouldn’t let it lie, he would say “why aren’t you going to a bit of counselling, coz you’re not stupid, you can do this” There are a lot of things I can do, I just need the skills to do them with. I just need to be pointed in the right direction and I think [the MPC] did most of that. I owe him a lot. Cos I think if it was not for him, I would still be on that corner f***ing growling at people you know and getting into trouble.

Now look at me...I’ve just completed my treatment for Hep C, am sticking to my script. And it is nice for me here [in girls friend’s flat]. I am in love with her and we are getting married in the summer. I want to get back to work now, as it has been a long time since I worked.

Do you see you are a success story?

Yes I do, but it did take time, and boy [the MPC] worked hard on me!

One of the dichotomies of the MPP is that although the women refer their male partners to the MPC in order for them to receive similar opportunities as themselves, increased stability and positive outcomes for the man ahead of similar outcomes for the woman inevitably changes the relationship dynamics and this is not always perceived as positive. For example as the MPC explains: “if a male partner gets scripted and gets clean, to then lead a less chaotic life, how will the couple get money and drugs if she isn’t as ready as he is to make changes? It is not all hunky dory and raises other issues that were not there”. So, it may be that the MPP’s role can pose more of a threat to the women than a positive change.

Discussions with some of the Open Doors female clients demonstrates times when the influence of the MPC caused concern and even additional disruption in their lives. However, it is possible to look back in a more positive light.

“I was really angry, and not happy at the time. Him going off, and going into another relationship and now he has got full custody of my son. But I am in a better place now, and these things happened for a good reason. [The MPC] played a big part in his life. He supported him through rehab and in the courts. I was against him having my son, but that was a part of my life where I recognise I was selfish. I can honestly say he has done me proud, and I know my son has a better life with him. I am happy with the progress that Y has made and am glad I introduced him to [the MPC].”

SSW2

It has also been observed that the MPC can work more effectively with the men, who are often quick to engage with services and statistically (in terms of the OD service) more likely to stabilise their lives more readily than the women do. This is understandable considering the working life of SSW where the potential abuse and subsequent mental and physical health issues that are associated with

this lifestyle can make it more difficult for them to break the cycle.

“Like I didn’t really engage, but Z would. He would get up and go to his appointments, and like I wouldn’t; I was too tired and was working all night. He wasn’t working - he would just lie in bed. So, he could just get up and cross the road and meet him. At the beginning I did think they were helping him more than me. [He] complied and did a lot of things behind my back. He may have been trying to get a place of his own behind my back. But it is all confidential innit, nothing to do with me...But at the end of the day they know we are both a couple, and they understand that, and they want to help us as a couple, it is not like just help you.”

SSW1

In the previous section the difficulties of quantifying how the MPP has impacted on the lives of the women were explained. Nonetheless it is intuitively persuasive to suggest that if the men’s general health and quality of life improves the more likely this will have a positive effect on the lives of the women. From a health perspective the role of MPC has helped the women in early intervention of communicable infections as highlighted by one service provider:

“Bottom line is they are not bouncing diseases back between the two of them. There is no point in treating a woman if she has a MP who is not being treated... So on that level it is critically important that the men get treated.”

TB Case Worker

More often than not the women expressed that the role of the MPC has relieved them of additional stress and burden in their life, whether it is the threat of losing their accommodation from secretly letting their partner sleep there too, or benefits being shared for two people, or just to know someone else is there to help.

“It relieves the pressure...if it wasn’t for [the MPC] I wouldn’t be able to help him [male partner] as much, as now I need to help my mother too.”

SSW4

CONCLUSIONS AND RECOMMENDATIONS

The Male Partner Project follows a unique approach in delivering assertive outreach services to the male partners and associates of SSW and is unique within the UK. The needs of these men are multiple and complex, and include acute health problems which go undetected thereby highlighting an area of high unmet need and substantial public health impact. The male partners characterise a hard to reach, vulnerable group of men. The majority are prolific offenders and drug and/or alcohol dependent. They share similar health needs and chaotic lifestyles as their female partners, and due to their social exclusion they rarely access or engage in health services. The MPP is an innovative and bold service that has recognised that this group of men are more than just ‘pimps’. They not only have equal rights to accessing social and health services but play a significant role in influencing the lives and health outcomes of their female partners.

This evaluation has assessed the effectiveness of the MPP in engaging with male partners of SSW to increase their access to clinical treatment and social services. It shows how by working with these men the engagement and retention of their female partners with Open Doors services has improved. The findings from this study are based on interviews with the male beneficiaries of the project, street sex workers and service providers as well as a review of the MPP service data. Although these samples are small, it is believed from the quality of data collected and further observations made that the following conclusions can be drawn.

Recognising the relationship

It is well documented that within the drug treatment field (like the prevention field) emphasis has been placed on the individual rather than the individual in a social context. It particularly excludes the complexities that interpersonal dynamics play among drug using couples¹³. The MPP has succeeded in providing an additional tool for Open Doors to exclusively address the needs of the male partners of SSW. By acknowledging the relationship, and working with both individuals in the couple, and where possible providing the opportunity for joint case management, the MPP has benefitted Open Doors and the women, by increasing the likelihood of both parties engagement with services and hence improving the overall quality of their lives.

Located within a health service

Locating the project within the Health Service as part of the Open Doors team means that the MPC can gain access to this hidden population through the female clients who refer their male partners. This location of service also enables the MPC to be client needs led (rather than criminal justice or drug treatment outcome defined) thereby enabling the MPC to assess and address the complex needs of these men. Utilising specific service level agreements that ensure fast track access, the MPP does this rapidly and effectively, thereby stabilising chaotic life-styles quickly enough for individuals to feel the personal benefit of ‘quick wins’. Individuals can then successfully be retained in services. The MPP has developed and enhanced these pathways and through collaborative work with other agencies has also

¹³ See references: Simmons 2006, Cavacuiti, 2004, Farrell, 1999 and Fals Stewart et al 2009.

enhanced the continuity of care for this client group in their transition from acute to community based services.

Special skills of the MPC

The post of the MPC has taken enormous energy, commitment and time to set up and has included the development of long lasting and trusting relationships with a hard to reach population. The results of the MPP have shown that maintaining continuity and consistency is crucial for these vulnerable men who can very easily return to the margins if their motivation to engage with services is not seized. The male partners have responded well to the continuity of regular follow-up by one person (the MPC) who has been an invaluable resource to guide them through a complex health and social welfare system. This focused support has helped enable the men to set goals, given structure to their lives and helped in the development of problem solving skills.

Wider social and health benefits

The work of the MPP has been catalytic in benefitting other services' performance and producing positive health outcomes. In general the health of sex workers and their male partners is poor, and in particular they represent a high-risk group for communicable infections. The MPC has played a key role in facilitating early intervention into treatment and care. This has improved well being and health outcomes for the individual and made a significant impact on the cost implications of this cohort needing acute care treatment for otherwise preventable conditions. The MPC has also shown positive effects on reducing criminal offences among this group, as well as providing an opportunities to address previous offending and anti-social behaviour.

Potential for growth

The evaluation demonstrates the importance and wider benefits of health commissioners and service providers investing in and exploring innovative and client centred approaches that identify, engage and retain this hard to reach group. This is important if public health services are to address the health and social exclusion issues faced by sex workers and their partners.

The MPP model has also illustrated the potential for adopting this outreach approach to address the needs of similar groups of men in other areas of the country, as well as duplicating this model to include working with other men who are not necessarily the partners of sex workers, but who are closely associated within this street based network. By building on pre-existing collaborative work with key services and other outreach workers, the MPC is in a good position to extend the effectiveness of this post.

Overall, the work of the MPC has improved quality of life for the men he has reached by providing a responsive and reliable service, engaging with them and giving them the support and motivation they need to retain stability in their lives. The MPP has successfully created a service that de-stigmatises this cohort and demonstrates that like any other individual in need of care and support they too are entitled to services.

“Hello [MPC] its M. I’m sorry for the letdowns. As you know, I’m out here stealing, but you know what? I really want a script as quickly as possible as L is pregnant. She’s on a script, I

want a script. I think we can make a go of this. Have faith in me. Please ring me back to arrange a meeting. Can you give me one last chance? I'll meet you, I promise you. I need to get myself together, I need to get a script as soon as possible before I get arrested myself. Please God don't let that happen. I need you to advise me the best way around this. I need some help. I definitely need some help."

MP (recorded telephone message 2009)

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ANNEX

Table 3: The main service and health outcomes of SSW whose male partners engaged with MPP

Main outcomes	Total women (n=33)	
	N	%
Still engaged with OD	20	61
Still in relationship	12	36
Maintained housing	16	48
Maintained social benefits	10	30
Maintained drug treatment	6	18
Attends health / SH appointments	11	33
Stopped sex working	4	12
Stopped using drugs	1	3