



**'Pathways to Exit' Program  
Evaluation Report  
Phase Three  
1 March 2012- 30 June 2013**



A Program of Inner South Community Health Service,  
funded by Consumer Affairs Victoria

**July 2013**

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ISCHS would like to thank and acknowledge the generous contribution of PTE service users who provided thoughtful, detailed and informative feedback on the PTE program. We would also like to thank members of the PTE Advisory Committee who provided robust and critical feedback on the strengths and suggested improvements to the program. ISCHS would like to acknowledge the PTE case managers whose high quality work is reflected in this evaluation and who also provided thoughtful and frank feedback on the benefits, key learning's and future opportunities for the program.

A number of staff also contributed to the qualitative and quantitative data presented in the evaluation report – Suzi Hayes, Fatma Abdulhussain Al Haddad, Jen Ingliss, Madelaine Bruniges, Michelle O'Neill, Kris Lake, Emily Gillespie and Rachel Shankland. We thank them all for their hard work and appreciate their commitment to provide the high quality data which is included in this report.

Dr. Lee FitzRoy  
Program Manager  
RhED and Complex Care

# 1. Executive summary

The Pathways to Exit program, funded by Consumer Affairs Victoria, is a case management program supporting sex workers who are seeking to transition out of the Victorian sex industry. The program commenced in February 2010 and was previously evaluated in 2011 and 2012.

This report presents qualitative and quantitative data which reflects activities and outcomes achieved during the Third Phase of the program (1 March 2012 to 30 June 2013). The data was gained from a range of sources including clients, key stakeholders, electronic client data systems and PTE case managers. This report describes services delivered and analyses the key outcomes achieved.

The evaluation demonstrates a number of positive outcomes for clients including reduced hours or their direct work providing sexual services, increasing their participation in other paid work, some of which may still in the sex industry, increasing their opportunities for future employment through engagement with training programs and educational courses and commencing volunteer work. As evidenced through the feedback from clients, case managers and community workers, these key outcomes are attributable to the PTE program service model, case management approach and available financial resources.

Participants all commented on the high level of support provided by the PTE program which enabled clients to realistically identify the complex and detailed issues that may have lead them to commence work in the sex industry and that may exist as barriers negatively impacting on participant's transition out of the sex industry. They also noted the importance of a flexible, timely, individually tailored and innovative case management program that is able to respond to the diverse and changing needs of people working in the sex industry who are seeking to transition into other forms of employment. This approach enables a nuanced and detailed understanding of both the journey into, and the journey out, of the sex industry. In addition, it enables a more complex understanding of 'success' and the time required to achieve both small and big successes.

Key improvements include the development of pre- program support for workers interested in engaging with the program and once they exit PTE. In addition is the need to explore opportunities to provide support services to sex workers who may not have Australian citizenship. The evaluation also highlights current gaps in the clients who are accessing the program and raises questions as to how effectively the PTE program is engaging with other sub-population groups within the sex work community including migrant and multi-cultural workers, men, trans\* women and men and sex workers living in rural and regional areas in Victoria.

## 2. Introduction

Sex workers in Victoria are a culturally diverse and highly mobile group, whose work spans the regulated and unregulated sex industry. People chose to work in the industry for a number of different reasons that change over time and which are influenced by changes to their life circumstances. Consequently, workers' choices to fully exit or transition out of the sex industry are diverse and influenced by a range of complex issues. This context informs the work and outcomes of the Pathways to Exit program.

The Pathways to Exit (PTE) program was established as a state-wide pilot program in February 2010 by Inner South Community Health Service (ISCHS) through its Resourcing Health and Education in the Sex Industry service (RhED) program with funding from Consumer Affairs Victoria (CAV).

PTE is a case management program supporting sex workers who would like to explore alternative work and training opportunities outside the sex industry. The Pathways program was initially funded as a twelve month pilot however this was extended to two years until February 2012 and then

extended another sixteen months until June 2013. This evaluation report has been prepared at the end of the third phase (June 2013). In May 2013, ISCHS was informed that CAV would provide funding for an additional Fourth Phase from 1 July 2013 – 30 June 2014.

During Phase Three (1 March 2012 – 30 June 2013), PTE worked with **80** clients. From the program commencement in February 2010 until 30 June 2013, PTE has provided case management services to a total of **112** clients<sup>1</sup>.

PTE is overseen by an Advisory Committee consisting of representatives from the community sector (including partner agencies), local and State government and ISCHS including PTE staff members (Attachment D).

Phases One and Two were evaluated by Resolve Community Consulting (2011, 2012). The funding allocation for Phase Three of the PTE program did not include funding for an external evaluation. Therefore, Phase Three has been evaluated internally by ISCHS, however the client interviews and analysis was completed by Suzie Hayes, an external researcher and the staff interviews were completed by Fatma Abdulhussain Al Haddad, a student completing her Honours year in Public Health at Monash University. In addition quantitative client data has been collected from the PTE and Department of Health TRAK electronic client data systems and ISCHS quarterly reports to Consumer Affairs Victoria (CAV).

The report details the PTE evaluation methodology (Section 3) and briefly describes the PTE program and service model (Section 4). Section 5 presents key findings from previous evaluations of Phases One and Two, followed by the key program deliverables (Section 6).

The program data is presented in different sections. First is the quantitative program data (Section 7) followed by results of the qualitative interviews with service users, including two service user case studies (Section 8). Second is a short discussion of the key themes from interviews with three case managers (Section 9), followed by a brief discussion on key themes arising from the focus group discussion with members of the PTE Advisory Committee (Section 10). The final section analyses the data and presents findings as to whether PTE has met its program objectives (Section 11).

The report provides an analysis of the effectiveness of the program against the program objectives; reflects on learnings from the past three years of PTE; and makes recommendations for future activities.

### 3. Evaluation Methodology

The aims of the Pathways to Exit Evaluation are:

1. to demonstrate the effectiveness of the service model for meeting the needs of sex workers who wish to transition out of sex work; and
2. to provide evidence to government and funding bodies of the outcomes of the pilot program to achieve a sustainable program in the future.

The PTE Evaluation Framework established the aims of the evaluation and included the evaluation objectives, methodology and measures (See Attachments A & B). Evaluation methods included:

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<sup>1</sup> The Department of Health (DoH) TRAK database identifies that over the full period of the program, PTE has worked with 142 registered clients. Some clients were registered and had been assessed by a PTE case manager but due to the selection criteria, were not appropriate to commence with the program. Other clients were assessed and received case management services from different case managers over the three year period. Other clients had been discharged or left the program and re-engaged with different PTE case managers. This resulted in a disparity between the number of registered clients who engaged with the PTE program and the number of clients who received intensive case management services.

- analysis of quantitative program data – including case management and referral data and data on use of flexible funds
- analysis of qualitative data including interviews with seven past and current PTE service users
- three staff interviews
- a focus group discussion with Advisory Committee members (May 2013) (See Attachment F), and
- Critical analysis of program outcomes against program objectives

### **Limitations of the methodology**

A key challenge when evaluating the PTE program is seeking to measure outcomes of a holistic program that is working with complex service users within a sixteen month period. The program is focused on the achievement of individual goals and the actual goals and timelines vary between different service users. There are a range of personal issues and disadvantages experienced by people who work in the sex industry and that may negatively influence their choices and opportunities to exit the industry. Therefore definitions of 'exiting' and 'success' itself, may need to be measured in small incremental steps. This is an issue which reflects the challenges facing a program supporting people to transition out of the sex industry, rather than a limitation of the evaluation methodology; however it does affect the measuring of tangible program outcomes. The collection and analysis of qualitative feedback seeks to overcome this issue by providing additional information about the lives and experiences of people who participated in the program.

## **4. Overview of the PTE Program**

### **Aim**

To support sex workers who wish to transition out of sex work to find and secure alternative employment.

### **Objectives**

- be informed by an understanding of the sex industry and the particular needs of sex workers as well as the employment market, education, training, and community services sectors;
- assist workers to gain access to better employment options by recognising their prior learning and transferable skills, and improving their employability through the development of additional skills and attributes;
- provide active case management support for workers to help them access appropriate services, with case management tailored to the specific needs of each individual worker;
- build linkages and referral pathways for sex workers to programs and services delivered by government agencies, education and training institutions and community organisations, in areas such as education and training, employment services, health and mental health services, housing, legal and financial services;
- provide ongoing mentoring and support to sex workers to seek and maintain employment in occupations outside the sex industry;
- provide for an emergency fund for short-term limited assistance to high-needs program participants where existing services are unable to meet specific needs, for example, for items such as emergency accommodation, transport, winter clothing and so on.
- provide service users with access to ISCHS existing health and wellbeing services, as appropriate to the needs of each service user;
- sub-contract Taskforce Community Agency to provide tailored employability support alongside ISCHS case management services, including vocational assessment, career planning, personal development, preparation of resumes, job search and work placement;

- where appropriate, engage service users in one of the four streams within Job Services Australia, or other Federal or State funded employment programs such as Disability Employment Network;
- engage an appropriately qualified, independent organisation to conduct a program evaluation at the conclusion of the program

(Source: Funding Agreement between Consumer Affairs Victoria and ISCHS 2009: 14).

The original program identified three possible stages.

**Stage 1: Engagement and Stability** - Case management by PTE including, but not limited to engagement and building trust, housing, health (including mental health and A&D) issues, legal issues, personal development, family relationships, income support, managing debt.

**Stage 2: Employment 101** - Employability support from Taskforce Community Agency in conjunction with ongoing case management support from PTE.

**Stage 3: Work experience, job seeking and/or training** – Referral by PTE to Job Services Australia or other appropriate Federal or State funded employment services with appropriate follow up (when required) by PTE staff; or enrolment in an educational and training institution (Original ISCHS submission to CAV 2009).

### **Staffing**

The PTE program is provided by three case managers: two full time and one working 0.1 EFT (7.6 hours per fortnight).

### **Financial assistance**

Access to, and use of, flexible funds, including emergency and brokerage funds are an essential part of the PTE model.

### **Emergency Fund**

The emergency fund enables an immediate response to a crisis or emergency that cannot be provided by the existing service system, including access to crisis housing, medication and emergency clothing / food / personal items.

Sixteen clients accessed the Emergency Fund between 1 March 2012 and 30 June 2013. A total of \$3,454.85 was spent, with an average of \$215 per client. This fund was used to purchase food, medication, emergency housing, travel cards, clothes and toiletries. The highest expenditure was \$681.82 for emergency housing

### **Brokerage Fund**

A total of \$13,428.31 was spent from the Brokerage Fund between 1 March 2012 and 30 June 2013. 20 clients accessed the fund and the average expenditure was \$671. The most expensive activity was an educational course: \$595, followed by Taskforce employment services for ten clients, immigration and police checks, driving lessons, licencing requirements and furniture.



## 5. Key findings from previous evaluations of Phases One and Two

The previous evaluations of Phases One and Two concluded that the program had successfully achieved its objectives and was contributing to positive outcomes for service users. The evaluation also concluded that, based on service user feedback, the outcomes were sustained among service users who had been discharged.

The evaluations also demonstrated that the time it takes for service users to progress through different transition stages varies for each individual service user and depends on their individual skills, career and education pathways and goals as well as other social, familial, personal and financial issues. Many service users reported dealing with long term issues and were seeking to change a range of behaviours including drug use; non regular work habits; spending habits; difficulties managing housing and budgets; in addition to the challenges of working in and/or exiting the sex industry. The data demonstrated that progress was being made and the pace of the program and range of supports and links to employment and training services was meeting the needs of service users. The evaluations concluded that key strengths of the PTE service model included its flexibility, case management approach, and access to flexible funds, which enabled service users to take time and have additional resources to assist them to achieve their goals.

## 6. Key Deliverables

Figure 1. Pathways to Exit Evaluation Objectives and Program Outcomes

<b>Objective 1</b>
Provide holistic active individually tailored case management support to help service users access appropriate services and to provide ongoing mentoring and support in seeking and maintaining employment in occupations outside the sex industry
<b>Objective 2</b>
Utilise the emergency fund for short-term limited assistance to high-needs service users where existing services are unable to meet specific needs.
<b>Objective 3</b>
Build linkages and referral pathways for service users to services such as education and training, employment, health and mental health, housing, legal and financial services as well as facilitating access to ISCHS health and wellbeing services, and the services of program partners SHM and GSY&FS, as appropriate to the needs of each service user.
<b>Objective 4</b>
Assist service users to access employment options by recognising their prior learning and transferable skills; through the development of additional skills and attributes; and through engaging Taskforce Community Agency to provide tailored employability support, including vocational assessment, career planning, personal development, preparation of resumes, job search and work placement (Stage 2).
<b>Objective 5</b>
Where appropriate, engage service users in one of the four streams within Job Services Australia, or other Federal or State funded employment programs such as Disability Employment Network (stage 3).

Figure 2. Phase Three PTE Program Deliverables and Key Performance Indicators

Phase Three (March 2012 to June 2013)	
Program Deliverables	Key Performance Indicators
<p><b>Continue provision of employability services to Clients</b>            Extend the agreement with Taskforce Community Agency to allow the continuation of employability services to Clients.  <i>Due Date:</i> Ongoing</p>	<p>Provision of employability services by Taskforce Community Agency to Clients continues uninterrupted for the duration of the Program.  <b>Status: Delivered</b></p>
<p><b>Maintain Case Managers</b>            Ensure staffing of 2.1 EFT (3 case managers) is maintained throughout the course of Phase Three.  <i>Due Date:</i> 30 June 2013</p>	<p>Case management services are continuously available to Clients.  <b>Status: Delivered</b></p>
<p><b>Service Delivery</b>            Provide Case Management Services to a minimum of 60 clients as outlined in the <i>Overview of Program Delivery</i> above.  <i>Due Date:</i> 30 June 2013</p>	<p>At least 60 clients will have received support through the Program during Phase Three as evidenced by data captured and the Program evaluation.  <b>Status: Achieved</b></p>
<p><b>Progress Reports</b>            Progress Reports to CAV as detailed in the Reporting section of this Schedule.</p>	<p>Progress reports</p> <ul style="list-style-type: none"> <li>• Submitted every three months</li> <li>• Contain sufficient information to enable CAV to make judgements on the progress of the Program.</li> </ul> <p><b>Status: Delivered</b></p>
<p><b>Final Report</b>            A Final report on the Program to CAV as detailed in the Reporting section of this Schedule.  <i>Due Date:</i> 16 July 2013</p>	<p>Acceptance by CAV of the Final report to be submitted to CAV by 16 July 2013.  <b>Status: Delivered</b></p>

(Source: CAV (2012) 'PTE Variation of Agreement' January).

## 6. Client Quantitative Data

The following quantitative data is based on the **80** clients who received a case management service during Phase Three, from 1 March 2012 – 30 June 2013. Some clients had previously received services during Phase Two and will carry over into Phase Four (1 July 2013 – 30 June 2014)

### Summary

- 73 clients were referred to the program, the majority of which were for people aged 25-44 years (71%).
- Of the 73, 56% (45) clients were self-referred.
- Of the 30 clients referred to PTE from an organisation, 90% (27) were referred by the RhED team.
- Of the 80 clients, 69% (55) clients were aged between 25 – 44 years.
- 92% (74) clients were women. 6 (7.5%) clients identified as trans\*<sup>2</sup> female. There were no male or trans\* male clients during this phase.
- 71% (57) clients were Anglo Australian, 10% (8) were from New Zealand and 16% (13) clients were from other ethnic groups.
- 67% (54) clients were single and 32% (26) clients were in a relationship.
- 59% (47) of clients did not have children while 40% (32) clients did have children.
- At the commencement of the PTE program, 45% (36) were using sex work as their primary income, followed by 32% (26) who were using a combination of sex work and Centrelink payments.
- PTE clients were primarily living in the Melbourne metropolitan area with 32.5% (26) living in the inner southern suburbs and 17.5% (14) were living in the eastern suburbs.
- 74% (59) clients were in private rental with 9% (7) in public housing and 6% (5) clients owned their own home.
- 76% (61) clients were working as brothel, escort or private sex workers. 20% (16) were engaging in street sex work and 4% (3) clients were working across a number of settings.
- 71% (57) clients had been working in the sex industry for three to five years or more.
- 42% (34) clients were doing 1 -20 hours and 17% (14) clients were doing 21 – 30 hours of sex work per week when they joined the PTE program.
- 59% (47) clients disclosed that they had experienced mental health issues and 42% reported that they had used drugs or alcohol.
- 35% (28) did not report any health or mental health issues and 57% (46) clients did not report any drug use.
- 31% (25) clients had commenced a course at TAFE, 20% (16) had commenced a course at university and 16% (13) had not completed high school.
- 69% (55) clients did not have a criminal record while 24% (19) did have a criminal record.
- 51% (41) had family or social support, 39% (31) had limited social support and 6% (5) clients received professional support.
- 87% (70) of clients identified that their main goal was to reduce or stop working in the sex industry, 75% (50) wished to undertake education and 42% (34) sought to improve their health.

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<sup>2</sup> Trans\* refers to people whose gender identity or expression is different from that which was assigned at birth or expected of them by society, and is an umbrella term to include many experiences and expressions of gender identities: transgender, transsexual, transmale, transfemale or genderqueer.

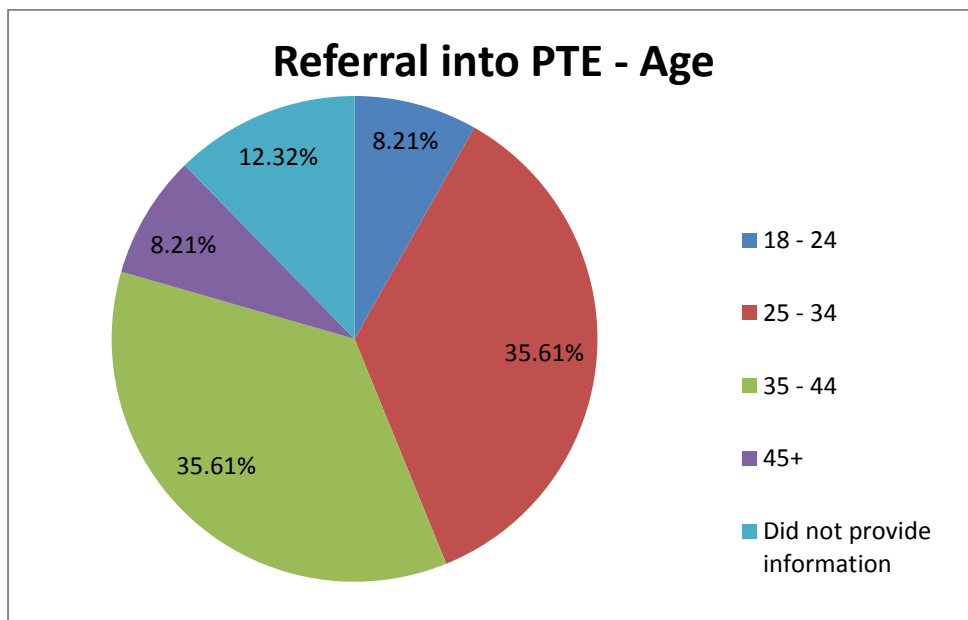
- 11% (9) clients re-engaged with the PTE program after previously leaving the program.
- 48% (25) clients were referred to external services, 27% (14) clients were referred to Taskforce and 11% (6) were referred to Sign On<sup>3</sup>.
- 52 clients were discharged from PTE after achieving their care plan goals. Of these, 60% (31) clients noted a key outcome as having received emotional support and 21% (11) had reduced or stopped working in the sex industry. 17% (9) clients had addressed mental health issues and 11% (6) clients had commenced study.
- Of the 27 active clients, 70% (19) have ceased or reduced their hours in the sex industry, 33% (9) are studying or enrolled to study and 40% (11) are currently engaged with Taskforce or Sign for Work employment services.
- Of the 80 clients who received case management services during Phase Three, 37.5% (30) have ceased or reduced their hours in the sex industry; 19% (15) are studying or enrolled to study and 92.5% (74) identified that they had received emotional support.
- Overall 112 clients have received case management services through the PTE program since commencement in February 2010 until the end of Phase Three on 30 June 2013. Of these, 38% of clients reduced or ceased sex work; 25% were engaged in study or training and 75% of clients had received emotional support.

In total **73** clients were referred to the PTE program. Some active clients were carried over from the last reporting period (Phase Two).

### 7.1 Referrals to PTE program by age

Figure 3 shows that the majority of referrals were for people aged 25-44 years (71%) or 52 clients. The smallest cohorts were in the 18 – 24 (8%) and 45 and over (8%) age groups

**Figure 3: Referrals to PTE program by age**

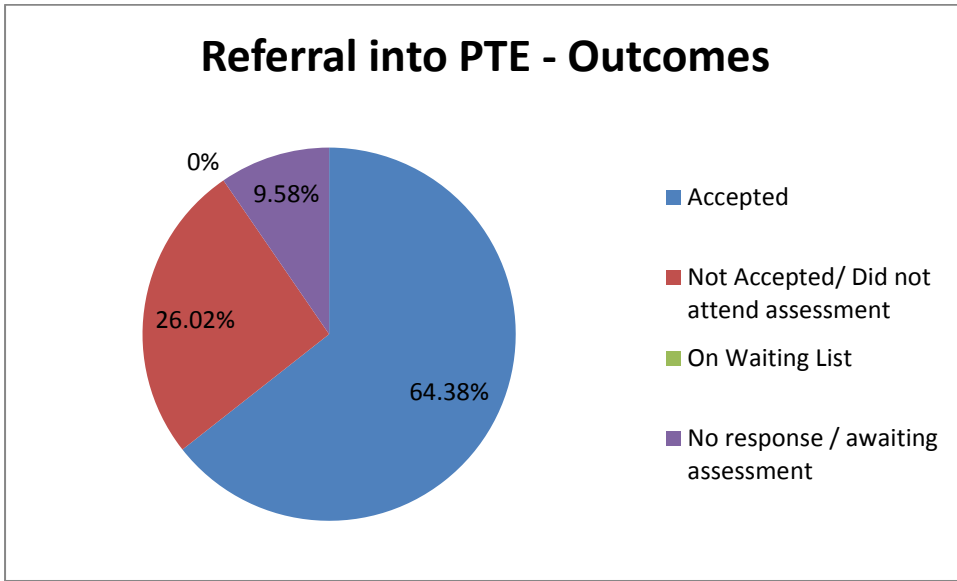


### 7.2 Referrals by outcomes

Figure 4 demonstrates that the majority of clients referred to the program were accepted (64%) or 47 clients. 26% (19 clients) were not accepted as they didn't meet the criteria or they did not attend the assessment. No clients were placed on a waiting list.

<sup>3</sup> Please note 'Sign On' changed their name to 'Sign for Work' during Phase Three.

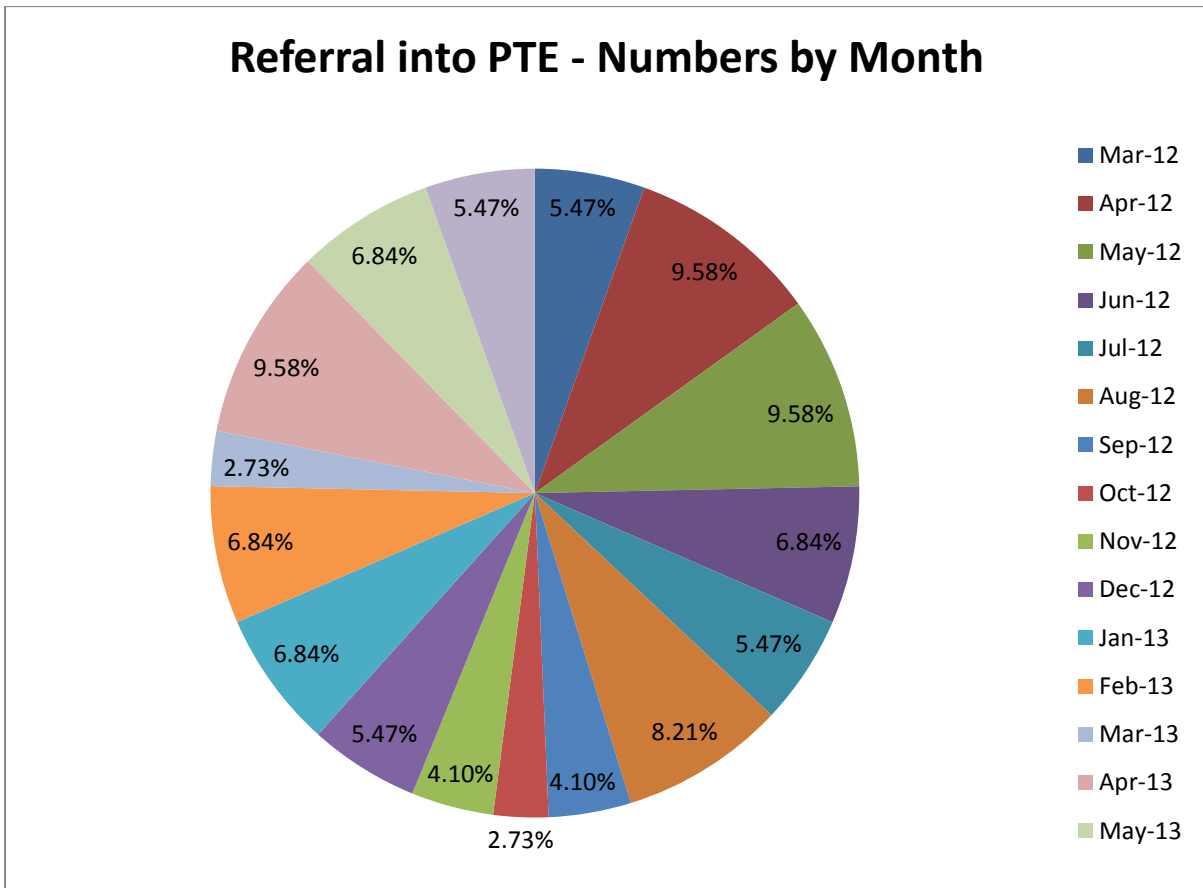
Figure 4: Referrals to PTE program by outcomes



**7.3 Referral into PTE – by month**

Figure 5 shows that the busiest months for referrals was April - June 2012 (18% or 19 clients). The quietest periods were October 2012 and March 2013 (2 clients).

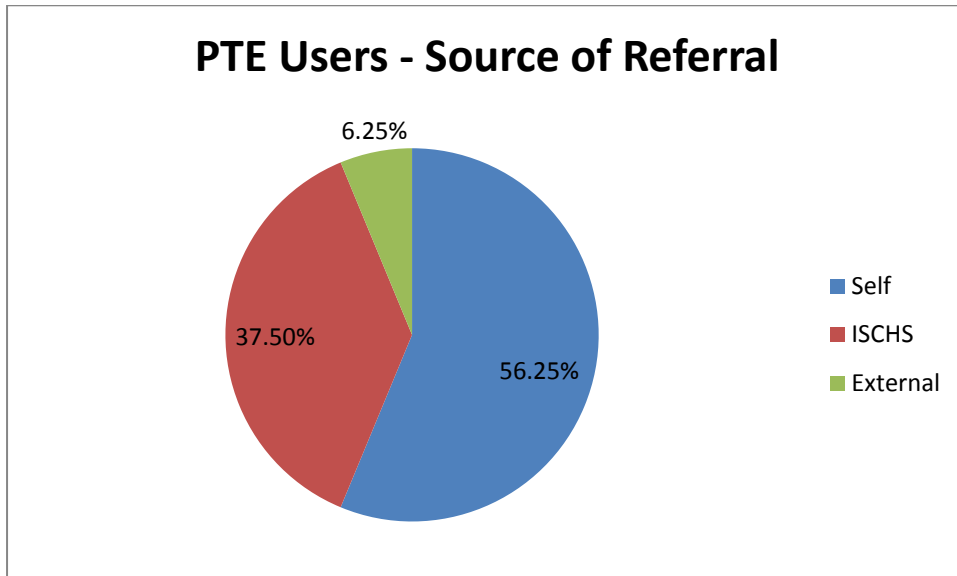
Figure 5: Referral into PTE – by month



### 7.4 Source of Referral

Of the 73 clients referred, Figure 6 demonstrates that 56% (45) clients were self-referred, 37% (30) were referred from ISCHS and 6% (5) clients were referred from external agencies.

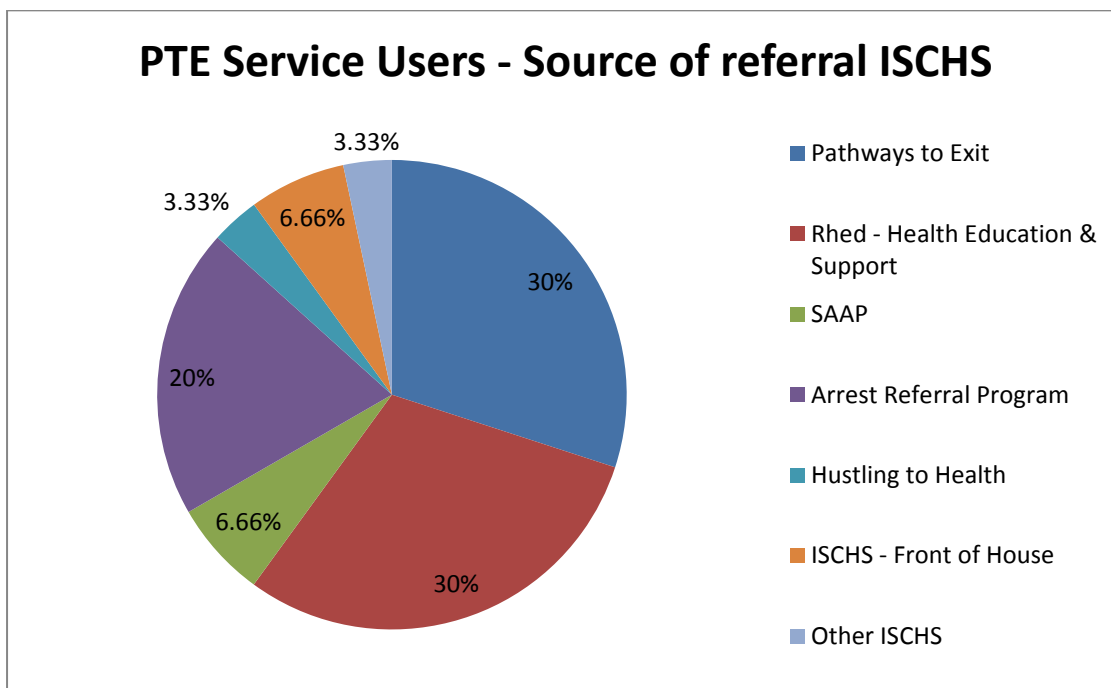
Figure 6: Source of Referral



### 7.5 ISCHS - Source of Referral

Figure 7 demonstrates that the RhED staff from the Health Education and Support, Arrest Referral, Young Women’s Support Program, Hustling to Health and PTE programs, referred 90% or 72 clients to the PTE program.

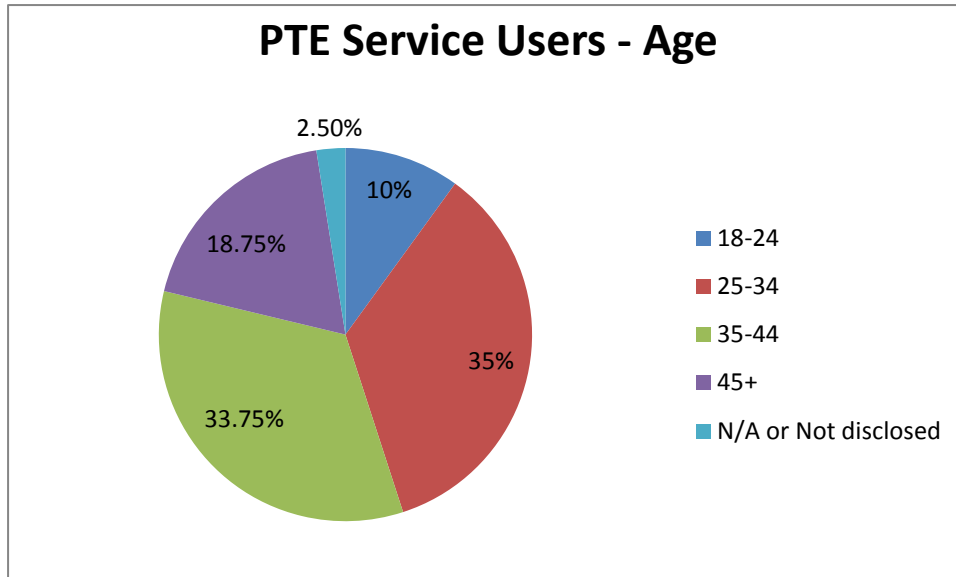
Figure 7: ISCHS - Source of Referral



### 7.6 Age

69% (55) clients were aged between 25 – 44 years. 10% (8) clients were aged between 18 – 24 years.

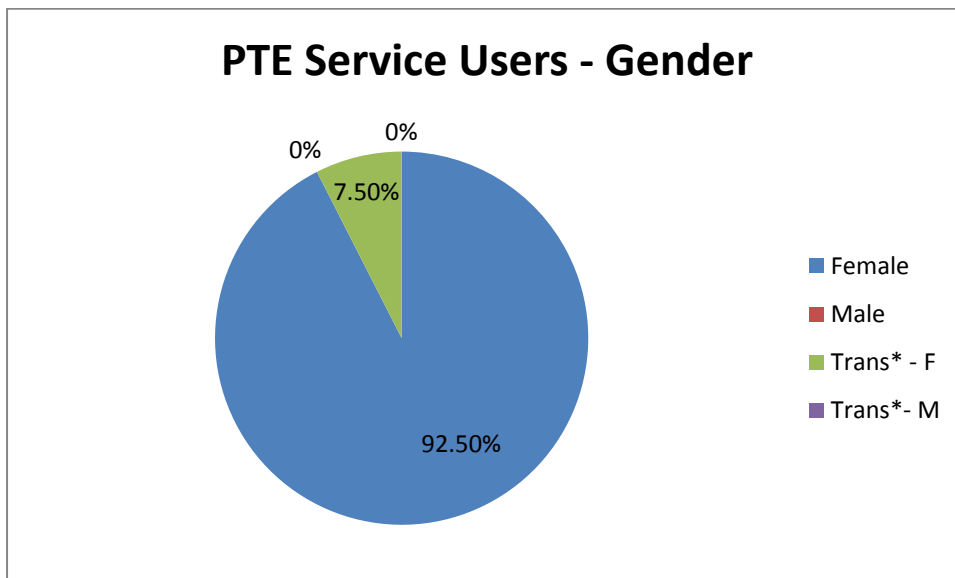
Figure 8: Age



### 7.7 Gender

As demonstrated below in Figure 9, 92% (74) clients were women. 6 (7.5%) clients identified as trans\*<sup>4</sup> female. There were no male or trans\* male clients during this phase.

Figure 9: Gender

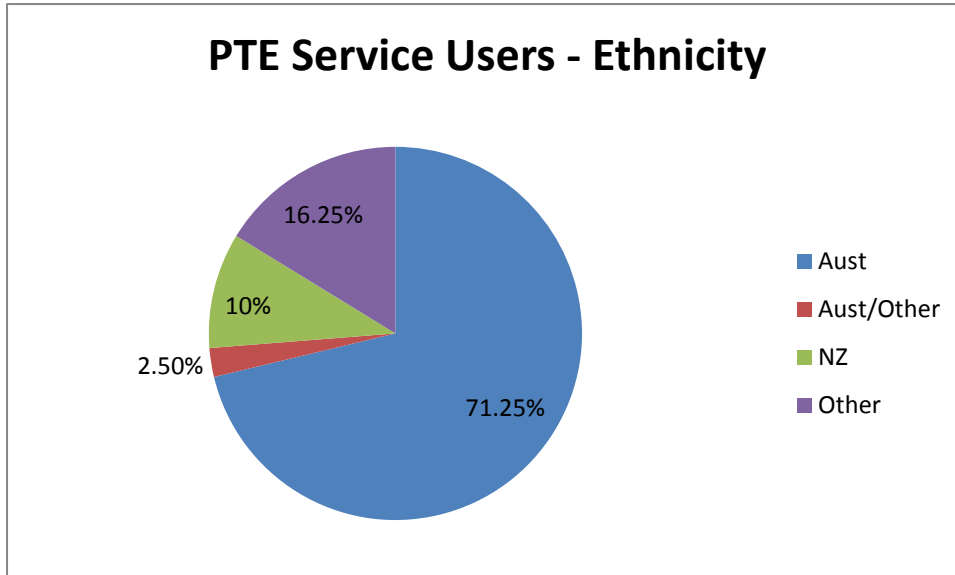


<sup>4</sup> Trans\* refers to people whose gender identity or expression is different from that which was assigned at birth or expected of them by society, and is an umbrella term to include many experiences and expressions of gender identities: transgender, transsexual, transmale, transfemale or genderqueer.

### 7.8 Ethnicity

71% (57) clients were Anglo Australian, 10% (8) were New Zealand and 16% (13) clients were from other ethnic groups including Samoan, Thai, Mauritian, Hungarian, Malaysian, Argentinian, Canadian and English.

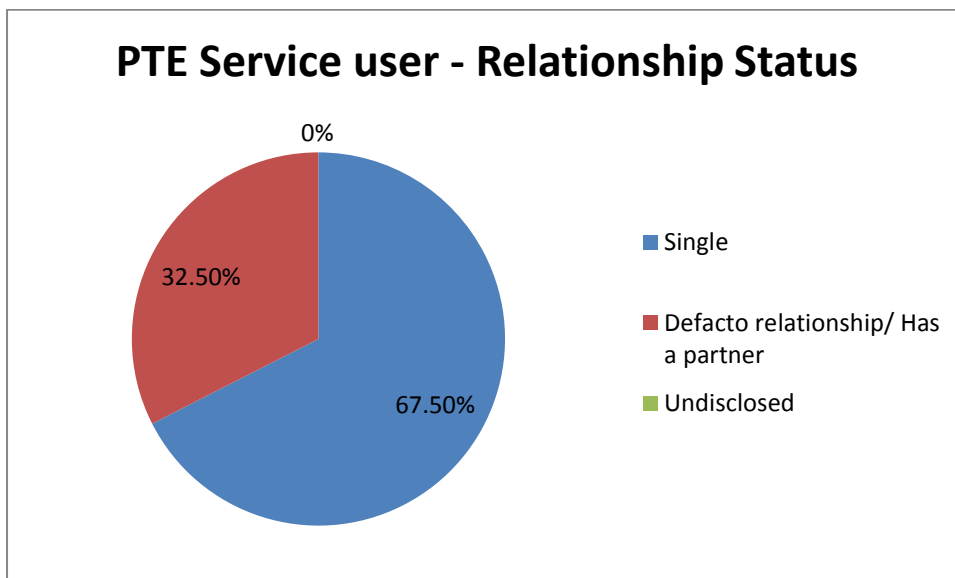
Figure 10: Ethnicity



### 7.9 Relationship Status

67% (54) clients were single and 32% (26) clients were in a relationship.

Figure 11: Relationship status

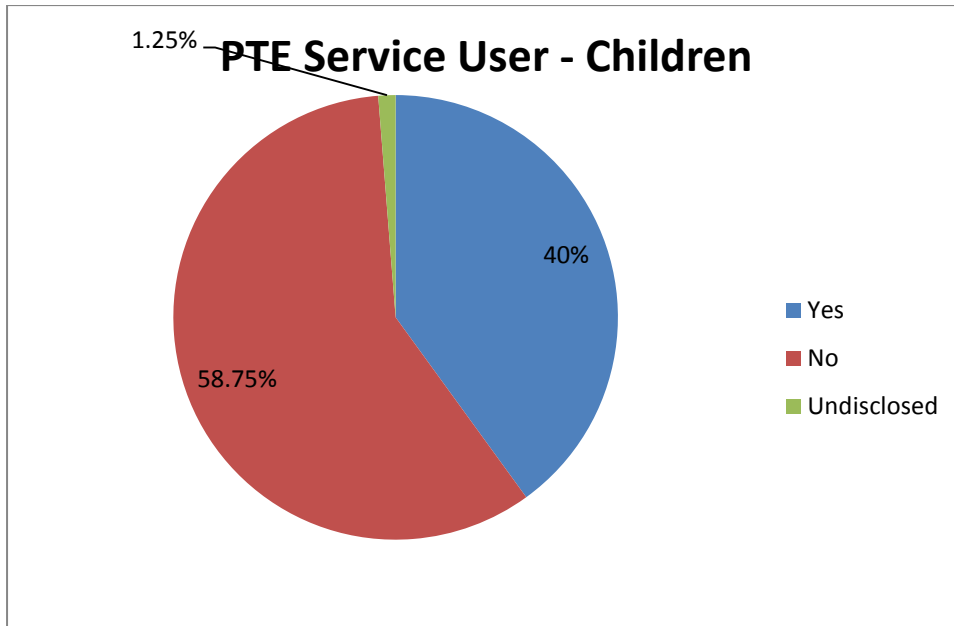


### 7.10 Children

59% (47) of clients did not have children while 40% (32) clients did. 15 clients who responded 'Yes' to the question about children disclosed that their children were not dependant or in their care. In addition, one client who had children, disclosed that her children had died.



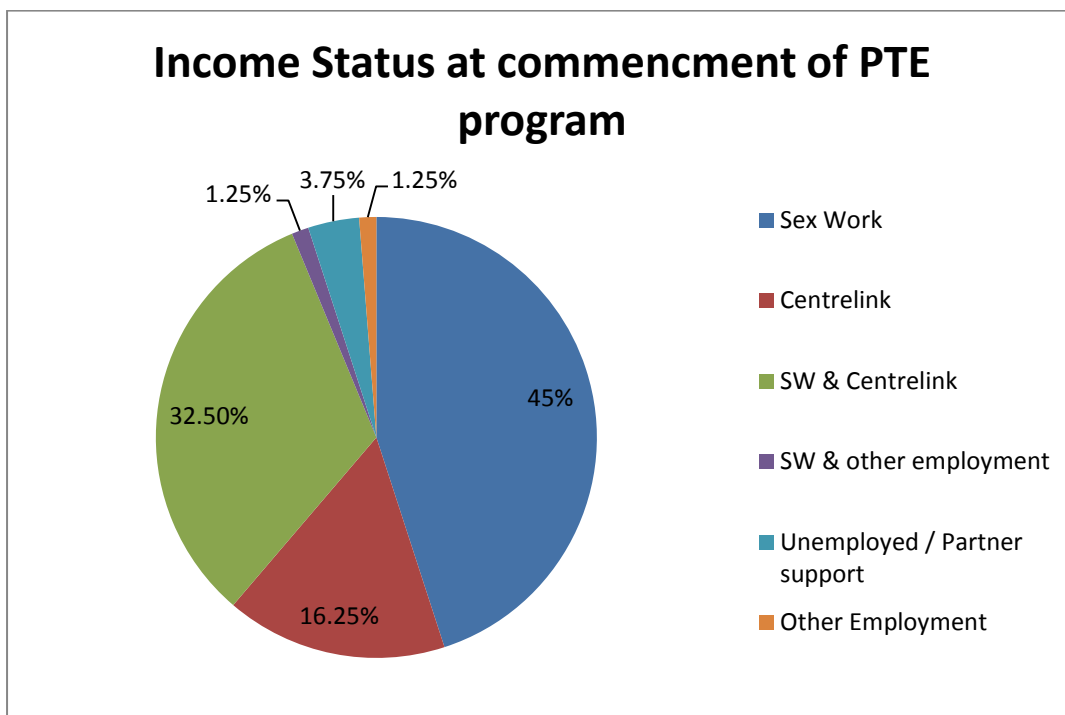
Figure 12: Children



### 7.11 Income Status at commencement of PTE program

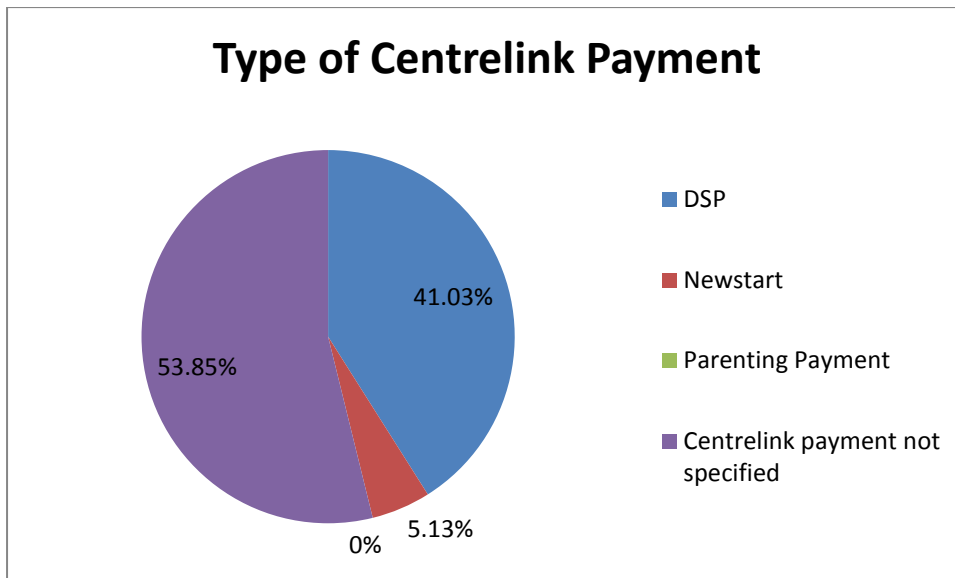
At the commencement of the PTE program, the majority of clients, 45% (36) were using sex work as their primary income, followed by 32% (26) who were using a combination of sex work and Centrelink payments.

Figure 13: Income status



### 7.12 Type of Centrelink payment

The majority of clients, 54% (21) did not specify the type of Centrelink payment they were on. 41% (16) clients were on the Disability Support Payment (DSP).

**Figure 14: Type of Centrelink payment**

### 7.13 Residential location

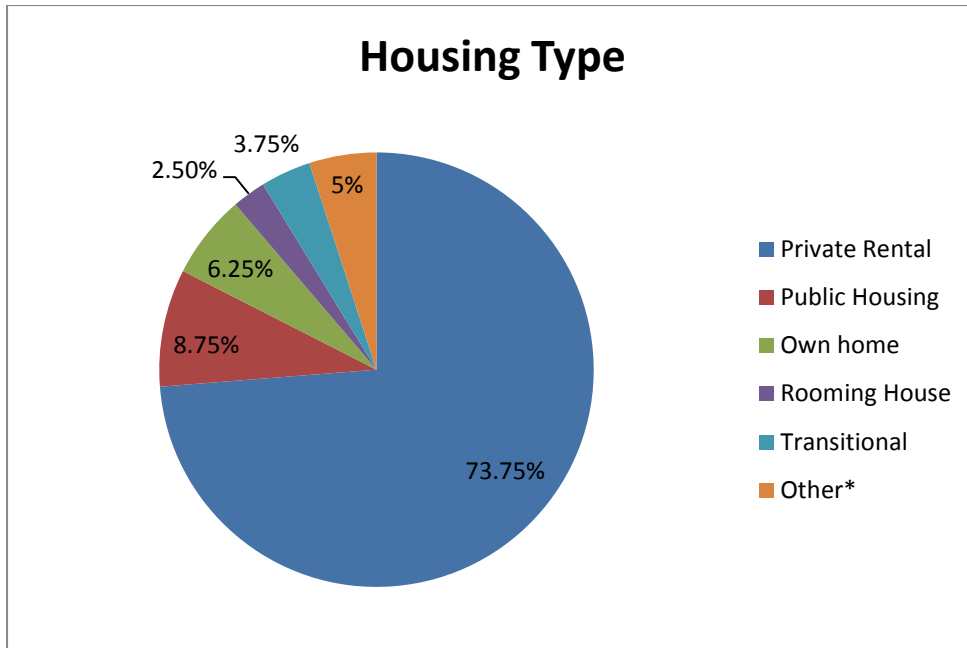
PTE clients were primarily living in the Melbourne metropolitan area with:

- 32.5% (26) living in the inner southern suburbs of for example St Kilda or Prahran
- 17.5% (14) were living in the eastern suburbs including Ferntree Gully, Mooroolbark, Ringwood and Dandenong
- 7.5% (6) were living in the CBD
- 10% (8) were living in the northern suburbs including Preston, Mill Park, Eltham or Thornbury
- 10% (8) were living in the western suburbs including Melton, Sunshine and Altona
- 7.5% (6) were living in southern suburbs including Oakleigh and Hampton
- 4% (3) lived in country Victoria, and
- 0.8% (1) was homeless.

### 7.14 Housing type

74% (59) clients were in private rental with 9% (7) in public housing and 6% (5) clients owned their own home. 'Other' included clients who nominated that they were homeless, living in a brothel or living with their parents.

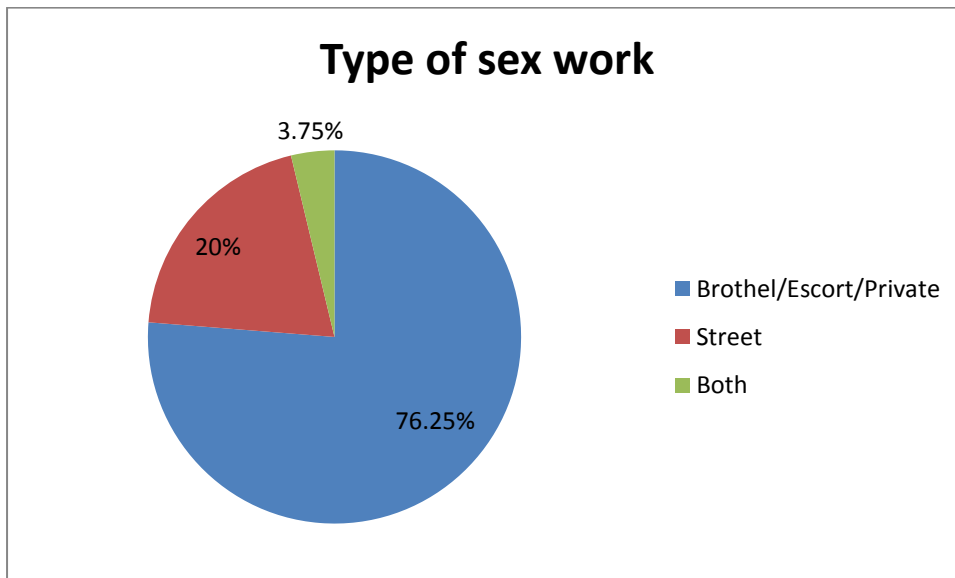
**Figure 15: Housing type**



### 7.15 Type of Sex Work

76% (61) clients were working as brothel, escort or private sex workers. 20% (16) were engaging in street sex work and 4% (3) clients were working in a range of settings.

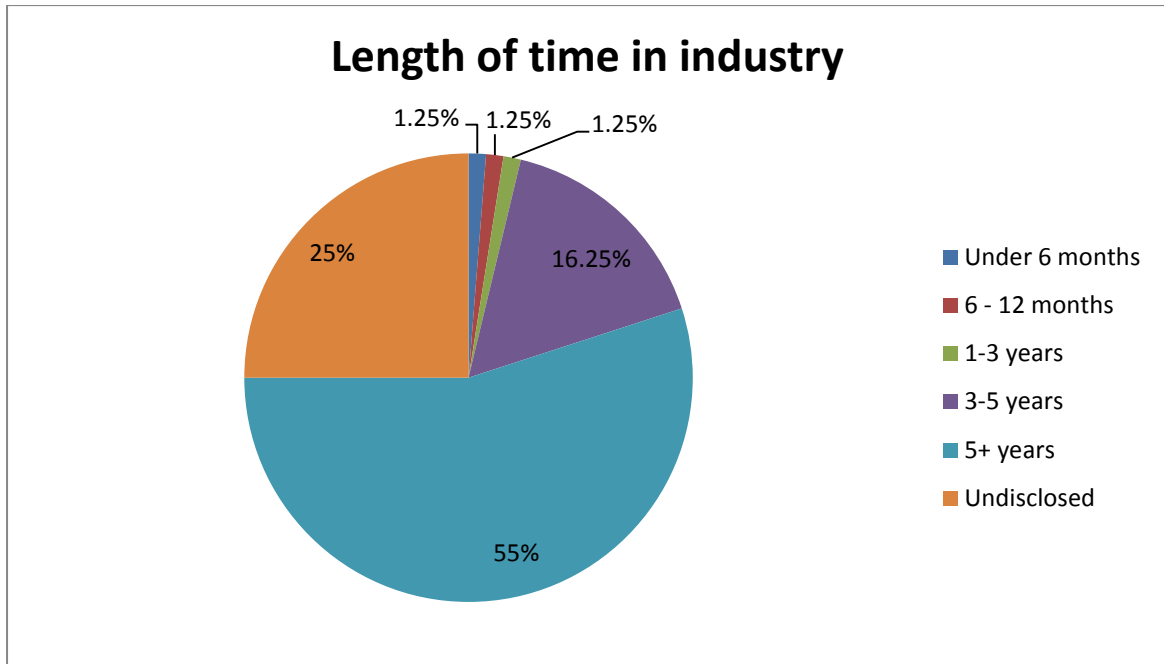
**Figure 16: Type of sex work**



### 7.16 Length of time in the Sex Industry

71% (57) clients had been working in the sex industry for three to five years or more. 25% (20) clients chose not to disclose how long they had been working in the industry.

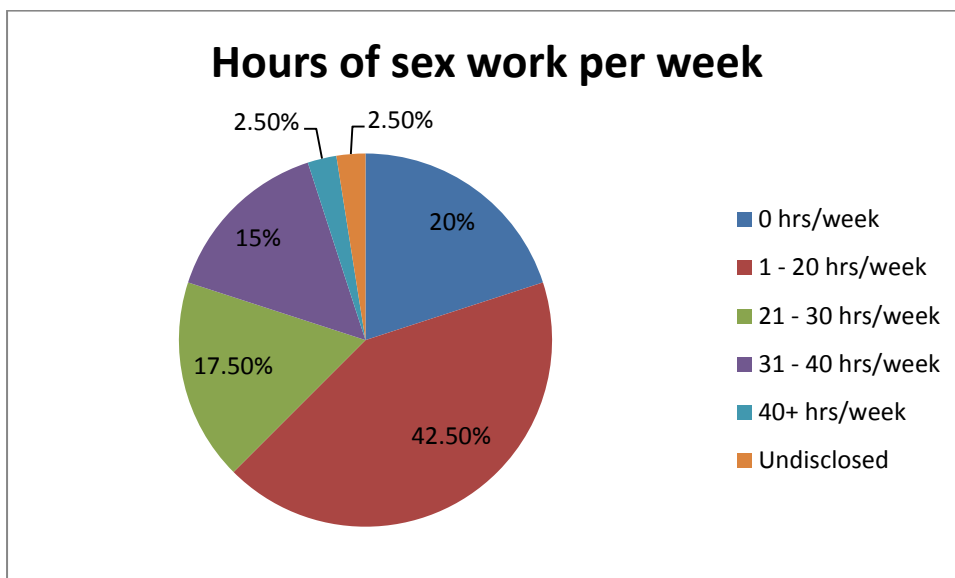
**Figure 17: Length of time in the sex industry**



**7.17 Hours of sex work per week at commencement of PTE**

42% (34) clients were doing 1 -20 hours and 17% (14) clients were doing 21 – 30 hours of sex work per week when they joined the PTE program.

**Figure 18: Hours of sex work per week at commencement of PTE**

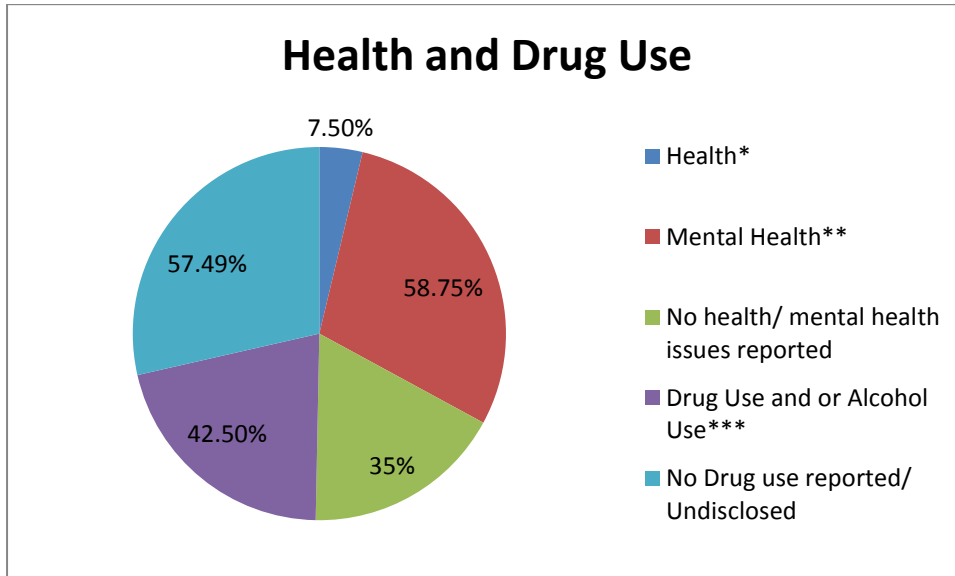


**7.18 Health issues and drug use**

As demonstrated in Figure 19, 59% (47) clients disclosed that they had experienced mental health issues including depression, anxiety, Post Traumatic Stress disorder and Bipolar disorder. 42% reported that they had used drugs or alcohol and that their drugs of choice included ice and heroin.

It is worth noting that the information provided refers to historical or current alcohol and other drug use and also includes data on clients who were accessing pharmacotherapy treatment programs. 57% (46) clients did not report any drug use and 35% (28) did not report any health or mental health issues. Please note that clients may have identified one or more issues.

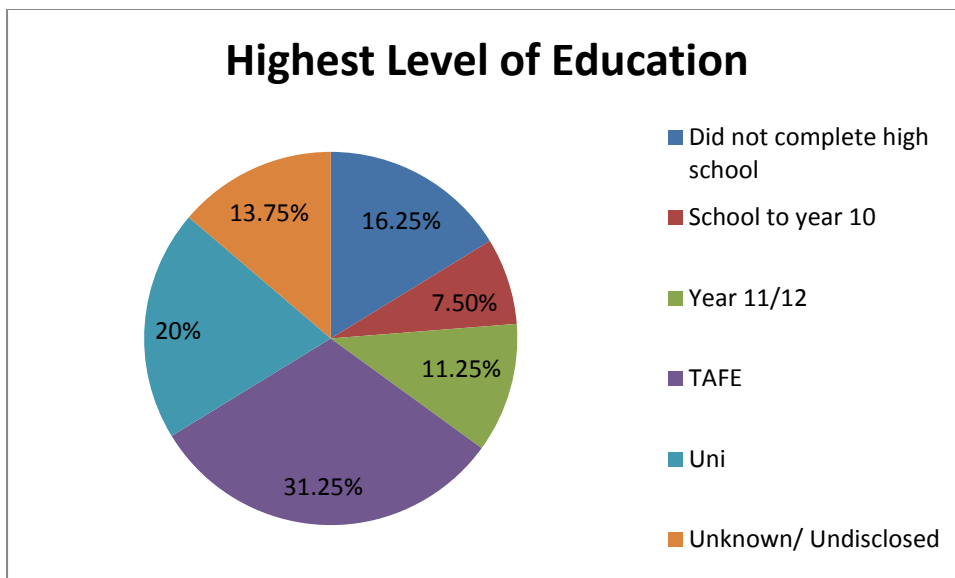
**Figure 19: Health issues and drug use**



### 7.19 Highest Level of Education commenced

31% (25) clients had commenced a course at TAFE and 20% (16) had commenced a course at university. 16% (13) had not completed high school.

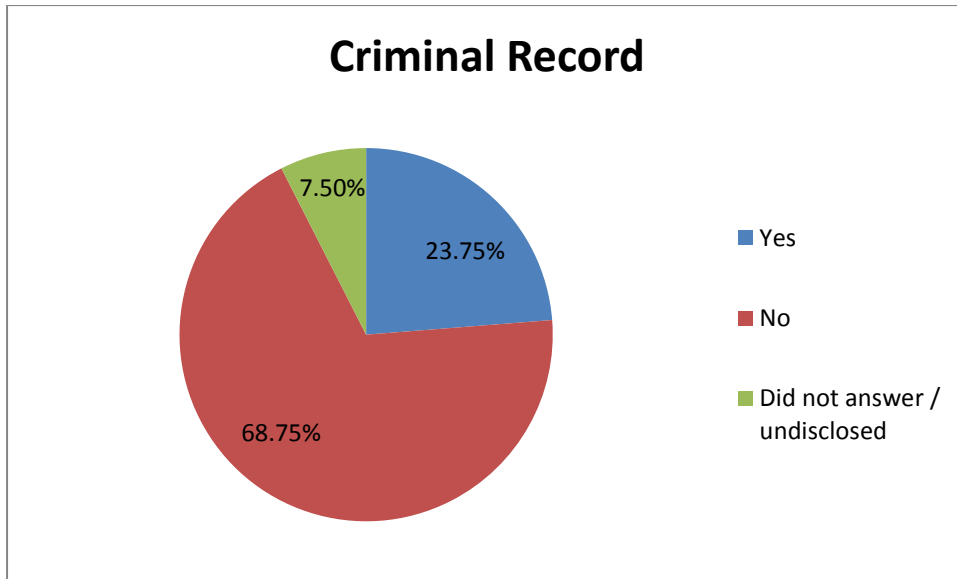
**Figure 20: Highest level of education commenced**



### 7.20 Criminal Record

The majority of clients - 69% (55) clients did not have a criminal record, 24% (19) did have a criminal record and 7% (6) did not disclose this information.

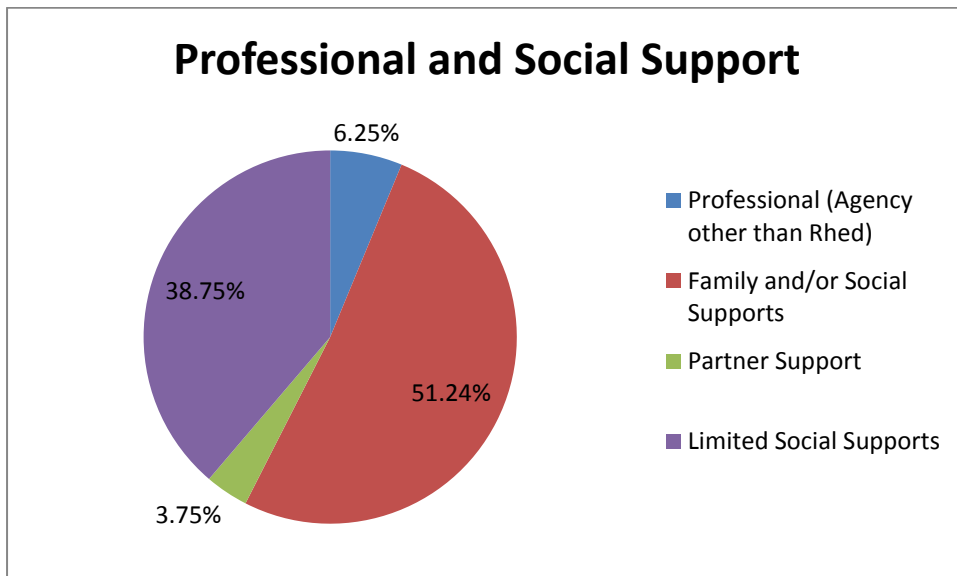
**Figure 21: Criminal record**



**7.21 Use of professional and social support**

51% (41) had family or social support while 39% (31) had limited social support. 6% (5) clients received professional support.

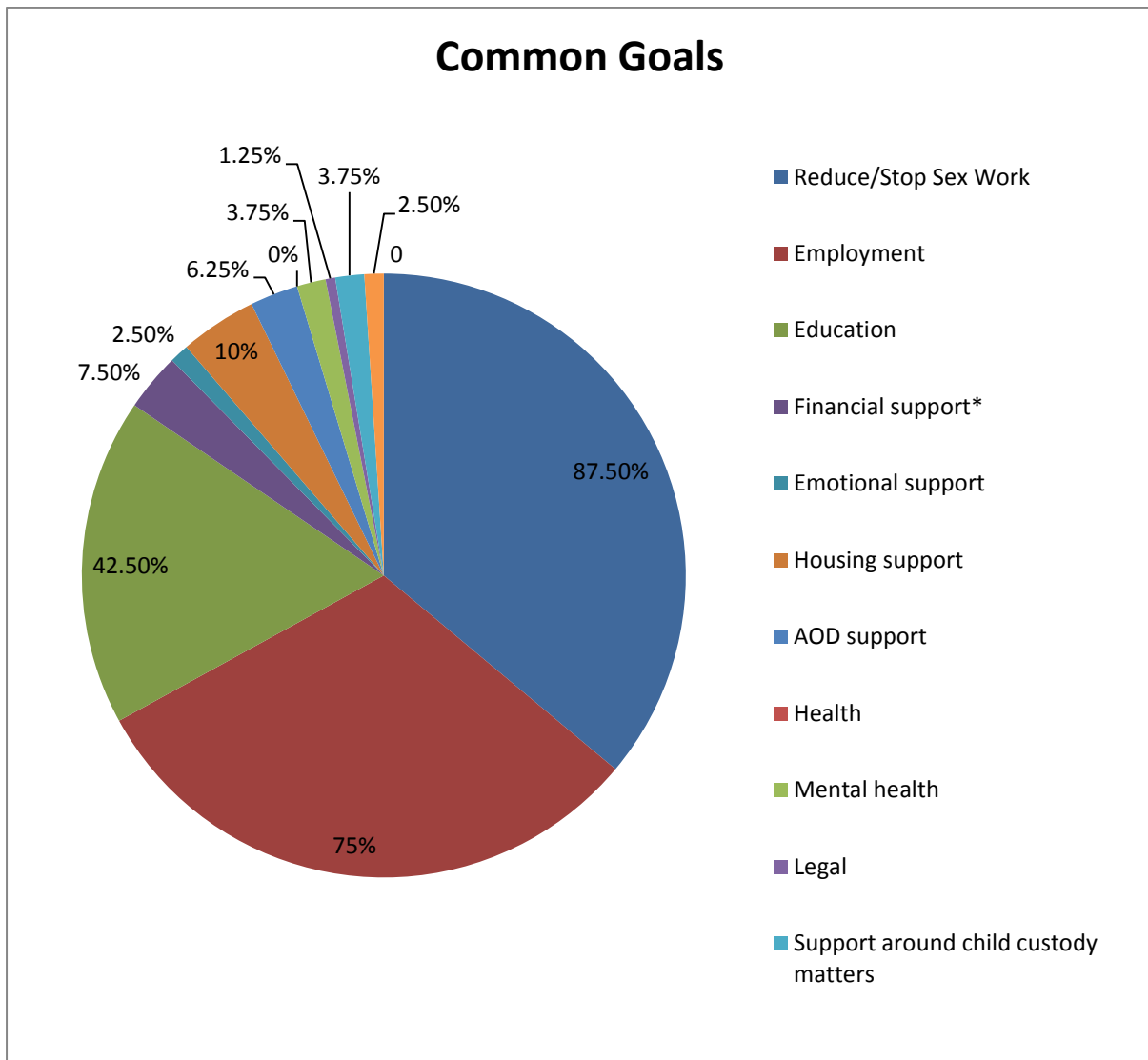
**Figure 22: Use of professional and social support**



**7.22 Common Goals**

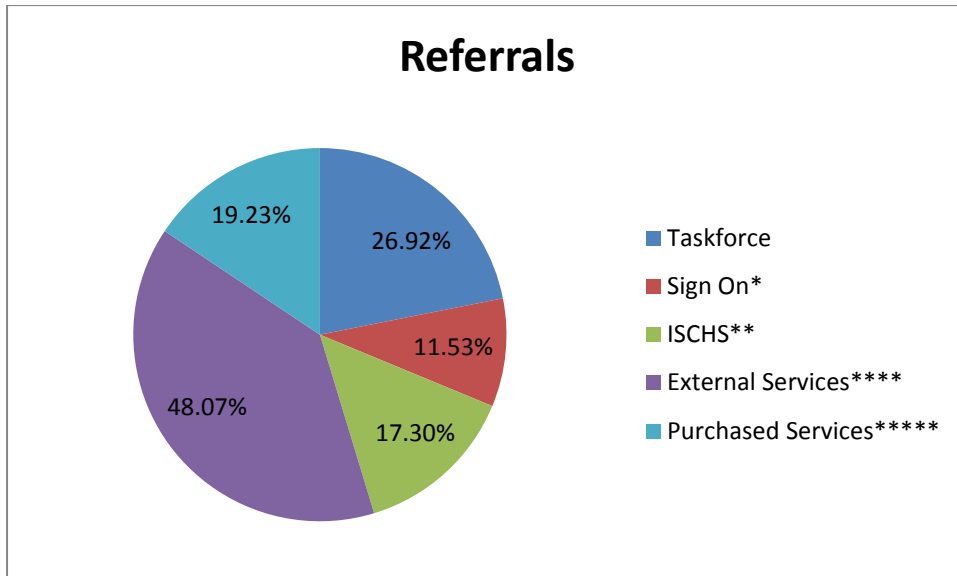
87% (70) of clients identified that their main goal was to reduce or stop working in the sex industry. In addition 75% (50) wished to undertake education and 42% (34) sought to improve their health.

Figure 23: Common goals



### 7.23 Referral to external agencies

48% (25) clients were referred to external services including employment assistance programs, financial counselling, generalist counselling, legal, housing and external community services. 27% (14) clients were referred to Taskforce and 11% (6) were referred to Sign for Work. It is worth noting that the low number of client referrals to Sign for Work may be attributed to the fact that the client may already be linked with another Job Services Agency (JSA), the client is not eligible for JSA services due to their residency status, or the client is not accessing Centrelink payments, therefore is not eligible for JSA services. 19% (10) clients were supported with purchased services including payment for courses, work clothing, purchase of a computer, payment of fines and purchase of Metcards and driving lessons/ learners permits. Referrals to ISCHS services included dental, AOD counselling, podiatry and to the RhED Health Education and Support team

**Figure 24: Referrals to external agencies**

### 7.24 Client – reconnecting with the PTE program

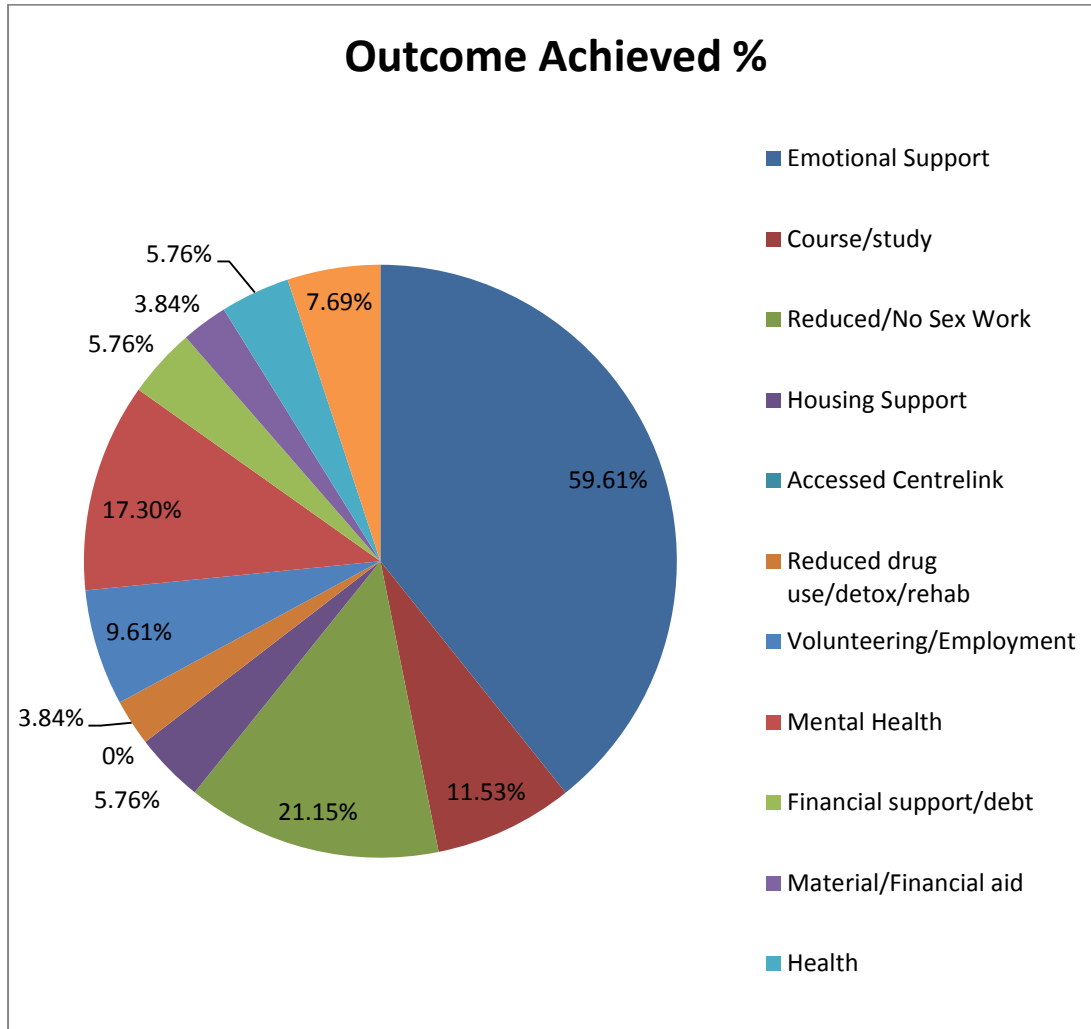
11% (9) clients reconnected with the PTE program after previously leaving the program. Clients and case managers noted that there were a number of reasons why clients re-engaged with the program. These include changed life and home circumstances; greater financial security to manage the loss of income when reducing or stopping sex work; greater understanding of the work and routine required to engage in study or working 9 – 5 and what has been described as a greater 'readiness for change'.



### 7.25 Outcomes for discharged clients

53 clients were discharged from PTE after achieving their care plan goals. Of these, 60% (31) clients noted a key outcome as having received emotional support and 21% (11) had reduced or stopped working in the sex industry. 17% (9) clients had addressed mental health issues and 11% (6) clients had commenced study.

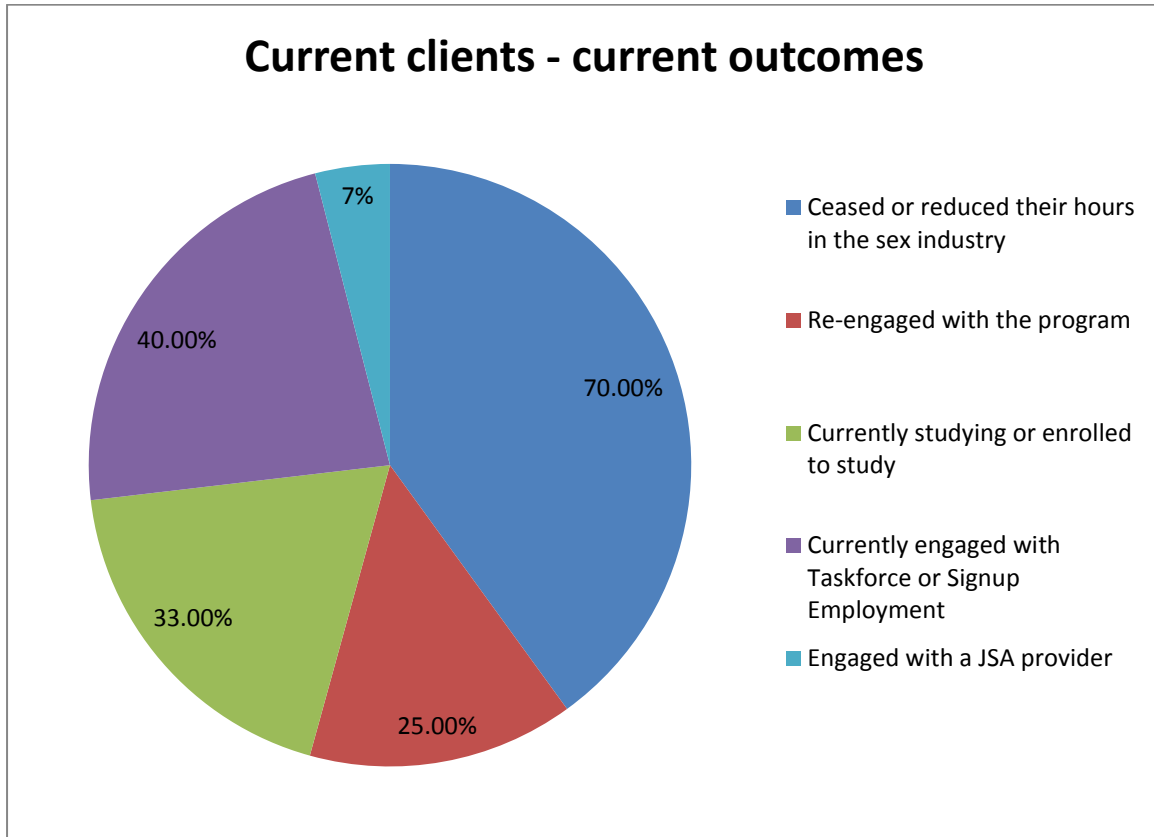
Figure 25: Outcomes for discharged clients



### 7.26 Outcomes for current clients

The PTE program is currently working with **27** clients of whom 70% (19) have ceased or reduced their hours in the sex industry, 33% (9) are studying or enrolled to study and 40% (11) are currently engaged with Taskforce or Sign for Work employment services. 25% (7) have also re-engaged with the PTE program, which was discussed previously in 7.23.

**Figure 26: Current client – current outcomes**



### 7.27 Achievement of case work goals for all clients (Phase Three)

Of the 80 clients who received case management services during Phase Three, 37.5% (30) have ceased or reduced their hours in the sex industry; 19% (15) are studying or enrolled to study and 92.5% (74) identified that they had received emotional support.

### 7.28 Achievement of case work goals for all clients (Phases One – Three)

Overall 112 clients have received case management services through the PTE program since commencement in February 2010 until the end of Phase Three on 30 June 2013. When the data on the achievement of key case work goals from the Phases One and Two are compared with the outcomes from Phase Three, some general themes can be extrapolated: 38% of clients reduced or ceased sex work; 25% were engaged in study or training and 75% of clients had received emotional support.

## 8. Client interviews

### 8.1 Summary

This report summarises findings from service user interviews, contributing to the evaluation of the Third Phase of the Resourcing Health and Education in the Sex Industry (RhED) Pathways to Exit (PTE) Program. The report finds that the PTE Program goes a significant way towards meeting the needs of sex workers looking to transition out of the sex industry, and to increase their participation in education, training, voluntary, and other kinds of paid work outside the sex industry. Using the evaluation methodology developed by Resolve Community Consulting and modified by RhED staff, this report evaluates the impact of the PTE program through thematic analysis of client interviews, measuring the stated program objectives against actual outcomes. The interviews were conducted with seven women (past and present clients of PTE), over the telephone, between February and March 2013.

Themes emerging from the interviews included a high level of satisfaction with specialist job support agencies, an overwhelmingly positive experience of the personal relationships developed with PTE case managers, and a high prevalence of physical and mental health conditions complicating client transitions out of the sex industry. Additional themes included a fear of stigma or judgement in education and employment settings outside the sex industry, the need for thorough transition planning and appropriate linkage to other services prior to discharge, and significant increases in client self esteem and confidence through participation in the PTE program. The difficulty accessing certain services, due to non-resident status or geographical restrictions on service provision, and some difficulties with exit protocols, were also noted. Based on these findings the report makes four recommendations related to transition planning, partnership development, brokerage, and referral protocols (see section 1.5 Recommendations).

Overall, interviewees were extremely satisfied with the emotional, mental and physical support they received from the PTE case managers. This support allowed them to build confidence, address health issues and attend a range of appointments to support their respective transitions out of sex work. Case managers were able to provide interviewees with short term financial aid to cover services not provided by PTE, including assistance with food vouchers, paying for medications and sourcing items required for future education, training, and employment (eg, computers). Interviewees were linked with a range of specialist agencies that provided support with housing, legal issues, counselling, employment support, and training. Interviewees were, on the whole, happy with the services they received. Access to financial counselling, family inclusive support services, and emergency housing support for non-Australian residents were flagged as potentially helpful services for clients who did not access them through PTE.<sup>5</sup>

The majority of interviewees confirmed that their employability outside the sex industry had increased drastically as a result of participation in the PTE program. This was true in terms of practical skill development *and* personal development leading to increased self-belief and confidence. Interviewees were engaged in a range of non-sex work related roles within the sex industry –cleaning, managing, and owner/operating– indicating a kind of ‘step down’ approach to transitioning out of the sex industry. One interviewee was operating her own online psychic business from home. In addition, interviewees had participated in education and training in computer skills, customer care, community services, English language, and first aid since commencing with the PTE program.

The rewards of participating in the PTE program ranged from increased personal safety through to decreased mental stress, regaining custody of children and increased feelings of self worth. Income

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<sup>5</sup> It should be noted that referral is provided to a variety of services through the PTE Program, including financial counselling. Clients are required to articulate their concerns and primary referral needs during the initial assessment –and throughout their involvement with the program– but in some cases issues are not highlighted (eg., the need for financial counselling).

loss, lack of skills, limiting self-beliefs, fear of stigma and the prohibiting effects of being on medication were some of the challenges and barriers interviewees described facing while in the process of transitioning out of sex work. Feeling less isolated, being in control of their working conditions and having new perspectives about their future options were some significant outcomes described by interviewees. Interviewees talked about future plans and goals including being engaged with meaningful work that benefits the community, returning to study and getting off drugs.

## 8.2 Evaluation Methodology

The initial Pathways to Exit Program Evaluation framework was developed by Resolve Community Consulting (2010). This framework was used for the evaluations of the First and Second phases of the PTE program and streamlined by RhED staff for the evaluation of the Third Phase. The overall framework includes qualitative and quantitative data collection and analysis. This report focuses on service user experiences and has been developed through the collection and analysis (thematic and impact) of qualitative interview data. See Attachment C for the interview questions.

Given the timelines for data collection and availability of both interviewer and interviewees, a decision was made to conduct all interviews via the telephone. This allowed for greater flexibility of scheduling for all parties and increased privacy for interviewees. There were several limitations to this method that should be noted, including the propensity for technical difficulties to interrupt the flow of the interviews and cause communication misunderstandings, the presence of other people in the interviewees physical space (eg., children) constraining their capacity to speak freely and the lack of additional information (eg., body language) or opportunity to build more personal rapport that face to face interviewing affords. This limitation was especially amplified when the interviewee had a first language other than English. The final limitation resulted from the original questions, which were numerous, sometimes ambiguous, repetitive and formulated in language that was more accessible to the interviewer than the interviewees.

## 8.3 Themes

A range of themes emerged from the interview data. For the purpose of this report they are outlined below in terms of case management; brokerage; linkages and referrals; employment, skills, and training; job service agencies; rewards, challenges, and barriers; and service user outcomes and future plans. Three of the most recurrent themes emerging from the interview data relate to the overwhelmingly positive experience of service users with the physical, mental, and emotional support they received from the PTE case workers; a high level of satisfaction with the specialist job service and support agencies (Sign for Work<sup>6</sup> and Taskforce) and the prevalence of both physical and mental health issues taking precedence over more direct and/or immediate re-engagement with employment outside of the sex industry.

## 8.4 Findings

The Pathways to Exit Program goes some way towards meeting the needs of sex workers who wish to transition out of sex work. This conclusion is based on qualitative data from individual interviews with past and current clients of the PTE program. The findings from this report, taken in conjunction with data collected by the RhED team, will determine the extent to which the Pathways to Exit Program met its stated objectives (see Attachment).<sup>7</sup>

Overall, the PTE program provides sex workers looking to transition out of sex work a supportive, holistic, non-judgemental, well resourced, and specifically targeted service. The skill of the PTE workers, and the positive relationships developed between PTE workers and clients, represents a key strength of the program. The program effectively links and refers clients to support services for assistance in decreasing the amount of hours spent doing sex work, or transitioning out of sex work

<sup>6</sup> Please note that 'Sign for Work', a Melbourne Job Search Agency (JSA), was previously known as 'Sign On' and 'Sign Up'.

<sup>7</sup> Demographic data on PTE clients is reported in Section 7).

entirely and increasing participation in alternate education and employment. The skill and approach of the workers at the job service agencies clients are referred to (Sign for Work and Taskforce) is recognised as a further strength of the program.

The PTE program does a significant amount of work assisting clients to address health issues, build confidence and self esteem and facilitate access to opportunities for skill development, training, and education. It is notable that the interviewees who were working at the time of interview were either working for themselves, or working in the sex industry in roles other than sex worker. This fact, combined with the low number of clients employed after engaging with the program suggests that the development of partnerships with employers outside the sex industry, akin to the careful collaborations developed and nurtured between PTE, Sign for Work and Taskforce, could be a possible area for improvement. Interviewees consistently reported that honesty and an absence of judgement was a key factor in their relationships with PTE, Sign for Work and Taskforce. In addition, interviewees reported fear of their sex work history being revealed in non sex-work settings, and the anticipated stigma or judgement that they imagined being subject to, as a barrier to transitioning out of the sex industry. Partnerships with employers, following the model of the job service agency partnerships, may assist clients to feel safe and comfortable in non sex-work workplaces.

The interviews revealed a high prevalence of health issues amongst PTE clients, the majority of them related to mental health and/or drug and alcohol issues. The program might benefit from considering partnerships with agencies skilled in working with dual diagnosis clients, who are able to provide long-term support (post PTE involvement) for people transitioning out of sex work. A further notable finding relates to transition planning processes, both within the PTE program and its partner agencies, specifically Sign for Work. This emerged as a theme across a couple of interviews and represents a potential area for improvement. One interviewee reported feeling disappointed with the way in which she was exited from the program, and the lack of adequate support services she was linked up with prior to being discharged.

Finally, data collected for this report regarding assessment and referral to supplementary support services suggests a need to revisit clients' referral needs on an ongoing basis, throughout the duration of their engagement with the PTE program. Such ongoing assessments might seek to identify barriers to accessing mainstream health services, with a view to addressing these and facilitating client access to complimentary treatments such as dental, mental health, and drug and alcohol services. Ongoing assessment of referral needs would also ensure that clients are aware of the services they can access, post the initial intake and assessment period when many people are experiencing crisis, and not necessarily in a position to engage with less immediate health needs.

## **8.5 Recommendations**

The following recommendations have been developed through analysis of the qualitative data collected in the service user interviews. These recommendations present a range of possible measures for increasing the capacity of the program to meet the needs of sex workers looking to transition out of the sex industry. These recommendations relate to direct improvements to the service model for clients, rather than recommendations about the continuation of the program as a whole.

### **1. Transition Planning**

Develop protocols for client transitions between PTE case managers, between workers at JSAs, and stepping down from being case managed by PTE workers post discharge. Ensure clients are linked with appropriate local and specialist support services prior to completing the program. Plan for discharge transition and referral from the beginning of client engagement.

2. Partnership Development  
Develop partnerships with employers outside the sex industry, along the lines of the already developed partnerships with Sign for Work and Taskforce, to increase opportunities for PTE clients to experience supportive employment outside the sex industry whilst engaged with the PTE program. Similarly, consider developing partnerships with dual diagnosis services, and specialist housing services, to better respond to the complex substance abuse, mental health and housing issues clients present with.
3. Brokerage  
Develop explicit methods of communicating with clients about the availability and extent of the PTE brokerage funds from the outset of engagement.
4. Referral protocols  
Review service eligibility criteria –residency/visa status, geographic restrictions– prior to referring clients on to additional support services. Develop a network of agencies for specialist referrals for non-Australian citizens. This recommendation is made cognisant of the limited power of the PTE Program in influencing the eligibility criteria for other services.

## 8.6 Overview

Over the course of February-March 2013 seven service user interviews were conducted as part of the evaluation of the Third phase of the Pathways to Exit Program All interviews were conducted over the telephone; this allowed greater privacy for the service users and also provided a greater degree of flexibility when scheduling the interviews. All of the interviewees were female. Interviewees had engaged in different types of sex work: three having conducted the majority of the sex work in brothels, two on the street, and one each in private and escort settings.

Consent forms were reviewed and signed by all interviewees and an opportunity provided to ask further questions of the interviewer, if required. The consent forms and interview questions were based on those prepared by Resolve Community Consulting for the evaluations of the First and Second phases. The interviewer, in collaboration with RhED staff, made some minor modifications to these tools being careful to remain relatively faithful to the original tool in order to ensure continuity across the three evaluations (see Attachments A & B). Staff in the Pathways to Exit Program facilitated the initial connections between interviewer and interviewee. Five of the interviewees were current clients of the program and two of the interviewees had exited the program.

All interviewees received a cash payment to compensate them for their time. Data collected through interviews was audio recorded, transcribed, and stored on a password-protected computer. Three of the interviewees had participated in previous evaluations of the Pathways to Exit program, whilst four were participating for the first time. All interviewees have been given pseudonyms to protect their identities. The case studies contained in this report –Lesley and Rita’s stories– are updates from the case studies presented in the evaluation reports on the first and second phases of the PTE program, tracking the paths of these women through their respective PTE journeys.

This report documents and analyses the themes emerging from the service user interviews. This data has been examined against the five objectives detailed in the Evaluation Framework for Phase three of Pathways to Exit (see Attachments A & B) to determine both the impact of the program and the effectiveness of the service model for meeting the needs of sex workers wishing to transition out of sex work.

## 8.7 Case Management

Current and past clients of the PTE program interviewed for this evaluation expressed a high level of satisfaction with the case management service they receive/d through the Pathways program. Interviewees used words like relaxed, open, comfortable, honest, supportive, knowledgeable, understanding, positive, respectful, and inspirational in describing their respective relationships with the PTE case managers.

*The care is unbelievable, I have to be honest. Like, my case manager will write things down in her diary and ring me... just to remind me of the things that I've got to do, to send me out things that I need so that I don't have to leave the house, um [and] if she's not available I've had phone calls from other members of staff just to make sure I'm ok. (Bea)*

The regular contact between PTE workers and clients, and the emotional and mental support clients received from PTE workers, contributed to an environment of reciprocal honesty and openness.

*I'm very honest with her about how I feel and she's very honest with me back. She's very respectful and she... has quite a good wisdom, a good insight, she can understand kind of like the emotional and thought processes. (Sophie)*

*I feel totally able to be open with her, no problem at all... she's got a lot of wisdom for a young lady. (Miranda)*

The practical physical support with referral and visits to other services created an environment of safety in which PTE clients were able to open up to possibilities for future employment outside of sex work.

*They [PTE] gave real support. Like, they even came to court with me, when I was going through the custody with DHS taking me to court and everything. They were there for me, they were there to support me, like we made a plan of what direction I needed to go in and you know, we've been following that plan. (Pamela)*

One interviewee –Rita– reported a difficult transition between PTE case managers when her first case manager left the program. After having worked closely with her first case manager with whom she had established significant rapport and whom she found 'inspirational', Rita found the shift to a new case manager difficult. Rita describes feeling disappointed and let down by what she perceived as the second case manager's inability to recognise her patterns of becoming 'unwell' and respond in a way that was supportive.<sup>8</sup> In addition, Rita was unhappy with the way in which she was exited from the program, and felt that the establishment of ongoing support systems would've helped.<sup>9</sup>

*I think a very important thing about this program, a lot of hard work goes into getting the person better... if you [PTE case managers] think the person's better and they're making progress, I think that's when you really need to stick with them... you need to make sure you see it through and not just assume something, you know? Because if you want to make sure that they're a real success story, make sure that you see it through. And make sure that while they're doing well that you've seen them through the door. And if they do get sick and maybe if... it's too much for you [PTE case managers] to deal with, maybe put me on to some other people as well that might be able to help me a bit more. (Rita)*

<sup>8</sup> Rita's use of the term 'unwell' referred to mental health issues.

<sup>9</sup> Rita was discharged from the Pte program after non engagement with the case manager for an extended period of time. Prior to discharge Rita was provided with a number of referrals.

All interviewees reported having their immediate needs met by case managers on commencement of the PTE program, *within the constraints of the system*.<sup>10</sup> Such needs included support with seeking and securing stable housing, navigating other service systems, the establishment of goals and priorities, material aid (food vouchers, food parcels, amending rental arrears), legal aid, referrals to specialist counselling (eg., Centres Against Sexual Assault [CASA]), support with drug problems and general emotional support. The majority of interviewees talked about their needs being met promptly, with flexibility and in a non-judgemental manner. Delays with the distribution of brokerage funds to assist with the payment of pharmacotherapy were problematic for one client (see section 2.3 Brokerage).

Case management goals were established on commencement with the program for all seven interviewees and all seven reported having made significant progress towards, or having met, many of the initially established goals.

*Well... the first one [goal] was to get stability, because I was homeless and all that sort of thing, and then to get the financial side of things sorted, along with the house sorted and my kids back. So we've achieved like 99% of all the goals. (Pamela)*

*100% plus [progress towards goals]! Like, my life, at this stage is looking like I'm going to actually have an enjoyable happy life, and do things that I want to do, and achieve the goals that I want [to] achieve. Totally. And I think, I think a really important, a really really important factor in this has been... the regular support of [PTE case manager]... It just keeps me totally on track, absolutely totally on track.... I feel that I'm probably more focused and more on track than I've ever been in my life. (Sophie)*

Miranda has managed to seek and receive treatment for depression, and is also in the process of identifying future avenues of study. Lesley has made significant progress towards her goal of becoming financially self sufficient, not relying on a partner for support and has met some significant personal goals in terms of changing negative beliefs through her involvement with life coaching. She has also established her own boutique escort agency, thereby meeting her goal of becoming employed, and has undertaken additional training in life coaching and counselling. Amy has met several of her goals, including applying for a visa and following up outstanding medical issues. Rita's biggest goal of going back to school has been met, and she is currently working on personal health related goals, such as reducing her medication and getting physically fit. Bea has made significant progress towards several of her goals, including having quit smoking and payed off a range of outstanding debts and bills.

### **8.8 Brokerage**

Two of the interviewees answered affirmatively when asked about PTE workers providing financial assistance to help them in the short term. Miranda received financial/material aid in the form of food vouchers, assistance with legal aid and assistance with obtaining a computer. Rita reported receiving food vouchers, assistance with paying for her prescription pharmacotherapy and assistance with purchasing school supplies. The time it took to process and release the funds provided for assistance with methadone, according to Rita, could have been quicker.

*I was behind on my methadone and RhED [PTE] gave me some [financial] assistance with that, but it took like, I think a couple of weeks to come through, and it made the chemist a bit confused, thinking am I lying, and they're [PTE] like 'it's all good', but it's not helping right now... yeah, some things could have been a bit quicker, you know? (Rita)*



Despite answering 'not really' when asked if PTE staff were able to assist with financial support in the short-term, Pamela acknowledges the importance of assistance from the PTE program in getting a computer, which allowed her to recommence working from home as an online psychic.

*I needed a computer to actually work from, which I couldn't get, so they were able to get me a computer. (Pamela)*

Pamela's precarious housing situation, complicated by her non-resident status in Australia and consequent lack of eligibility to access emergency accommodation, meant that her housing needs were outside the parameters of the emergency fund. PTE provided Pamela with financial assistance to pay bond on a rental property. Amy was offered access to material aid but didn't require it, given the support she was receiving from other agencies. Two interviewees –Lesley and Sophie– said they never asked for support of this nature, indicating that they didn't really need it and/or would have been reluctant to ask if they did. One interviewee –Bea– said that, despite being taken food shopping in the lead up to Christmas, the PTE program were not really able to provide her financial assistance in the short term. Given Bea's incapacity to access material aid through localities she did not reside in, and the scant nature of the assistance offered in the Western suburb she lives in, additional financial assistance would have been helpful.

### 8.9 Linkages & Referrals

All seven interviewees were referred to services outside Inner South Community Health Service (ISCHS), and all interviewees accessed the services they were referred to, to greater and lesser extents. Referrals were made to Taskforce, Good Shepherd Youth & Family Services, South East Centre Against Sexual Assault (SE CASA), Red Cross, St Kilda Legal Service, Fitzroy Legal Service, Sign Up, Odyssey House, St Vincent's, and Salvation Army Social Housing Service (SASHS). Interviewees who accessed only some of the services they were referred to, or who accessed the services a small number of times, commented that it was generally physical or mental illness (depression and anxiety), or fear of commencing work outside the sex industry that prevented them from engaging with the services.

*I even had the lady's number from Taskforce and we were meant to meet up, and [PTE case manager] made all the phone calls, and I didn't go... I'm not ready to go back to work, and I'm just scared of it, I'm scared of it. (Bea)*

For others, feeling overwhelmed and suffering from depression prevented them from engaging more fully with the services they were referred to.

*I was pretty much a bit of a mess for a while... I was quite depressed and stuff... just feeling like I could not handle things very well yet. (Miranda)*

Two interviewees confirmed they were also referred to services within ISCHS –a women's group and the drug and alcohol assessment team– but only one of them accessed the service. Six of the interviewees reported finding the services they were referred to helpful.

*I basically needed to learn how to do a proper resume, which they showed me and gave me great detail, gave me a lot of information to read and look up, and gave me ideas for it. (Pamela)*

One of the interviewees, referred mainly for material aid, stated that the services were not helpful.

*SASHS, it's a service that are supposed to help if you're behind in your rent or need help with housing. They were of no assistance whatsoever. They had no money, no help, no nothing....*

*You know, you go to all these places to help and there's no help, you feel helpless, like you're banging your head against a brick wall. (Bea)*

Two of the interviewees noted that financial counselling would have helped –Rita, who received some financial counselling through a referral to Odyssey House, and Lesley, who didn't receive a referral of this kind but thinks she would have benefited from such a service.

*I think um, financial counselling would have helped me, I never asked for it. And that's just counselling, it doesn't mean help with money... just help with budgets and stuff like that, I'd never ask for it. (Lesley)*

In addition, Pamela noted that access to emergency housing for non-Australian citizens and psychological support for her children would have helped. Others suggested that access to a dentist for major dental work, access to mental health and drug and alcohol services, and access to material aid that was not distributed according to residential postcode would have helped.

### **8.10 Employment, Skills, & Training**

Six out of the seven women interviewed reported that their employability outside the sex industry had increased through participation in PTE.

*Absolutely, even just with contacts and helping me to get the laptop, just to help being part of the world that's out there now, yeah that's really important. (Miranda)*

Interviewees attributed this increase in employability to training and education undertaken whilst in the program, support with material items used for work and expanded understandings of their options as a result of personal development work engaged in through PTE involvement.

*There's other jobs outside of there [sex work] I can do and survive (Amy)*

*Knowing that there are all sorts of options available to us, not just that that we know of, there are if you search and seek you will find many different options. The world's full of possibilities. (Lesley)*

Four of the interviewees had participated in education and training activities since commencing with the PTE program. Miranda had undertaken computer training at Taskforce, Lesley had completed a customer care course and was engaged in ongoing training in NLP and life coaching, Amy had engaged with English language courses and was enrolled to participate in barista and waitress training, whilst Sophie had completed first aid training and was undertaking the Diploma in Community services at the time of the interview. The advances in technology in both retail and administrative settings since people had previously been employed in such industries were noted by several interviewees, and a skills gap identified that may be met by the provision of short technical up-skilling courses (eg., in software systems and digital technology).

The majority of interviewees reported that their engagement with PTE had assisted in the identification and development of pre-existing skills, alongside skills they may be interested in developing in the future. For Miranda, these skills included a passion for writing and photography, which her case manager assisted her to reconnect with. Lesley identified her already existing strong interpersonal and writing skills, whilst Rita was able to reconnect with her communication skills. Bea identified existing customer service and sales skills.

Lesley was engaged with volunteer fundraising work at a local Buddhist Temple, while both Miranda and Sophie had registered their interest to volunteer with Multicultural Arts Victoria and Inner South Community Health Service respectively. Only one of the interviewees had paid work outside the sex

industry at the time of interview. This was Pamela, who had returned to a previous self-employment situation, conducting online psychic work from home. In addition, three of the women interviewed were working in the sex industry in positions other than that of sex worker (see section 2.7 *Service User Outcomes & Future Plans* for detail).

### 8.11 Job Services Agencies

Lesley, Sophie and Rita all reported having been linked with Sign for Work through their participation in the PTE program. For Rita the experience of working with Sign for Work was incredibly positive.

*[S]in On were amazing. I highly would recommend them to anyone that's been down my path. They are so not discriminative, so not judgemental, if anything I think they're a lot more understanding and passionate and respectable towards you, and I think they push harder to go out of their way for you that bit more, if anything. You know, like, yeah they did more for me... in the first 5 minutes of meeting them, than every other job network I've ever seen in my life. (Rita)*

The interaction with Sign for Work was positive for Sophie as well, who particularly noted the benefits of being able to be upfront about coming from a sex work background.

*I can say to her [the Sign for Work worker] quite privately... you know I come from a prostitute sort of perspective, and how does that fit in to here, here, [and] here? And we talk about it in a really kind of sincere and acceptable and respectful way... I don't feel any judgement or prejudice or any feeling that I'm not just as worthy as the next person to move forward in life, you know? (Sophie)*

For Lesley, who had been linked unsuccessfully with two job service agencies through Centrelink in the past, Sign for Work were the best fit.

*They were just the best people for me... they actually did what they got paid for... and they followed through, if they said they had something for you they would have something for you. (Lesley)*

Miranda and Bea were both linked with Taskforce, but neither of them had pursued this referral fully in terms of employment support, as they both felt not quite ready for work. Both Bea and Miranda were linked with additional job services programs through Centrelink. Lesley spoke highly of Taskforce and the effort they put into assisting her.

*Taskforce were very very helpful, they were great, I can speak enough on behalf of Taskforce, they really go out on a limb for people, they did for me, and they did everything in their power to help me. (Lesley)*

Pamela, who worked briefly with Taskforce before becoming ill, spoke of their non-judgemental approach to her.

*They [Taskforce] helped me do a resume, but then my illness took over, so I couldn't go through with anything... You know how people look down at you and all that sort of thing? Nothing like that. (Pamela)*

Six out of the seven women interviewed expressed a high level of satisfaction with the specialist support services offered through Taskforce and Sign for Work, using words such as *non-judgemental*, *helpful*, and *respectful* to describe their relationships with the workers at these services.

In addition, the productive and collaborative working relationship between PTE staff and staff at Sign for Work Up was also remarked upon by one interviewee.

*[T]he way they link in together with RhED [PTE], the two work side by side almost, like they know each other pretty well, and they've got a good understanding together, you know they can sort of work something out between the two of them pretty much every time. (Rita)*

Sophie noted initial problems with her Sign for Work worker being employed part time, and not as available as she would have liked, but remarked that when she brought this up she was changed to another worker. Rita also noted some problems with the Sign for Work worker allocation. Her original worker went on maternity leave, during which time Rita engaged with another worker whom she described as 'amazing', but when her original worker returned from leave Rita was reallocated back to the original worker. Rita would have preferred to stay with her second Sign for Work worker, given the relationship she had developed, but was unable to do this. Her original worker was also working part time, which didn't suit Rita, but she felt unable to ask for what she wanted in this situation.

### **8.12 Rewards, Barriers, & Challenges**

The rewards of participating in the PTE program described by interviewees were physical, mental, and emotional. From regaining custody of children to increased personal safety, interviewees reported a range of rewards relating to their specific situations. For Pamela it was regaining custody of her children after DHS involvement, whilst for Rita, it was the feeling of safety she experienced from not being out on the street after ceasing sex work.

*The biggest reward for me is that I'm not working down there [on the street] anymore, and I'm pretty much out of the sex industry. I'm safe now. I'm not putting my life at risk. You know, that's the biggest thing for me right now. (Rita)*

Miranda talked about the process of positively reframing and focusing on the integrity with which she'd conducted her sex work as a big reward, whilst for Bea the major reward was described in terms of gaining self worth. For Lesley, the rewards of participation flowed from focusing on herself, taking control of her life, and the personal empowerment that followed. Amy talked about rewards in terms of relief from the mental stress of sex work and bad clients, while Sophie talked about personal strength and the hope she has for the future as the biggest reward.

*I really think that I'm going to find total fulfilment and happiness in myself... I feel now a chance of all my strengths and all my beauty, of being comfortable inside myself... and I'm very grateful that I've got this opportunity to get there... with my personal strengths and all of the totally fabulous support that I've got in place right now, you know I'm going to be successful and yeah, coming out the other end a winner. (Sophie)*

Two of the interviewees described the loss of income as a major challenge in increasing their participation in education, training, and employment outside the sex industry. Bea noted the impact of these financial challenges on her children and talked about having to adjust their lifestyle as a family accordingly.

*Life has become a lot harder for all of us, because we don't have that money to do what we need to do. So that has affected my anxiety... [and] my depression, that has affected the way my house runs because I've fallen behind financially. So I guess the challenges for me coming out of the program, or coming out of working and being on the program, I'm challenging my whole being. I've really got to find myself, find my strengths, find a job and create a completely new life. (Bea)*

For others the major challenges were described in terms of self-care, self-belief, and regaining confidence. The initial challenge of reaching out to the PTE case managers was noted as a difficult step by Amy in the context of her South East Asian cultural and religious background.

*Yeah that [reaching out] was the hardest thing. Because the culture that I come from, and where I was, it was very different. Like I can't really talk to anybody, yeah it was really hard.*  
(Amy)

A further challenge noted by one interviewee was choosing not to disclose or be 'out' as a past sex worker due to fear of stigma in the education and training environment she'd moved into. Fear of being judged or stigmatised due to having worked in the sex industry also figured as a theme in discussion of the barriers to exiting. Pamela feared that if people knew her past they might judge her negatively. Amy expressed a similar fear that she might be treated disrespectfully in other employment settings if her sex work history was revealed. Miranda talked about being 'hit on' when looking for work, and the frustration that came out of this experience.

*It's just that really wanting to be seen for who you are, and what you have to offer. And I'm still trying to work out how to package that to myself, let alone to the outside, does that make sense?* (Miranda)

Other major barriers described by interviewees included the prohibitive effects of being on medication, having no work experience outside the sex industry and an absence of self-belief.

### **8.13 Service User outcomes & Future Plans**

All PTE clients interviewed for the evaluation of the Third Phase of the PTE program have either stopped completely, or radically reduced the amount of hours they spend doing sex work.<sup>11</sup> Clients report increased employment choices and improved prospects, related to the development of self-esteem and confidence through engagement with the PTE program, and the skills, resources, and options opened up to them through referrals to both Taskforce and Sign Up.

*It basically made me feel that there was more than just that, working in that industry, because as far as I was concerned this [sex work] was the only thing I could do to get back my kids, to get back my housing, you know? And they [PTE] sort of made me see that I have other options, you know, it wasn't just the only option. It gave me my confidence back.*  
(Pamela)

Several interviewees reported decreased isolation as a result of participation in the PTE program and the positive impact of no longer feeling 'alone' or 'lonely'.

*That's the catalyst. To know you are not alone. To know at any stage or step on the path, there's someone on the end of the phone, or who will even come to your door, or you can go and see, who will support you.* (Lesley)

*I'm really happy, a lot of things, I've been a lot of big problems, I was very lonely before that, everything I keep to myself I don't tell anybody. And this program was um, I see it different [now].* (Amy)

Four of the women interviewed were engaged in paid non-sex work since commencing the PTE program. Three of these four continued to work in the sex industry, one as a brothel manager, one

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<sup>11</sup> Miranda, Pamela, and Sophie reported having stopped sex work completely; Bea reported she was "pretty much not going back at all"; Lesley and Amy reported having significantly reduced their sex work hours, and Rita reported a drastic reduction, still seeing a couple of clients but for non-sexual services such as massage.

as a brothel cleaner, and one as an escort agency owner/operator,<sup>12</sup> whilst the fourth was self employed operating an online psychic business from home.<sup>13</sup>

The two self-employed interviewees described increased personal boundaries around their clients and an enhanced capacity to negotiate the terms of their engagement, rather than be dictated to by their clients.

*Now it's like, I'm in control of it, I'm in control, I will dictate when and how, it's not on them. That's what it used to be, I used to get home at ten o'clock at night and have clients sitting there waiting [for a psychic reading]. You know you have a newborn child and they're dragging you off to have a reading done. It's like, this is my life, now I chose you, you don't come to me. (Pamela)*

Despite the fact that all of the interviewees had ceased, or radically reduced the hours they spend doing sex work, it is notable that none of the employment pathways have involved working for employers outside the sex industry.

Six out of the seven interviewed clients felt like their employment options have improved through participation in the PTE program. This was true for all six of the women, irrespective of their direct engagement with job seeking, training, education, volunteer, or paid work outside of the sex industry. Overwhelmingly, the six interviewees who felt like their employment options had improved indicated that the personal development work they've done as a result of their PTE involvement left them better positioned to become employed outside of sex work, to volunteer or to undertake further training in the future.

Overall, interviewees had increased their participation in training, job seeking, volunteering, or paid work other than sex-work. Three of the interviewees were unable to pursue employment opportunities at the time of interview, two due to illness<sup>14</sup> and one on account of feeling not ready to return to mainstream work.

Interviewees described future plans and goals that included returning to study and engaging with positive meaningful work that would aid the community.

*I think I'm... very... good with kids, um, good with, like art work, colour pencils and all that, I can do something, and I have worked at like orphanages and all that, that's lots of kids place, like 30-40 kids that I can look after. Like I don't know what kind of job that would give me but I would like to work around that area. Helping people, or helping people like me. (Amy)*

Plans for future study included Business Management for Pamela, Sociology for Sophie, and advanced NLP for Lesley.

*I want to be spending my time and my energy doing something that makes sense, something positive where also I feel a sense of confidence again, and in return some kind of living... I'm hoping to be able to refresh, or somehow reorganise what I have learnt, and use it in some way to make a living. (Miranda)*

Bea looked forward to being able to provide financial security for her children in the future, Rita aimed to come off her methadone and Miranda spoke about earning a living doing something positive in the future. All interviewees spoke of future plans for education, training, volunteering and paid work outside of the sex industry.

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<sup>12</sup> Sophie, Amy, and Lesley respectively.

<sup>13</sup> Pamela.

<sup>14</sup> Pamela, physical condition. Rita, mental illness.

### 8.14 Case Studies Rita's Update (from interview 8th March 2013)

Rita was a client of the PTE Program for just over two and a half years. During that time she was able to radically reduce the amount of hours she works in the sex industry and undertake substantial retraining for a new career in the beauty industry. Rita continues to see two clients for non-sexual physical services. Since the time of her last interview as part of the second phase PTE evaluation (November 2011) Rita has continued working towards obtaining the Certificate III in Beauty Therapy. Rita has completed all of the coursework for this certificate, but was unable to complete her exams due to illness. Whilst her certificate has not yet been issued Rita feels that her employment options have improved considerably, and that through participation in the course she has developed both professional and social skills that lead to an increased sense of confidence in her capacity to 'fit in' outside the sex industry.

*Just from doing it [the course] and having more and more time away from the street, it makes me feel more of a normal human being that could fit in to society... And rather than me thinking about the future [in terms of sex work]... I'm thinking about having a normal straight job, you know? (Rita)*

Rita described her experience with PTE as amazing, stressing the positive influence and inspiration she received through her relationship with a past case manager. The gentle encouragement and bond of trust built up during the time of her participation, alongside the practical physical support Rita received from the case manager in attending health and education/employment related appointments, facilitated the development of self confidence and uncovered passion and communication skills that had been long hidden.

*[S]he was very passionate about what she did, she put her whole being into it, and just her energy she had, there wasn't any kind of negative vibe about her whatsoever, and so all it could do was rub off onto me, you know? (Rita)*

The loss of income Rita experienced in the process of transitioning out of the sex industry was substantial, but with the support of the PTE program she has been able to access short-term material aid and make a subsequent application for a more appropriate Centrelink benefit. The support of a financial counsellor, through the PTE program, has further assisted Rita to pay off outstanding debts and better manage her finances.

Being away from the 'street', and the risks associated with street sex work, was one of the most positive outcomes for Rita of her participation in the PTE Program. She notes this transition as the most rewarding aspects of her engagement with PTE.

*[T]he biggest reward for me is that I'm not working down there [on the street] anymore, and I'm pretty much out of the sex industry. I'm safe now, I'm not putting my life at risk. You know, that's the biggest thing for me right now. And I, I've sort of feel like I've made a big transition into becoming, I'm still in transition in a lot of other ways but, in becoming just a normal citizen, just blending in with the rest of society, rather than being in that 1%. I think maybe I could've picked up some more new skills and stuff maybe. (Rita)*

Rita looks toward a future in which she is able to come off medication and update her administration and technology skills.

### 8.15 Lesley's Update (from interview 21st February 2013)

Lesley was a client of the PTE program for approximately eleven months. During her time with the program Lesley developed a range of skills and underwent a profound shift in attitude. Coming from a space of extreme isolation Lesley has been able to re-establish herself in the community. Lesley describes her involvement with the PTE program as a catalyst that has allowed her to create positive change in her life.

The *'amazing support and understanding'* Lesley reports receiving from the PTE case managers provided her with a feeling of safety, which in turn facilitated a major change in perspective and opening of heart and mind.

*It's given me the belief in myself that I had forgotten I had. Knowing that there are people out there just like yourself. Knowing that there are all sorts of options available... not just those that we know of, [and that] if you search and seek you will find many different options. The world's full of possibilities. (Lesley)*

Through the PTE Program Lesley was linked with Taskforce and Sign for Work who provided practical assistance with skill development and resume preparation. Through these connections Lesley completed a Certificate III in Business and Customer Care. She has also been able to advance her studies in Neuro Linguistic Programming (NLP) and Life Coaching. Most recently Lesley has been involved in voluntary fundraising efforts at a local Buddhist temple.

Lesley has worked steadily towards her goal of becoming financially self-sufficient. Rather than exiting the sex industry completely Lesley has chosen to develop her own 'boutique [escort] agency' based on the principles of communication, appreciation, and respect. Through this enterprise Lesley aims to become a change agent in the sex industry, supporting and empowering other sex workers to make positive decisions about the way in which they work.

The biggest challenge Lesley has experienced during her engagement with the PTE Program has been to confront her own limiting belief system.

*[The] biggest challenges are our beliefs in ourselves. Barriers are the ones I have put in place, not what other people, people don't know what we've done for a living, we assume they do, and it's my own presumption of how other people perceived me that kept me within a certain industry within a way of being within such a small narrow viewpoint. For me the whole thing has been extremely positive, because it encouraged me to be positive, it encouraged me to look inside, and then out, not outside and then in. (Lesley)*

The shift from a *'victim mode'* to one of empowerment and equality has given Lesley a hitherto unknown freedom. Lesley plans to continue developing her Life Coaching and NLP skills, and through the development of her business to support other sex workers to become independently successful.

## 9. Staff interviews

A core component of the PTE program is the delivery of case management support to clients seeking to transition out of the sex industry. Therefore, the PTE case managers hold a broad and rich body of practice knowledge about the PTE program and thus were important key informants for the evaluation of Phase Three. The three case managers participated in face to face interviews conducted by an honours student researcher from Monash University (See Attachment G). The researcher transcribed and analysed the data which was returned to each participant to confirm the accuracy of the transcript.



The case managers identified a number of key issues and challenges which emerged from their case work which are briefly described in the following section. These include first the importance of links and partnerships with external agencies, second how to define 'success', third the importance of responding to immediate client needs, fourth the notion of 'readiness to change' within the PTE client group and lastly the logistical challenges of providing a statewide program with 2.1 EFT staff. The case managers also identified some suggested improvements to the program.

### 9.1 Linkages and partnerships

The case managers highlighted the importance of good partnerships with key external agencies, specifically employment services, as a key component contributing to the successful outcomes for clients. The case managers described Taskforce and Sign For Work as '*transparent*', '*respectful*' and '*supportive*'. One case manager commented 'we continue to receive really good feedback from many of who access those services'.

One case manager described how they supported clients to engage with external agencies including  
*"[W]e can provide them with the referral information, we can make contact with the service provider directly to make appointments, we can provide client transport; we tend to do that stuff, we gauge where the clients' at and we have a discussion with them saying, you know, "what would you like us to do to support you in accessing this?""*

### 9.2 The definition of 'success' within the program

Case managers discussed the importance of focusing on a range of outcomes arising out of the case management with clients that may lead to different types of 'success' for PTE clients. The case managers described 'success' as being 'flexible' depending on the client and their individual circumstances and capacities. The case managers described how they engaged with clients, created '*individual goals for clients*', and worked with them to achieve both long term and short-term goals. Illustrating this point, one case manager said: '*quite often we'll just do some short term, three monthly goals, and that can even be as simple as attending appointments as needed. So it gives them [clients] a sense of achievement*'. Case managers identified that success includes clients trusting the RhED team enough to make contact with and engage with the PTE program, especially when it first commenced as a pilot program. In addition, case managers talked about the importance of seeing the outcomes of the case management process whereby clients gain the necessary skills, tools, resources and confidence to transition out of the sex industry. These types of success are different to another view that success may be counted only in terms of workers stopping their work in the sex industry. As one case manager commented '*it's hard because I suppose success is a very subjective term, and that's been hard in terms of what the government want in terms of outcomes, versus what our clients actually need*'. Another case manager, when referring to clients, noted that '*leaving [the sex industry] immediately might not be a success for them*'.

### 9.3 Immediate client needs

All the case managers commented on the importance of having access to emergency and brokerage funds to assist clients with immediate material needs. One case manager commented '*so I think for most people we meet their immediate needs, and they can be really basic in terms of lodging a house application, or doing some grocery shopping, or getting them a job interview, or linking them with the JSAs, or doctors' appointment, or dental*'. Another case manager described how it assists with client engagement, commenting that '*having the brokerage and the emergency funding puts us straight ahead at being able to help clients and it is a bit of an engagement tool, sometimes*', and '*it just gives people that opportunity to move that little bit closer to their goal*'. Another manager described how she was able to help a client fix her laptop for a course using the funds available and described how '*when I told her, she cried, she was happy*'.

Another manager described how internal referrals to other ISCHS services have contributed to meeting client needs and noted that *'there's a lot more cross referrals internally, I mean, the drug and alcohol team we work very closely with them with their client group and have a lot of cross referrals, but yeah I suppose that's strengthened our involvement with the rest of the organisation in that sense'*.

Case managers also commented on the underspent brokerage and emergency funds in Phases One and Two. One manager was surprised that it was underspent and commented on the difficulties accessing the brokerage and emergency funds. *'I think it's quite difficult to access sometimes in the sense; if it's over 50 dollars or a 100 dollars you have to go to management and get it in a cheque so sometimes it could be almost too hard... quite often I find myself putting it on my credit card and I'll get reimbursed that way, so it can be a bit difficult'*. Another case manager suggested that the under-spend could have been due to *'the fact we were trying to be quite conservative about what we were spending [for clients]'*.

#### 9.4 Client 'readiness for change'

Case managers often talked about whether clients were 'ready' for change and acknowledged that the level of 'readiness' was influenced by a number of external and internal factors impacting on clients. One case manager commented *'quite often I see people leaving the industry as a bit of a start of them reflecting on why they've entered, and that doesn't have to be a negative thing'*. Another described how

*'they may not be, sort of, job ready or study ready and by all means we're happy to support people through that process, but sometimes people will often turn up... they'll only turn up for an assessment and they'll realise: actually I wanna go away and think about this a little bit more, and then they might come back. We have a lot of people that come back six, twelve months down the track and then they're actually ready to, sort of, participate in the program'*.

#### 9.5 Program limitations

There were two key limitations of the PTE program including first the reality that many clients who are not Australian citizens or who do not have residency, are not eligible for publicly funded health, employment, income housing or education services. As two case managers commented:

*'With a lot of our clients who don't have Australian citizenship, or residency rights it's a huge issue... they're not eligible for Centrelink, it completely changes what you can do, and there is very little support we can offer, other than emotional support, and our brokerage [funds]... it's really really hard .... there is nothing available to them.'*

*'You know if they don't have certain conditions on their residency, you know, they might not be able to access Centrelink, therefore if they can't access Centrelink they can't tap into accessing a JSA, which is like a job service Australia provider, who helps them with like job seeking stuff, so that structural stuff can be really limiting'*.

Second is the challenge of finding employers willing to employ people who have previously worked in the sex industry. As one case manager commented *'I think the stuff around direct links to employers is us really, it's us and also a management response, in terms of getting out there and actually meeting with big employers and generating some links and explaining what the program is about'*. Another manager stated *'I think the most effective tool, would be potentially like a part-time marketing person who has that understanding of what our program does but not about promoting our program to consumers, but promoting it to business to support us and to get them to want to help'*. The third case manager noted that *'it was a pilot program initially and so they're starting to see that we actually need to have more links with different agencies and different service providers to enable, you know, clients to be matched more specifically with whatever would suit them best'*.

## 9.6 Suggested improvements

The three case managers identified two key improvements to the PTE program including first the expansion of the program into women's prisons. One case manager commented that *'I think... having better relationship within the prisons.... I think we'd improve our linkages in terms of getting referrals from people exiting prison, and even supporting them pre-release, that's something I'm quite passionate about'*. The worker noted that further engagement with the prison system would enable better supports for people and improve *'our linkages with the justice system'*.

As mentioned earlier, one case manager also suggested that it could be beneficial to employ an additional person to create links between employers and PTE. As the case manager described, this additional staff member would have the time and *'opportunity to do more developmental work, so more partnership building, more network making. I really think we need an additional staff person to actually have the time to do that stuff and that's actually about kind of increasing the breadth of the program and increasing our contacts, so we're better resourced to do our jobs'*.

The three case managers provided valuable feedback on some of the successes of the program, key issues and challenges for the PTE program. Key successes include the strong working partnerships with employment services, access to emergency and brokerage funds and straightforward internal referrals to other ISCHS services. Key challenges include the reality that for many PTE clients, 'success' may be defined as small steps towards transitioning out of the sex industry as compared to an immediate exit from the industry, the limited public resources for clients who are not Australian citizens and the need to build new partnerships with large employers and businesses. Case managers also identified possible improvements including additional funds to employ another staff member who could build partnerships with new employers and extending the program into the women's prison.

## 10. Focus group discussion with PTE Advisory Committee

The PTE Advisory Committee participated in a focus group discussion on Wednesday 8 May 2013 (see Attachment E). The following discussion provides a summary of the feedback provided by participants.

First, participants discussed what they believed were the most important benefits of the program. The key benefit was the provision of options for people who are looking for an alternative or seeking to transition out of the sex industry. Participants also noted that the case management services supported clients with a range of issues including housing, legal, family or other personal issues that may impact on available options for clients in relation to alternative employment or training. In addition, participants noted that such services also assisted clients with other issues that may restrict their opportunity to transition out of the sex industry. Advisory committee members also commented on a side benefit of the program, which is that they themselves learn more about the complex needs of sex workers and develop a broader understanding of the sex industry.

Second, participants discussed the enabling factors which they saw as contributing to the success of the program. These have been noted as dot points below:

- the program is located with the RhED program, thus is customised to meet the needs of the sex industry and offers additional RhED services and support
- RhED's good reputation around the sex industry assists with referrals in and out of the program
- location of the office in St Kilda
- case managers have specialised knowledge of the sex industry
- statewide service that provides outreach
- flexible re: how long people can stay in the program

- respects that workers have different levels of 'readiness' to exit the sex industry
- is not proscriptive
- information about PTE is provided through the RED magazine
- Advisory committee is a collaborative, active and engaged group
- Consumer representative on the Advisory committee
- members of the Advisory committee have long experience and knowledge of sex industry and good networks across key organisations
- stable staff team
- a part-time case manager who also works in the RhED Arrest Referral Program, provides additional knowledge of the legal system

Third, participants provided feedback on what has worked well and why, focusing mostly on the Advisory committee itself. Participants noted the quarterly meetings; the use of different venues; the broad agenda, email reminders and in between meeting, the emailed program updates.

Fourth, participants commented on what hasn't worked well and why. Key issues included the low uptake of mentors from the Good Shepherd mentoring program. Participants identified a range of possible reasons including issues of privacy and changing circumstances of workers. There was a good discussion as to the best ways to support clients after exiting the PTE program. One participant suggested that some clients would benefit from further support or a 'check in', perhaps six months after being discharged from the program.

Finally, participants made some additional comments as to possible improvements to the program. These included the benefit of having another consumer representative and a representative from brothel managers or owners on the Advisory committee. Participants also asked if the quarterly workers reports could include a brief case study on an existing or past client, information on barriers and strategies used to address such barriers. Taskforce asked if case managers could provide some additional information when referring clients to their service. There was further discussion as to additional ways PTE could support ex-clients once they have been discharged from the program. Participants also suggested that it may be useful to ask clients some additional question: how they heard about the program and ask clients who re-engage with the program, 'what would have supported you better or differently when you last engaged with the program'? The committee also agreed with the need for PTE to engage in further broad advocacy to assist in the creation of further employment, training and educational opportunities for sex workers seeking to transition out of the industry.

In conclusion, members of the PTE Advisory Committee commented positively on the positive benefits of the PTE program for sex workers who had accessed the program, other members of the sex work community and members of the broader community. They noted key factors which contributed to the success of the program including flexibility of the program, the strong reputation of the RhED program and the quality of work provided by the case managers. They made some suggestions for improvements including increasing consumer representation on the committee and seeking additional resources to provide support for clients post discharge. Committee members also requested additional information to be provided in the quarterly workers reports.

## 11. Program outcomes

The PTE program has five objectives and the following discussion briefly discusses the program outcomes against these objectives.

**Objective 1: *Provide holistic active individually tailored case management support to help service users access appropriate services and to provide ongoing mentoring and support in seeking and maintaining employment in occupations outside the sex industry.***

The qualitative feedback from clients and workers demonstrates that the PTE program provides individually planned, holistic and flexible case management support which assisted clients to improve their confidence and self-belief and their practical skills. These changes enabled participants to participate in a range of other paid and unpaid activities outside work in the sex industry including study and personal development. Some clients moved from direct sex work to non sex work within the sex industry, including for example managing, cleaning or operating.

These examples demonstrate that transitioning out the sex industry itself is not straightforward. Clients described a number of barriers that negatively impacted on their transition including fear of losing income and concern as to how they would manage, fear of being blamed, marginalised or stigmatised by others who don't work in the sector, and feelings of low self-esteem.

Clients described significant outcomes from the case management support they received which included a reduction in feelings of isolation, stigma and marginalisation. Consequently they described how they had an increased sense of emotional well-being and a stronger sense of being in control of their lives including their work choices, finances, relationships, children and housing. Clients also described how this personal development resulted in them also feeling confident to explore future options and goals including other work, education and taking steps to address their substance abuse issues.

**Objective 2: *Utilise the emergency fund for short-term limited assistance to high-needs service users where existing services are unable to meet specific needs.***

It is well documented that financial considerations are a key motivator for many people who work in both the legal and unregulated parts of the sex industry (Rowe 2006, 2011). Therefore, an important component of the PTE program has been the provision of emergency funds which can assist to address a range of immediate material needs which may negatively influence a client's daily life and capacity to engage with counselling, training or other activities. Key examples included food, clothing, housing and transport. In addition, the brokerage funds provided clients with additional resources to enable their enrolment in relevant courses, purchase of computers and IT equipment, driving licenses and assistance with citizenship applications.

**Objective 3: *Build linkages and referral pathways for service users to services such as education and training, employment, health and mental health, housing, legal and financial services as well as facilitating access to ISCHS health and wellbeing services, and the services of program partners SHM and GSY&FS, as appropriate to the needs of each service user.***

A key strength from the three and half years of the PTE program has been the increased and strong links and referral pathways between PTE case managers and relevant internal and external organisations providing specialist and relevant services. The positive outcomes and benefits for clients are evidenced through the feedback from clients (Section 8), community workers (Section 10)

and case managers (Section 9). Key examples included Taskforce and Sign for Work employment, public dental, generalist, mental health and alcohol and drug counselling services.

**Objective 4: Assist service users to access employment options by recognising their prior learning and transferable skills; through the development of additional skills and attributes; and through engaging Taskforce Community Agency to provide tailored employability support, including vocational assessment, career planning, personal development, preparation of resumes, job search and work placement (Stage 2).**

**Objective 5: Where appropriate, engage service users in one of the four streams within Job Services Australia, or other Federal or State funded employment programs such as Disability Employment Network (stage 3).**

The original service model identified three stages for workers exiting the sex industry. However, a common outcome arising through the evaluations of Phases One, Two and Three is that each client may move through the different stages at different times depending on individual circumstance and need. Therefore, a key strength of the individually tailored case management approach of PTE, has been the collaborative and sensitive work with clients to determine when it is appropriate to work on career planning and personal development (Stage Two), when to formally engage with an employment service such as Job Services Australia (JSA) (Stage Three) and when appropriate, to go back to working on key activities which would commonly sit in Stage Two.

Key areas for improvement identified by clients, case managers and community workers include the following. First, to identify any opportunities to support workers who are interested in transitioning out of the sex industry but not yet ready to commit to an exit program. Second, it was suggested that workers would benefit from further support when being discharged from the program. Specifically it was suggested that some ex-clients may find it helpful to have the opportunity to 'touch base' with a PTE case manager six or twelve months after they have been discharged from the program. This suggestion reflects the view that ex-clients may appreciate some additional emotional support while managing the changes to their financial situation and establishing daily household, family, work or study routines. Third, clients highlighted that it would be beneficial if PTE could facilitate increased access to family inclusive support services, housing support for people who are not Australian residents and financial counselling. It is worth noting that some sex workers, for example those who have student visas which entitle them to work 20 hours per week, do not have Australian citizenship, and thus may have difficulty accessing publically funded health, education and housing services.

## 12. Conclusion

The evaluation of Phase Three of the Pathways to Exit program has demonstrated a number of clear positive outcomes for clients including reduced hours or ceasing their direct work providing sexual services; increasing their participation in other paid work, some of which may still in the sex industry; increasing their opportunities for future employment through engagement with training programs and educational courses; and commencing volunteer work. As evidenced through the feedback from clients, case managers and community workers, these key outcomes are attributable to the PTE program service model, flexible case management approach and available financial resources.

Clients and external community workers all commented on the high level of support provided by the PTE program which enabled clients to realistically identify the complex and detailed issues that may have lead them to commence work in the sex industry and that may exist as barriers negatively impacting on their transition out of the sex industry. This highlights the importance of a flexible, timely, individually tailored and innovative case management program that is able to respond to the diverse and changing needs of people working in the sex industry who are seeking to transition into

other forms of employment. This approach enables a nuanced and detailed understanding of both the journey into, and the journey out, of the sex industry. In addition, it enables a more complex understanding of 'success' and the time required to achieve both small and big successes. Thus it is important to highlight success as including small steps, for example a worker reducing their work providing sexual services; moving from working in a street setting to a legal brothel; reducing their working hours and studying part time or moving out of St Kilda, a known 'red light district' to live in another suburb.

Suggested improvements are detailed as Recommendations (Section 13), however key areas include the development of pre and post program support for workers interested in engaging with the program and once they exit PTE. In addition is the need to explore opportunities to provide support services to sex workers who may not have Australian citizenship. In addition the evaluation highlights current gaps in the clients who are accessing the program and raises questions as to how effectively the PTE program is engaging with other sub-population groups within the sex work community including migrant and multi-cultural workers, men, trans\* women and men and sex workers living in rural and regional areas in Victoria.

In conclusion, the information presented in this evaluation report clearly demonstrates that PTE has successfully achieved the key objectives, provided positive outcomes for clients and that these outcomes have been sustained over time for clients discharged from the program.

## Recommendations

The following recommendations mirror key recommendations from previous evaluations:

### Recommendation 1

Secure recurrent funding for PTE program.

### Recommendation 2

Advocate for increased staffing for PTE to meet existing demand and the needs of more difficult to reach groups such as migrant and multicultural, men, trans\* men and women, and rural sex workers seeking to exit the sex industry.

### Recommendation 3

Obtain additional funding to employ additional staff to improve networks with employers and businesses and provide online and hard copy resources including financial planning.

### Recommendation 4

Develop a pre-entry response for service users interested in the PTE program and a post-discharge response for service users who may require additional support after exit from PTE.

### Recommendation 5

Create additional referral pathways between PTE and relevant external services and programs – specifically employers and training providers.

### Recommendation 6

Continue to support the professional development of staff and incorporate program learning's into the PTE model and work practices.

### Recommendation 7

Continue to research demand for PTE, collect program data and measure program outcomes to evaluate the effectiveness of program.

## References

- Consumer Affairs Victoria (2009) 'Funding Agreement between Consumer Affairs Victoria and ISCHS', December.
- Consumer Affairs Victoria (2012), 'PTE Variation of Agreement', January.
- Inner South Community Health Service, 'Pathways to Exit' *Quarterly Reports*, ISCHS, Melbourne.
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- Resolve Community Consulting (2012) *Pathways to Exit Evaluation Report*, ISCHS, Melbourne.
- Rowe, J. (2006) *Streetwalking Blues: Sex Work, St Kilda and the Street*, RMIT University, Melbourne.
- Rowe, J. (2011) *SHANTUSI: Surveying HIV And Need In The Unregulated Sex Industry*, Inner South Community Health Service / RMIT University collaboration, RMIT University, Melbourne.



# Attachments

## Attachment A

### Pathways to Exit (PTE) Pilot Program Evaluation Framework

#### 1. Pathways to Exit Evaluation Aims

The aims of the PTE Evaluation are:

1. to demonstrate the effectiveness of this service model for meeting the needs of sex workers who wish to transition out of sex work; and
2. to provide evidence to government and funding bodies of the outcomes of the pilot program to achieve a sustainable program in the future.

This Evaluation Framework has three elements – process, impact and outcome evaluations. This ensures that the evaluation covers all aspects of the program and achieves the evaluation aims. However, due to the often complex needs of this client group, effective evaluation of long term outcomes will be limited. Therefore the outcome evaluation will focus on medium term outcomes and clients' future prospects (both from the client and worker views).

#### 2. Program Aim

*To support sex workers who wish to transition out of sex work to find and secure alternative employment.*

#### 3. Program Objectives

- be informed by an understanding of the sex industry and the particular needs of sex workers as well as the employment market, education, training, and community services sectors;
- assist workers to gain access to better employment options by recognising their prior learning and transferable skills, and improving their employability through the development of additional skills and attributes;
- provide active case management support for workers to help them access appropriate services, with case management tailored to the specific needs of each individual worker;
- build linkages and referral pathways for workers to programs and services delivered by government agencies, education and training institutions and community organisations, in areas such as education and training, employment services, health and mental health services, housing, legal and financial services;
- provide ongoing mentoring and support to workers to seek and maintain employment in occupations outside the sex industry;
- provide for an emergency fund for short-term limited assistance to high-needs program participants where existing services are unable to meet specific needs, for example, for items such as emergency accommodation, transport, winter clothing and so on.
- provide clients with access to ISCHS existing health and wellbeing services, as appropriate to the needs of each client;

- sub-contract Taskforce Community Agency to provide tailored employability support alongside ISCHS case management services, including vocational assessment, career planning, personal development, preparation of resumes, job search and work placement;
- where appropriate, engage clients in one of the four streams within Job Services Australia, or other Federal or State funded employment programs such as Disability Employment Network;
- engage an appropriately qualified, independent organisation to conduct a program evaluation at the conclusion of the program.

#### **4. Target Groups and Criteria**

The target group are Victorian sex workers who wish to leave the sex industry. The two sub-groups are street based sex workers and brothel/escort workers.

Criteria for case management are broad, in order to reflect the varied nature of the Victorian sex industry. All criteria must be met for inclusion in the program:

- A sex worker expressing interest in increasing their employability outside the sex industry
- Not already being case managed, or needing to swap from another case management program to the RhED program
- Not actively linked with employment services
- Over 18 years of age.

#### **5. PTE Stakeholders**

Stakeholders include:

- Sex workers – both street based and brothel/escort workers (clients);
- Program partners – Sacred Heart Mission; Taskforce and Good Shepherd Youth and Family Services, Gatehouse
- Community – homeless, drug and alcohol, mental health, financial counselling, health, legal, police, etc and local residents;
- ISCHS – other RHED services and other ISCHS services;
- Industry – brothel and escort agency owners, peak bodies, etc; and
- Government – State (CAV) and City of Port Phillip

#### **6. PTE Program Stages**

The program is being delivered in three stages.

##### **Stage 1: Engagement and Stability**

Case management by ISCHS including, but not limited to engagement and building trust, housing, health (including mental health and A&D) issues, legal issues, personal development, family relationships, income support, managing debt.

##### **Stage 2: Employment 101**

Employability support from Taskforce Community Agency in conjunction with ongoing case management support from ISCHS.

Stage 3: Work experience job seeking and/or training

Referral by ISCHS to Job Services Australia or other appropriate Federal or State funded employment services with appropriate follow up (when required) by ISCHS; or enrolment in an educational and training institution.

Note that as the Pathways program is a holistic integrated program, it may be difficult to assess which specific parts of the program contributed to specific participant outcomes. The true success of this program is how all of these components work together to achieve long term outcomes for participants.

## 5. Program Deliverables and Key Performance Indicators

The report on Phase Three will include measurement of the program against the program deliverables and key performance indicators as described below.

Phase Three (March 2012 to June 2013)	
Program Deliverables	KPI
<p><b>Continue provision of employability services to Clients</b> Extend the agreement with Taskforce Community Agency to allow the continuation of employability services to Clients. <i>Due Date: Ongoing</i></p>	Provision of employability services by Taskforce Community Agency to Clients continues uninterrupted for the duration of the Program.
<p><b>Maintain Case Managers</b> Ensure staffing of 2.1 EFT (3 case managers) is maintained throughout the course of Phase Three. <i>Due Date: 30 June 2013</i></p>	Case management services are continuously available to Clients.
<p><b>Service Delivery</b> Provide Case Management Services to a minimum of 60 clients as outlined in the <i>Overview of Program Delivery</i> above. <i>Due Date: 30 June 2013</i></p>	At least 60 clients will have received support through the Program during Phase Three as evidenced by data captured and the Program evaluation.
<p><b>Progress Reports</b> Progress Reports to CAV as detailed in the Reporting section of this Schedule.</p>	<p>Progress reports</p> <ul style="list-style-type: none"> <li>• Submitted every three months</li> <li>• Contain sufficient information to enable CAV to make judgements on the progress of the Program.</li> </ul>
<p><b>Final Report</b> A Final report on the Program to CAV as detailed in the Reporting section of this Schedule. <i>Due Date: 16 July 2013</i></p>	Acceptance by CAV of the Final report to be submitted to CAV by 16 July 2013.

## 6. PTE Evaluation Methodology

Several complementary methodologies are being utilised to conduct the evaluation of the Third Phase of the PTE program including:

1. Client Interviews (eight)
2. Staff Interviews (two)
3. Quarterly reports/service usage data
4. Focus group with PTE Advisory Committee
5. Client exit surveys

#### **7. PTE Evaluation Objectives, Questions, Measures and Methods**

In the attached Evaluation Framework Table, the program objectives have been refined to enable to reflect the purposes of the evaluation. See attached Evaluation Framework Table.

## Attachment B:

### Phase Three: Pathways to Exit Evaluation Framework

The following framework has been adapted from the Evaluation Framework developed by Resolve Consulting for Phases 1 & 2, completed in 2011 & 2012.

Program Goal	To support sex workers who wish to transition out of sex work to find and secure alternative employment		
Target Group/s	a. Street Based Sex Workers b. Brothel/Escort Workers		
Objective No.:	Key questions	Measures	Method
<b>Objective 1</b>	<b>Process Evaluation</b>		
Provide holistic active individually tailored case management support to help clients access appropriate services and to provide ongoing mentoring and support in seeking and maintaining employment in occupations outside the sex industry	Was the client recruitment process effective? Did the clients recruited meet the program criteria? Were the targets met? Have case management plans and goals been established with each client? What is the level of unmet need for the program incl. gender and CALD?	Number of clients recruited Number of clients – quarterly targets Street based: 4-5 and brothel and escort: 5-7 clients. Case plans and goals developed with each client. Number of referrals to Pathways not accepted and why	Quarterly Reports Staff Interviews (Question in RhED review survey)
	<b>Impact Evaluation</b>		
<b>Impacts</b> <ul style="list-style-type: none"> <li>• Clients' immediate needs are met, eg. Housing, drug and alcohol withdrawal, food, financial, health, etc.</li> <li>• Supportive respectful relationships established with each client.</li> <li>• Case management goals are achieved</li> <li>• Ongoing mentoring and support is available to clients after exiting Stage 1 of the program</li> <li>• Use of brokerage to purchase services to supplement Pathways</li> </ul>	Do clients feel that their more immediate needs have been met (especially street based workers)? Do clients feel that their case management and support needs have been met in a holistic and respectful way by case managers and through purchased services? Do clients feel that respectful supportive relationships have been established? Have clients met their case management goals as identified at commencement of the program? Have clients continued to utilise the Pathways support and mentoring services after exiting Stage 1 of the program? What were the differences for each sub-target group? What are the barriers to exit for each sub-target group?	Clients report having their immediate needs met. Clients report establishment of respectful supportive relationships with case managers. Number of clients who report they have achieved their case management goals. Number of clients using support staff after exiting Stage 1. Brokerage funds have been utilised effectively to purchase supplementary services not available in Pathways.	Case management data Client Interviews Staff Interviews Post program survey Client exit survey Quarterly Reports

<b>Objective 2</b>	<b>Process Evaluation</b>		
Utilise the emergency fund for short-term limited assistance to high-needs clients where existing services are unable to meet specific needs.	Was the fund administered appropriately and according to the distribution policy? Was the emergency fund used to support the case management work?	Emergency fund allocations to each high needs client. Emergency fund expended as planned.	Data on usage of emergency fund Staff Interviews Quarterly Reports
<i>Impact</i> <ul style="list-style-type: none"> <li>High needs clients' short term needs are met</li> </ul>	<b>Impact Evaluation</b>		
	Was the emergency fund effectively used to meet short term needs of high needs clients that could not be met through other services? Was it enough money?	High needs clients report having their short term needs met. Staff report using the emergency fund to meet the short term needs of high needs clients	Staff Interviews Emergency fund data Client Interviews Post program survey
<b>Objective No.:</b>	<b>Key questions</b>	<b>Measures</b>	<b>Method</b>
<b>Objective 3</b>	<b>Process Evaluation</b>		
Build linkages and referral pathways for clients to services such as education and training, employment, health and mental health, housing, legal and financial services as well as facilitating access to ISCHS health and wellbeing services, and the services of program partners SHM and GSY&FS, as appropriate to the needs of each client.	How many clients were referred external services including program partner SHM and GSY&FS? How many clients were accommodated through SHM? How many clients have been referred to other ISCHS services? Which services?	Number of services referred to/linked to. Number of clients housed through SHM. Number of clients referred to GSY&FS services. Number of internal ISCHS referrals.	Case management data Quarterly Reports Staff Interviews
<i>Impacts</i> <ul style="list-style-type: none"> <li>Clients utilise the services to which they have been referred.</li> <li>Strong external referral pathways are established with program partners, and other relevant agencies</li> <li>Internal ISCHS pathways are strengthened.</li> </ul>	<b>Impact Evaluation</b>		
	Were appropriate linkages and referral pathways established to meet the needs of clients that could not be met through Pathways support? How? Have clients used the internal and external services to which they have been referred? Have staff strengthened internal ISCHS pathways on behalf of clients? How? Were the program partnerships with SHM and GSY&FS effective? What are the current gaps in service system that act as barriers to exiting sex work?	Clients report using and engaging with services after referral. Staff report on the establishment and strengthening of external and internal service pathways. Staff report effective relationships with program partners Staff and clients service system gaps that act as barriers to exiting. Number of referrals to other services not accepted and reasons why.	Staff Interviews Client Interviews Case management data Post program survey

<b>Objective 4</b>	<b>Process Evaluation</b>		
Assist clients to access employment options by recognising their prior learning and transferable skills; through the development of additional skills and attributes; and through engaging Taskforce Community Agency to provide tailored employability support, including vocational assessment, career planning, personal development, preparation of resumes, job search and work placement.	Was the MOU developed as agreed with Taskforce? Was an effective working relationship established between Pathways and Taskforce? How many clients were supported by Taskforce?	MOU with Taskforce Number of clients supported by Taskforce. Both Taskforce and Pathways staff report that an effective working relationship was established.	Case management data Quarterly reports Staff Interviews
<b>Objective No.:</b>	<b>Key questions</b>	<b>Measures</b>	<b>Method</b>
<i>Impacts</i> <ul style="list-style-type: none"> <li>• Clients are respectfully and effectively supported to increase their employability.</li> <li>• Clients have made progress towards achieving their employment goals.</li> </ul>	<b>Impact Evaluation</b>		
	Did Taskforce meet the employment support needs of the clients in a responsively and respectfully? Have clients progressed towards achieving their employment goals as identified at commencement of the program? Did case managers effectively assist clients to access employment options and work with Taskforce and other agencies to achieve this?	Number of clients completing support period with Taskforce. Clients report that their employment needs have been met in a respectful way. Clients and case managers report client progress towards employment goals. Case managers effectively assisted clients to access employment options and work with Taskforce and other agencies to achieve this.	Client Interviews Quarterly reports Staff Interviews Post program survey Client exit survey
<b>Objective 5</b>	<b>Process Evaluation</b>		
Where appropriate, engage clients in one of the four streams within Job Services Australia, or other Federal or State funded employment programs such as Disability Employment Network.	How many clients are referred into appropriate employment programs?	Number of clients referred to employment programs	Quarterly reports
<i>Impacts</i>	<b>Impact Evaluation</b>		

<ul style="list-style-type: none"> <li>• Clients who are ready are linked into appropriate employment program</li> <li>• Clients learn necessary skills for future employment</li> </ul>	<p>Are clients linked into the most appropriate employment programs?                  Were the employment programs responsive to the specific needs of Pathways clients?                  Do clients stay with the employment program and learn necessary skills for future employment?                  Have clients met their employment goals as identified at commencement of the program?</p>	<p>Number of clients engaged with employment programs.                  Number of clients who have completed employment programs                  Number of clients who have met their employment goals</p>	<p>Post program survey                  Staff Interviews                  Client Interviews</p>
<p><i>Program Outcomes</i></p>	<p><b><i>Outcome Evaluation</i></b></p>		
<ul style="list-style-type: none"> <li>• Clients have increased employment choices and improved future employment prospects on exit from Pathways</li> <li>• Clients have increased participation in training, job seeking, volunteer work or paid work.</li> <li>• Clients have reduced hours in sex work or no sex work.</li> <li>• Clients are supported in the longer term if and when required.</li> </ul>	<p>Do clients have increased employment choices?                  What are clients' prospects for future employment?                  Have clients increased their participation in alternative work, study or training?                  Have clients decreased or ceased sex work?                  Have clients been supported in the longer term if and when required and how have they been supported?</p>	<p>Clients and staff feel that clients have increased employment choices                  Reduced hours in sex work at completion of program.                  Increased number of hours each client is in study/training/ alternative (non-sex work) paid work                  Clients' plans for the future.                  Number of clients who have utilised Pathways support after exiting the program if and when required and the type of support provided.</p>	<p>Assessment Data and                  Post program survey                  Staff Interviews                  Client Interviews</p>



## Attachment C

### PTE Interview consent form

#### Information for People Participating in Client Interviews for the Pathways to Exit (PTE) Evaluation

### Information and Consent

This information sheet will provide you with information about the *Pathways to Exit (PTE) Evaluation* so that you can make a decision whether or not to take part in it. Please read this sheet carefully. Feel free to ask any questions you may have about the Evaluation or the interview. You may wish to discuss it with a friend or a support worker before deciding to participate.

Once you understand what the interview is about and if you agree to take part in it, you will be asked to sign a consent form. By signing the consent form, you show that you understand the information provided and give consent to take part in the interview.

### Some information about the PTE Evaluation

RhED has been running the PTE program since 2010 as a pilot program. Phases One and Two were conducted in August 2011 and March 2012. This interview will contribute to the evaluation of Phase Three of the program. The evaluation will assess the ways in which the program has been working, and if the program can be improved. The evaluation will collect evidence that will contribute to future funding applications. Eg, has contracted Suzi Hayes to conduct the client interviews. We are interested in learning from you about what has worked well, what hasn't worked so well and how we can improve the program. We are interested in hearing your ideas and opinions on this and hearing what you have learnt from the program. We are interested in your story and showing how the program may have assisted you. The interviews will be used to make recommendations about how we can continue to improve PTE. The evaluation will also include other data and information from the program along with feedback from PTE staff and other organisations.

### What's Involved?

You may already have agreed to participate in this project when you consented to be interviewed for the earlier evaluations. This interview will give us a chance to see what you have gained from the program over a longer period of time. If you haven't been interviewed previously, please don't hesitate to ask me any questions.

You will be interviewed by Suzi Hayes who has been employed by RhED to complete the client interviews. The interviews will be recorded and then typed up. The interview will take about one hour. Suzi will phone you, at the pre-arranged time, in order to conduct the interview with you over the telephone.

After the interview is completed, you will receive \$30 in appreciation of your time. A PTE worker will arrange for this to be delivered to you (by post or in person). If you have agreed for part of your story to be included as a case study in the evaluation,

you will receive a copy of your story based on the interview for your feedback. If there are any mistakes or misunderstandings in the case study, please let us know.

We are hoping to interview eight clients.

## Who will benefit from the PTE Evaluation?

Studies such as this give you an opportunity to tell your story and tell us what you think about the program you are using. From the information you give us, we will:

- Learn about your story
- Learn about how the PTE program is working
- Learn how the PTE program can be improved to better meet your needs and for the future, and
- Gather evidence to be used in future funding submissions.

## Voluntary Participation

Your participation in this interview is completely voluntary and will not affect your ability to participate in PTE or to receive services at any agency or organisation affiliated with the PTE, RhED and ISCHS. If you do participate in the interview you can refuse to answer any questions. You can withdraw from the interview at any time and there will be no adverse circumstances if you do. You will continue to receive any of the services currently available to you.

## Are there any risks for me in being involved in the project?

This project will not bring any physical risks to you. However, talking about your story and your personal experiences may make you feel uneasy or uncomfortable. PTE workers will be available if you need to talk after the interview.

## Confidentiality

Given that the interview will ask about your personal story it is not entirely possible to protect your privacy. You can choose or ask us to choose another name in the report. However, people reading the report who know you and your story, may recognise you. This is something you need to understand and agree to before participating in the project.

## What will happen to the findings?

The findings from the interviews will be compiled into a report which will be provided to RhED and to Inner Community Health Service, the agency that manages RhED. This report will be included in the final Phase 3 PTE Evaluation Report, which will be submitted to Consumer Affairs Victoria which funds PTE. ISCHS may provide the report to other government departments or other funding bodies that may be interested in funding the PTE program.

## If you have any questions or complaints...

If you have any questions or complaints you can contact Suzi Hayes or Lee FitzRoy on 9525 3100 or speak to your PTE worker.

## Statement of Informed Consent

**Research:** Pathways to Exit Evaluation

**Researcher:** Suzi Hayes

- I agree that I have read and understood the information about this Evaluation provided on the information sheet called *Information for People Participating in PTE Evaluation Client Interviews*
- I agree that I have been given a copy of this sheet and any questions I have asked have been answered to my satisfaction.
- I agree that I will take part in this interview, knowing that I may withdraw at any time.
- I understand that it will not be entirely possible to protect my identity in the final report.

---

### SIGNATURES

**Participant**

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

PTE Worker: \_\_\_\_\_

**Researcher**

Name: Suzi Hayes

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PTE Workers

Interviewees should keep a copy of this form.

Please email a scanned copy of this consent form to Suzi Hayes prior to the interview.

## **Attachment D**

### **PTE Advisory Committee 2012 - 2013**

Membership:

- Nicole - RhED consumer rep
- Jackie Mullins - Taskforce
- Rachelle Knoche - Sign for Work
- Gendrie Klein-Breteler - Good Shepherd Youth and Family Services
- Claire Davies - Consumer Affairs Victoria
- Lee FitzRoy - ISCHS
- Sandra Gibson - ISCHS
- Kristen Lake - PTE Case Manager
- Emily Gillespie - PTE Case Manager
- Rachel Shankland - PTE Case Manager

## **Attachment E**

### **Client Interview Questions**

### **February 2013**

#### Introduction:

Thanks for coming in today. RhED has contracted me to interview eight PTE service users, and write a report on the information I collect as part of the evaluation of the Third phase of the Pathways to Exit program. RhED will use the information, including parts of this interview, in a formal program evaluation report that will be submitted to Consumer Affairs Victoria, the body that funds the PTE program. A summary of the evaluation may be available publicly. All client information will be anonymous.

Do you have any questions about the interview? Have you signed the consent form? The interview will take about 1 hour.

We really want to know what worked, but also what *didn't work*, so we can learn from and improve the program in future. So, while we're talking, try and keep this in mind. Where, and how, could the program be improved? Let's get started...

#### Background & demographics:

1. Have you participated in previous evaluations of the PTE program?
2. Are you a current client of the PTE program? If not, when did you leave the program?
3. Did you, or do you, conduct the majority of your sex work in brothel, street, or escort based settings?

#### Case management:

I want to ask you a few questions about your experience with the PTE case management service (past or present), in order to find out how well your needs were met through this component of the program.

4. Can you tell me a bit about how PTE has helped you? What kind of support did the service provide for you initially (eg.: through referral to housing, D & A, health, financial, food services)? Did the support you received meet your needs? Describe.
5. If you feel like your needs have been met, could you say a bit about the way in which they were met? (eg., thoroughly, holistically, strategically, haphazardly) If you feel like your needs were not met, could you say a bit about which aspects weren't met, and what you think prevented them from being met?
6. What about the support you received from service providers external to RhED (: Taskforce, Sign Up, ISCHS general), how would you describe this? (eg.: respectful, judgemental, empowering, thorough)
7. How would you describe your relationship with the PTE case manager? (eg.: supportive, difficult, respectful, problematic, well rounded) And the relationships with workers from other services, how would you describe them?

8. Did you identify case management goals at the beginning of your engagement with PTE (eg, : personal, employment, financial, educational)? Have you made progress towards, or met these goals?

9. Do you receive ongoing support or mentoring from the PTE program, after you ceased being a client? If not, why not?

Brokerage:

10. Were RhED staff able to provide \$ to assist you in the short term? (eg, : with housing, food, D&A services)

11. Was the money enough to bridge the gap? (eg, : to tide you over until alternate sources/services became available)

Link & Refer:

12. Were you referred to services within the ISCHS?

13. If so, did you access the ISCHS services you were referred to? If not, why not?

14. Were you referred to services outside RhED? If so, what services? ( Taskforce, Sign Up, mental health, D&A, general health, housing, legal, financial, Sacred Heart women's services – SHM, Good Shepherd youth & family – GSY&FS etc)

15. Did you access the services you were referred to? If not, why not?

16. Were the services you were referred to helpful? Did they meet your needs? If so, how? If not, why not?

17. Were there services that would have been helpful that you couldn't access? (eg, : gaps in service provision that proved to be a barrier in decreasing hours worked or/and exiting)

Employment, skill identification, skill development:

18. Did the program assist you to increase your employability outside the sex industry?

19. Were you linked with services that met your employment support needs? In what way were these needs met (eg, : through mentoring & coaching, via resume preparation support, through the provision of \$ support for purchasing interview clothes etc)?

20. Have you made progress towards your employment goals? Describe.

21. Did PTE support you to identify and develop skills? How? What skills? Describe. (eg, : through referring to JSAs who specialise in these areas, by discussing existing/transferable skills, by helping you to explore the types of skills you wanted to develop etc)

Link with JSAs:

22. Have you been linked with a job services program? Which one? Is/was it appropriate for you? If not, why not?

23. If the job services program is meeting your needs, how are they doing this (: by providing appropriate training and employment opportunities, working with you where you're at, being responsive, flexible, nonjudgmental, supportive etc)?

Outcomes

24. How do you feel about your employment options now, compared to your employment options before you entered the PTE program? Have they changed? Improved? Worsened? In what way? How?

25. Are you doing any voluntary work, training, education, or paid work outside the sex industry at the moment, or since being involved with PTE? If so, what are you doing?

26. Have you reduced the amount of hours you're working, or ceased working, in the sex industry?

27. Are you receiving ongoing support from the PTE program? From other services you were referred to? What kind of support? Is this helpful?

28. What has your experience been like, overall, in increasing participation in education, training and employment outside of the sex industry? What have the biggest challenges been? The biggest barriers? The biggest rewards?

29. Do you have any long term goals, in terms of education, training, employment, family etc, that you want to tell me about?

Is there anything else you want to tell me about PTE before we finish?

## **Attachment F**

### **Advisory Committee – Questions for Focus group discussion**

**May 2013**

1. What are the most important benefits of the Pathways to Exit Program?  
*(clients, community, workers)*
  
2. What factors have contributed to these benefits?
  
3. What's worked well *(ie: program, advisory committee)* and why?
  
4. What hasn't worked well *(ie: program, advisory committee)* and why?
  
5. What would assist to improve the Pathways to Exit Program?
  
6. Any other comments about the program / advisory committee?



## **Attachment G**

### **PTE Staff Interview questions**

#### **May 2013**

##### **General**

1. Has the PTE program worked the way it was intended/designed? If not, what changes have been made and why?
2. What were the most successful aspects of PTE?
3. What were the most problematic aspects of PTE?
4. How could these be resolved?
5. Did PTE meet the immediate needs of clients?
6. What factors contributed to being able to meet these needs? (brokerage)
7. What factors inhibited meeting immediate client needs?
8. Have clients met their case management goals?
9. Were there differences between the sub-target groups (Street based sex workers and Brothel and private workers)?
10. Was the emergency fund a useful tool in supporting case management? Give an example.
11. Was the emergency fund sufficient to meet the objectives of the program? Was it too much money? Why was it underspent? Could this money be utilised in a more productive way to support PTE?
12. What could improve the program?
13. Have there been any changes to the client entry and exit points – has this resulted in better outcomes for clients?

##### **Linkages and Partnerships**

12. How did you go about building linkages and partnerships for PTE?
13. Was this successful?
14. Did clients follow through with referrals? How were they supported to follow through? Give an example.
15. Did PTE strengthen internal ISCHS referral pathways and partnerships? Give an example. Can this be improved?
16. Were the partnerships with key local services effective? Describe. If not, what could improve them?