



**Resourcing Health and Education in  
the Sex Industry (RhED)**

**‘Pathways to Exit’  
Program**

**Phases One and Two  
Evaluation  
Report**

**March 2012**

Funded by  
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Prepared by



Resolve Community Consulting

16 St Vincents Street  
Caulfield East, Vic, 3145  
Tel/Fax 03 9571 6418  
Mob. 0409 301 441

Email: [resolveecc@optusnet.com.au](mailto:resolveecc@optusnet.com.au)

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## Acknowledgements

Resolve Community Consulting would like to thank Inner South Community Health Service (ISCHS) and Resourcing Health and Education for the Sex Industry (RhED) for the opportunity to evaluate Phases One and Two of the 'Pathways to Exit' (PTE) Program. Thanks to the PTE Advisory Committee who commented on the Evaluation Framework and participated in the Focus Group Discussion. We appreciate the time and support of staff and management of PTE, particularly for the staff interviews, supporting the service user interviews, providing program data and their participation in the Focus Group Discussion.

It has been a privilege to interview the PTE service users and to catch up with them a second time to hear their stories of progress along their chosen pathways and hopes for the future. Thank you for sharing your stories with us. We hope your words are heard.

*Ruth Gordon and Olivia Stiles  
Resolve Community Consulting*

*People get stuck. Getting started and making the first step, that's the hard part. A lot of them have things they want to do but they don't know where to start. It's too easy just to keep doing this... It takes a lot of effort to do something else and get out. People don't know about what programs are out there and what funding is available (Carly, 8/12/11).*

*Without the program, people cannot change direction. It acts as a prompt or a catalyst for change. ...The encouragement and affirmation of steps taken and achievements is significant. You bear witness to the progress and achievements and can help the participant recognise this (Focus Group Participant, 8/2/12).*

*I hope to God this program is put forward and gets funding for quite a few years because it is beneficial. And from it, the society can only gain. It's a fantastic program and it can only get bigger and better! (Lesley, 16/12/11)*

*Seeing clients transition to a happier, more confident life is amazing. It is lovely to see people feel valuable, valid and able to contribute to the world (Focus Group Participant, 8/2/12).*

*\* Names have been changed. Dates indicate date of interview.*

## **Executive Summary**

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).

Pathways to Exit 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 12 month pilot however this was extended to two years until February 2012 and then extended another 16 months until June 2013. This evaluation report has been prepared at the end of the second phase (March 2012).

As of January 2012, PTE had worked with a total of 48 service users. 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.

Resolve Community Consulting was contracted by ISCHS in February 2010 to conduct the evaluation of the initial program. This report evaluates Phases One and Two.

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

The aims of the Pathways to Exit 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.

## **Evaluation Methodology**

The PTE Evaluation Framework established the aims of the evaluation and included the evaluation objectives, methodology and measures (See Attachment A). RhED staff and the PTE Advisory Committee assisted in the development of the Evaluation Framework. The evaluation methodology had several components to collect relevant qualitative and quantitative data and ensure that all stakeholder perspectives were included. It is worth noting that the Interim Report (completed in August 2011), focused on service users' experiences and outcomes and supplements the findings of this evaluation report.

Evaluation methods included:

- analysis of quantitative program data – including case management and referral data and data on use of the flexible funds
- analysis of qualitative data including eight interviews with service users
- four staff interviews, and
- a focus group discussion with Advisory Committee members (February 212).

## Evaluation Findings

### 1. PTE Service User Characteristics

The PTE evaluation found that:

- The majority of PTE service users were female (96%) with two male service users.
- 71% of all PTE service users were aged between 25 and 44 years old with 44% in the 35-44 age cohort and 27% in the 25-34 age cohort. 8% of service users were aged 18-24 and 17% were aged 45 and over.
- 65% of PTE service users were Australian. 15% of service users were from New Zealand. 12% of PTE service users identified as “Australian/Other” and 8% of PTE service users were from other countries. None of the service users were of Aboriginal or Torres Strait Islander background.
- 50% of PTE service users lived in inner Melbourne. 21% lived in the middle Melbourne suburbs and 24% lived in outer Melbourne suburbs. Two service users lived in rural areas
- 67% of PTE service users worked in brothels and/or worked as an escort or privately (an increase from 58% in May 2011). 33% of PTE service users were street based sex workers (a decrease from 42% in May 2011).
- There was a mix across both caseload groups (street and brothel & private workers) in terms of the length of time they had worked in the sex industry. 31% from each group had been in the industry for between three-ten years. 19% of the street caseload group had been in the industry between 11 and 20 years and 16% of the brothel group had been in the industry between 15 and 20 years. 16% of PTE participants from the brothel caseload group had been working for one -two years compared to no service users in the street caseload.
- Previous education and work histories for PTE service users varied greatly across both caseload groups with service users in the brothel caseload more likely to have a higher level of education and more likely to have previously worked in other fields.
- 35% of PTE service users had a criminal record including eleven street sex workers and six workers from the brothel/escort/private caseload.
- 54% of PTE service users lived in private rental, with the remaining service users living in a variety of housing types including one service user who lived in a brothel. 28% of service users (mostly street caseload) lived in public, transitional housing or a rooming house. Only 8% of service users (all brothel workers) owned their own home.
- 46% of PTE service users recorded a history of, or current drug and/or alcohol use (a decrease from 62% in May 2011).
- 69% of services users recorded mental health issues, this was an increase from 58% in May 2011. 46% of service users with mental health issues were from the brothel caseload and 23% were from the street caseload. Anxiety and depression were the most common mental health conditions recorded for PTE participants.
- The street caseload group (75%) were more likely to be linked into professional supports than the brothel caseload group (16%) and social/family supports varied across both service user groups.

The service user, staff interviews and focus group discussion provided strong qualitative evidence of positive outcomes including:

- service users reducing and/or stopping sex work
- strong service user engagement with the program
- take up of a range of aspects of the program, including effective referrals to PTE partner and other community agencies
- service users finding work in alternative industries and/or furthering their education in order to meet longer term employment goals
- increased service user motivation and social inclusion
- addressed issues affecting future employment including mental and physical health, substance use, confidence, housing, and
- having future personal and employment goals with strategies and steps in place.

## 2. Findings

The data presented in this Evaluation Report demonstrates that PTE has successfully met its program objectives and that the model and its various components work to provide positive outcomes for service users. The evaluation found that outcomes were sustained among service users who had left the program.

Key outcomes for PTE can be summarised as:

- PTE provides clear pathways out of sex work which are responsive and sustainable in the long term
- PTE offers a flexible and individually tailored model which supports the diversity of need evident among PTE service users
- PTE provides access to responsive and respectful employment services who can support service users and complement PTE case management
- PTE has developed pathways to education and retraining services
- PTE has resulted in a reduction and cessation of sex work for more than one third of PTE service users, and
- PTE has developed strong effective partnerships and service linkages both internally within ISCHS and externally with other relevant agencies.

The key strengths of the PTE program include:

- an holistic and integrated approach to complex short and long term needs of sex workers
- an individually tailored response that allows service users time to make effective change
- PTE staff demonstrate strong professional and inter-personal skills enabling the effective delivery of the program and associated client outcomes
- strong effective partnerships, particularly with Taskforce and Sign On
- flexible funds to fill gaps in other funding and ensure that PTE can support service users in a range of ways
- the location of PTE workers in the RhED program at ISCHS strengthens service users confidence that PTE workers understand their specific needs and issues and will be non-judgemental
- strong referral pathways based on effective networks and linkages with a wide range of services including internal ISCHS services and external services, and



- strong service user outcomes and progress towards achieving individual case goals including gaining alternative employment
- value adding through RhED's existing suite of sex worker support services and ISCHS's services, for example Oral Health, and
- that the PTE service model is, as one Focus Group Participant phrased it, "more than the sum of its parts", with all the different components working effectively together to produce positive outcomes for service users.

The program data describes the presenting needs of services users and how the PTE case managers effectively met these needs. The information collected through the service user interviews strongly demonstrate the need for the PTE program and how beneficial the program was for service users. The service user data clearly demonstrates progress to achieving their individual goals. Many service users report dealing with long term issues and are 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 demonstrates that progress is being made and the pace of the program and range of supports and links to employment and training services meets the needs of service users currently participating in the program. The qualitative data also demonstrates some of the complex issues that emerge when working with this target group and that the positive outcomes of the PTE model is due to its flexible approach. The evidence provided in this report demonstrates that there is a broad range of people who may require different types of support to exit the sex industry.

Staff and Focus Group Participants found the PTE service model to be an effective way to produce sustainable outcomes for service users across all key areas identified at the establishment of the program.

The evaluation demonstrates 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. A key strength of the PTE service model is its flexibility, which enables service users to take time to achieve their goals.

## **Recommendations**

### **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 Culturally and Linguistically Diverse (CALD) and rural sex workers seeking to exit the sex industry.**

### **Recommendation 3**

**Create additional referral pathways between PTE and relevant external services and programs.**

#### **Recommendation 4**

**Obtain additional funding to provide online and hard copy resources to support transition out of sex work including financial planning and access to education and employment services.**

#### **Recommendation 5**

**Revise the PTE model and practices to reflect the evaluation learnings.**

#### **Recommendation 6**

**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 7**

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



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## 1. Introduction

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). A program of this type had been recommended by numerous reviews including the Victorian Government's Prostitution Control Act Ministerial Advisory Committee Report (2007) *Improving the Regulation of the Sex Industry and Supporting Sex Workers Who Want to Move On* and the Victorian government's response prepared by Consumer Affairs Victoria (2008).

Pathways to Exit is a case management program supporting sex workers who would like to explore alternative work or training opportunities outside the sex industry. The Pathways program was initially funded as a 12 month pilot however this was extended to two years to February 2012 and then extended another 16 months until June 2013. This evaluation report has been prepared at the end of the second phase (March 2012).

PTE had worked with a total of 48 service users as at January 2012. PTE is overseen by an Advisory Committee consisting of representatives from the community sector (including partner agencies), City of Port Phillip, Victorian State government and RhED.

The PTE Advisory Committee has included the following members:

- Denise – RhED consumer rep (past)
- Nicole - RhED consumer rep
- Rachael Powning - City of Port Phillip
- Michele Leonard - City of Port Phillip
- Ana Petidis - Sacred Heart Mission (past)
- Fran Zemunik – Taskforce (past)
- Jackie Mullins - Taskforce
- Rachelle Knoche - Sign On
- Rachael Baker – Sign On (past)
- Gendrie Klein-Breteler - Good Shepherd Youth and Family Services
- Sue White - ISCHS
- Sandra Gibson - ISCHS
- Suzie Fry - Consumer Affairs Victoria
- Robyn Mitchell – ISCHS (past)
- Lee FitzRoy - ISCHS
- Rhea Jacobs - PTE Case Manager (past)
- Alice Jalland – PTE Case Manager (past)
- Kristen Lake - PTE Case Manager
- Emily Gillespie - PTE Case Manager
- Rachel Shankland - PTE Case Manager

Resolve Community Consulting was contracted by ISCHS to conduct the evaluation at the commencement of the program in February 2010. The first stage was the development of an evaluation framework. The Framework established the aims, objectives, methodology and measures (see Attachment A and Attachment B). RhED staff and the PTE Advisory Committee contributed to the development of the framework.

The aims of the Pathways to Exit 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.

The Evaluation Framework had three elements – process, impact and outcome evaluations. This ensured that the evaluation covered all aspects of the program and met the evaluation aims. The Report provides an analysis of the effectiveness of the program against the program objectives, reflects on learnings from the first two years of PTE and includes recommendations.

The report details the PTE evaluation methodology (Section 2) and describes the PTE service model (Section 3). Progress against the program deliverables and key performance indicators are examined in Section 4. The program data is presented in Section 5. The results of the qualitative interviews with service users and four service user case studies are presented in Section 6 and results of staff interviews and the Advisory Committee focus group discussion are presented in Section 7. Section 8 examines alternative support options and Section 9 provides an analysis of all the data and presents findings as to whether PTE has been effective in meeting its objectives. Section 10 provides an overview of the learnings from the first two years of PTE and recommendations.

## 2. Evaluation Methodology

The evaluation methodology for PTE has several components to collect qualitative and quantitative data and ensure relevant stakeholder perspectives are included. The Evaluation Objectives and anticipated program outcomes are included in Figure 1 below. The full Evaluation Framework is at Attachments A and B.

*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).
<b>Program Outcomes</b>
<ul style="list-style-type: none"> <li>• Service users have increased employment choices and improved future employment prospects on exit from Pathways</li> <li>• Service users have increased participation in training, job seeking, volunteer work or paid work.</li> <li>• Service users have reduced hours in sex work or no sex work.</li> <li>• Service users are supported in the longer term if and when required.</li> </ul>

### Demand Data

In the PTE Interim Evaluation Report, Resolve Community Consulting presented and analysed existing data on demand for programs to support exit from the sex industry (ISCHS, *PTE Interim Evaluation Report*, 2011).

### Quantitative Program Data

Resolve Consulting collected all relevant existing program data (primarily quantitative in nature) including case management and referral data and data on the use of the emergency and brokerage funds. This data has been analysed to assess how program has met the key performance indicators.

## Qualitative Data

Resolve was to conduct in-depth interviews with eight service users – twice - once for the interim report in May 2011 and a second time at the end of Phase Two. The intention was to allow a longer tracking of service user outcomes. Resolve planned to interview the same service users each time; however this was only possible with four of the original interviewees. The detailed qualitative data collected in such interviews provides a real-life picture of how service users experienced the program, benefits and gaps. The interim evaluation report included the results of the first round of service user interviews and this report includes the results of the four repeat interviews and one interview with a new service user.

## Staff Interviews

Resolve was to conduct two interviews with PTE staff for input into the final report. This changed due to staffing movement. See Section 2.1 for more information.

## **2.1 Changes to Original Methodology**

There have been several minor changes to the evaluation methodology since the commencement of the program in early 2010.

### Quantitative Data Collection

The original methodology included a proposed benchmarking survey/report at the beginning of the program. The methodology was changed to provide a greater emphasis on the Interim Report, which includes an analysis of intake and initial assessment data, thus providing a benchmark. In addition a service user exit survey was developed was prepared for service users to fill in on exit from the program (see Attachment C). Very few exit surveys were completed by service users. Reasons for this include a small number of service users who had been discharged and those who were difficult to contact or engage. The low number of completed exit forms was insufficient to draw conclusions and therefore have not been reported on in this report. There may be additional exit forms available for analysis at the end of Phase 3 (June 2013).

### Qualitative Data Collection

Due to staff turnover and the increase in effective full time staff (2.1 EFT) it was agreed that all staff involved in the program delivery to December 2011 would be interviewed. Therefore instead of the original two staff interviews, a total of four staff were interviewed.

Resolve conducted a Focus Group Discussion on 8 February 2012 with the PTE Advisory Committee. The intention was to gain stakeholder input into the evaluation to supplement the views of staff and service users.

As described above, there were some changes to the service user interviews with only four of the eight initial interviewees interviewed a second time. It was also difficult to recruit additional interviewees. One new service user was interviewed for this report. There were number of factors which contributed to the reduced number of service user interviews including the departure of a PTE staff member and some interviewees were not well enough to be interviewed during scheduled interview period.



Another change to the methodology was the need to explore alternative support options as per the Phase Two service deliverables (see Section 8). This was not referred to in the Phase One service deliverables and was therefore not included in the PTE Evaluation Framework.

## **2.2 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 two year period. The program is focused on the achievement of individual goals and the actual goals and timelines vary between different service users. Progress through the program is likely to be quicker for the brothel caseload and service user outcomes for this group may therefore be easier to measure within a two year program. The range of personal issues and the compounded disadvantage experienced by the street sex work caseload group means that their progress through the program stages and, consequently, the service user outcomes may be more difficult to measure over a two year program. Therefore progress and 'success' may need to be measured in smaller steps or different 'ways' than for the brothel caseload. This is an issue which reflects the differences in the PTE program target groups rather than a limitation of the evaluation methodology; however it does affect the measuring of program outcomes. The collection and analysis of qualitative data seeks to overcome this issue by providing additional information about the lives and experiences of women participating in the program.

In addition, the changes discussed above were strategies to overcome some additional methodological limitations.

## **3. Service Model**

### **3.1 Aim, Objectives, Target Group and Stakeholders**

This section describes the PTE service model including its goals and objectives, stakeholders and program components. Note that this report refers to the case-managed clients of the PTE program as “service users”, rather than “clients”. This is to differentiate from “clients” who purchase services from sex workers. Reference to the brothel caseload includes people working in legal brothels, private workers and escorts unless otherwise stated.

#### **Pathways to Exit Aim:**

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

#### **Pathways to Exit 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.

## PTE 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 include:

- 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, and
- Over 18 years of age.

## PTE Stakeholders and Partners

Stakeholders include:

- Sex workers – both street based and brothel/escort/private workers
- Community organisations providing services for people experiencing homeless, mental health issues, affected by drug and alcohol use, needing financial counselling, general health services and legal advice
- Police
- Local residents
- ISCHS – other RHED services and ISCHS services
- Industry – brothel and escort agency owners, peak bodies, and
- Government – Victorian government, specifically Department of Justice and Consumer Affairs Victoria (CAV) and local government, specifically City of Port Phillip.

Key partners include:

- Taskforce Community Agency is a Melbourne-based non-profit organisation providing employment programs and a range of other initiatives for people living with substance abuse, addiction and recovery, social isolation, mental health issues and dual diagnosis
- Sacred Heart Mission Women's Services Program includes Homefront (SHM) and the Women's House and provides a gender specific response to the needs of homeless women
- Good Shepherd Youth and Family Service provides individual counselling, mentoring and wellbeing programs to isolated and disadvantaged women living in the City of Port Phillip, and
- Sign On is a Jobs Services Australia (JSA) provider and a Disability Employment Network agency. Sign On offers employment services to people with complex needs on Centrelink benefits.

ISCHS convened an Advisory Committee to provide strategic advice for PTE. The partner organisations are members of the committee along with consumer representatives and representatives from local and state government. The committee meets quarterly and is facilitated and supported by ISCHS.

## 3.2 Program Components

PTE has provided case management support for sex workers wishing to improve their employability outside the sex industry since February 2010. Three case managers provide support to the two service user groups - street based sex workers and brothel sex workers (including private and escort workers).

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.

Upon review of interviews with program participants and PTE workers, the experience of delivering services through an individual case management model has demonstrated that each participant may move through different stages at different times. Therefore, it can be difficult to assess which specific parts of the program contributed to specific participant outcomes.

It is worth noting that it was reported at the Advisory Committee meeting on 8 February 2012, that ISCHS had reviewed case management services provided to PTE clients. As a consequence, all PTE case managers will have a mix of street and private/ brothel based workers in their case load. This decision was due to the need to share skills and knowledge of the three groups (brothel and private escort and street) across the three case managers. The change will be introduced gradually with new clients.

## 3.3 Staffing and Flexible Funds

RhED initially employed two 0.8EFT case managers in the first year of PTE (total 1.6 EFT). Additional resources in the second year of PTE has enabled further expansion of the program up to 2.1 EFT, with a focus on street sex workers. Staffing has increased to three case managers and a new case manager was recruited to replace a former staff member in January 2012. The additional staff resources allow for the provision of individual case management services to an additional 10 street sex workers per annum. It was expected that 45 service users will have received support to exit the sex industry in the second year of the program.

Access to and use of flexible funds, including emergency and brokerage funds are an essential part of the PTE model. Monitoring and accountability of these funds (\$30,000 per annum) is a core program objective and included in this report. The policy guidelines detail that flexible funds cannot be used unless other funding avenues have been explored and exhausted.

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 options, medications, and emergency clothing / food / personal items. The brokerage money enables a range of service responses to improve whole of life outcomes for PTE service users, such as access to specialist health services and access to training / employment via payment of non-HECS tertiary fees and TAFE fees.

### Emergency Fund

Eleven service users accessed the Emergency Fund between February 2010 and January 2012. A total of \$1,050.09 was spent, with an average of \$95 per service user. This fund was used to purchase food, medication, housing, phone credit, payment of fines and bills, clothes, emergency dental, toiletries and Metcards. The highest expenditure was for payment of fines of \$282.00.

### Brokerage Fund

A total of \$10,958 was spent from the Brokerage Fund between February 2010 and January 2012. 20 out of 48 service users (42%) accessed the Fund. For these twenty service users the average expenditure was \$548. The most expensive single item was bond support (\$1,400) followed by driving lessons, computers, kit for beauty course, course fees and eye glasses. Methadone, metcards, work clothes, phone credit and bills were also common purchases.

## 4. Program Deliverables and Key Performance Indicators

ISCHS has met the program deliverables and key performance indicators as required in its funding agreement with CAV (see Figure 2 below). Notes regarding meeting of KPIs are provided below.

*Figure 2. PTE Program Deliverables and Key Performance Indicators Phase Two (March 2011 to March 2011)*

<b>Deliverables</b>	<b>Key Performance Indicators (KPIs)</b>
<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> 28 February 2011</p>	<p>Provision of employability services by Taskforce Community Agency o Clients continues uninterrupted for the duration of the Program.</p>
<p><b>Recruit Sex Work Case Manager</b> Recruit a suitably qualified additional Case Manger at 0.5 EFT to target street based sex workers. <i>Due Date:</i> 28 February 2011</p>	<p>An additional Case Manager has been recruited and able to accept referrals by 28 February 2011.</p>
<p><b>Maintain Case Managers</b> Ensure staffing of 2.1 EFT (3 case managers) is maintained throughout the course of Phase Two. <i>Due Date:</i> 28 February 2011</p>	<p>Case management services are continuously available to Clients.</p>
<p><b>Service Delivery</b> Provide Case Management Services to a minimum of 45 Service users as outlined in the <i>Overview of Program Delivery</i> above [refer Phase 1 Deliverables]. <i>Due Date:</i> Ongoing</p>	<p>At least 45 clients will have received support through the Program as evidenced by data captured and the Program evaluation.</p>
<p><b>Explore Alternative Support Options</b> Explore alternative methods of delivering support to the Client group outside of case management. This may include:</p> <ul style="list-style-type: none"> <li>• Development and distribution of self management information resources; or</li> <li>• Peer or group support.</li> <li>• The exploration proves will involve obtaining client feedback on potential avenues, through to the trial and evaluation of possible alternatives.</li> </ul>	<ul style="list-style-type: none"> <li>• The results from the exploration activities indicate possible alternatives.</li> <li>• The exploration activities result in a number of alternative methods being trialled.</li> <li>• The evaluation includes options for alternative service delivery methods.</li> </ul>
<p><b>Evaluation</b> In consultation with CAV evaluation the Program. The evaluation will comprise both Phase One and Phase two of service delivery with a focus on the medium to long term outcomes of the Program. Two reports will be provided to CAV, one interim report by 30 June 2011 and a final report by the Program Completion Date. Both reports will include verbal presentation by the Organisation and the External Evaluator to CAV on the results and recommendations. <i>Due Date:</i> 14 March 2012</p>	<ul style="list-style-type: none"> <li>• Evaluation sufficiently investigates the impact of the Program.</li> <li>• Interim report and verbal presentation provided to CAV by 30 June 2011.</li> <li>• Final report and verbal presentation provided to CAV by 14 March 2012.</li> </ul>
<p><b>Progress Reports</b> Progress Reports to CAV as detailed in the Reporting section of this Schedule [refer Phase 1 Deliverables].</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>

\*Note CAV documentation refers to PTE Clients whereas this report refers to Service Users.



## Taskforce

The partnership between PTE and Taskforce has continued and employability services were provided to PTE service users. Further data on the uptake of Taskforce services by PTE Service Users is presented in Section 5.

## Staffing

The staffing requirements were met by increasing the hours of the PTE Case Managers to full time and employing an existing RhED staff member to provide 0.1 EFT to PTE in addition to their existing work with the ISCHS Arrest Referral Program. This model enhanced the services available to PTE service users, particularly street based sex workers by providing access to a case manager with legal knowledge and expertise.

Staffing in the program was not continuous due to one case manager leaving in early December 2011 and the difficulty in recruiting a new case manager to a short term contract which would have ended in February 2012. Once ISCHS received notification in late December 2012 that PTE program funding had been extended until June 2013, a suitably qualified case manager was recruited and commenced work in January 2012. From December 2011 to January 2012, existing service users received support from the other two case managers. Despite this gap in staffing, PTE met its service delivery targets.

## Service Delivery

Case management services were provided to 48 service users over Phases One and Two of PTE until January 2011. Further information on service delivery is provided in Section 5 of this report.

## Explore Alternative Support Options

Alternative support options were canvassed with PTE Service Users, PTE staff and the Advisory Committee. The results are presented in Section 8.

## Evaluation

The Interim Evaluation report was not provided by due date due to changes in ISCHS staffing and the time taken to contact and gain consent from service users regarding use of the case studies. The report was provided to CAV in August 2011 and accepted. A verbal presentation was made by Resolve to the PTE Advisory Committee, which included a CAV representative on 3 August 2011.

The Evaluation reporting process for Phases One and Two is on target to meet the timelines.

## Progress Reports

Progress reports and financial statements were delivered quarterly to CAV in a timely manner. The Advisory Committee initially met monthly but once the program was running smoothly, agreed to meet quarterly.



## 5. Quantitative Data

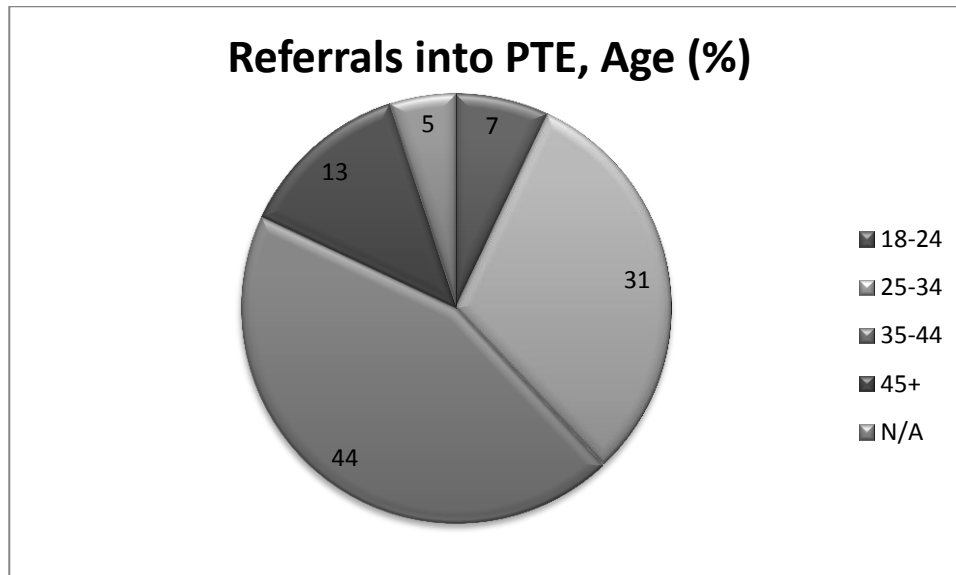
This section presents the quantitative data collected between February 2010 and January 2012 unless otherwise specified. This includes information on referrals into PTE; service user demographic data for all 48 service users and case management data.

Please note some of the following data is presented in two different groups – the brothel and street based workers. This separation reflects the different needs and circumstances of sex workers, the requirements of the PTE program and the original caseload structure. The data is differentiated where clear patterns of difference exist and the data is available, otherwise the data is combined for both caseload groups. “N/A” refers to data that was not available.

### 5.1 Referrals into PTE

#### All referrals

Figure 3. Referrals into PTE by Age (n=61)



In total 61 referrals were made into PTE between February 2010 and January 2012. 59% of these referrals were in the brothel caseload and 41% were in the street caseload. Figure 3 shows that the majority of referrals were for people aged 25-44 (75%) with the 35-44 being the most common age cohort (44%). 13% of referrals were for people aged 45 and over.

Figure 4. PTE Referral Outcomes (n=61)

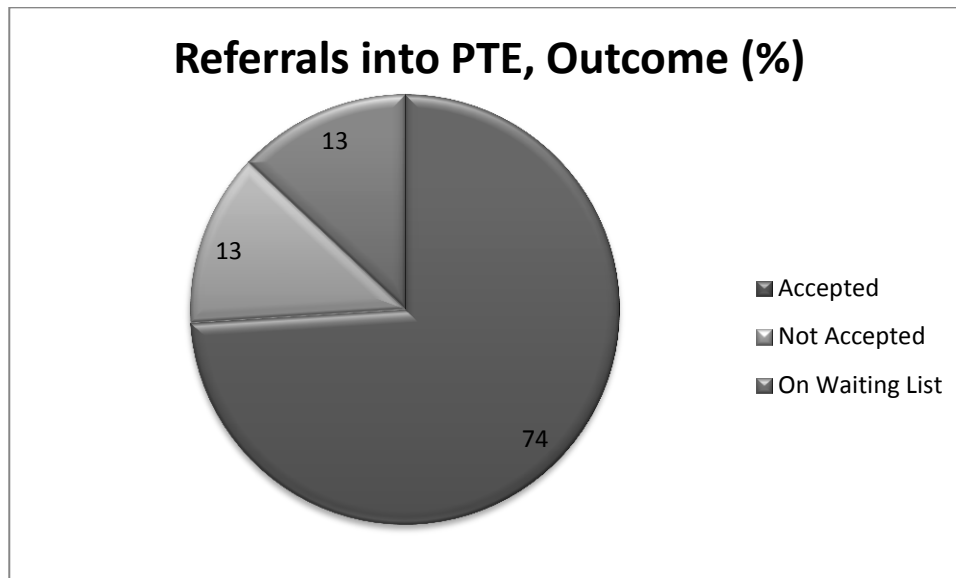
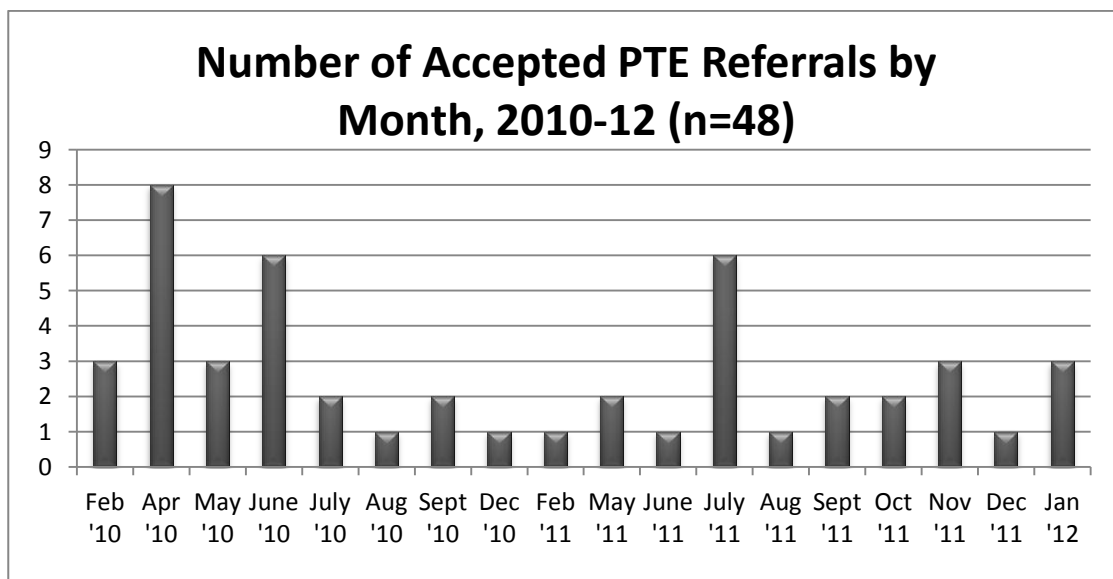


Figure 4 shows that 87% of referrals into PTE (58) were accepted as eligible for PTE. 74% of these referrals (45) were accepted directly into the program and 13% (8) were placed on the waiting list. Those placed on the waiting list were provided information about other relevant services such as Sign On. 13% of those assessed for PTE were not accepted into the program. 17% of all accepted referrals (10) chose not to engage in the program or discharged themselves from PTE.

Of those referrals that were not accepted to PTE, two referrals did not meet the selection criteria; two met the criteria but did not want case management at the time and two referrals did not engage sufficiently for an assessment to be conducted. In addition, one person was unable to take up a place in the program as she had moved interstate. Referrals that were not accepted into the program, as well those placed on the waiting list, were provided with information about other relevant services such as Sign On and housing services.

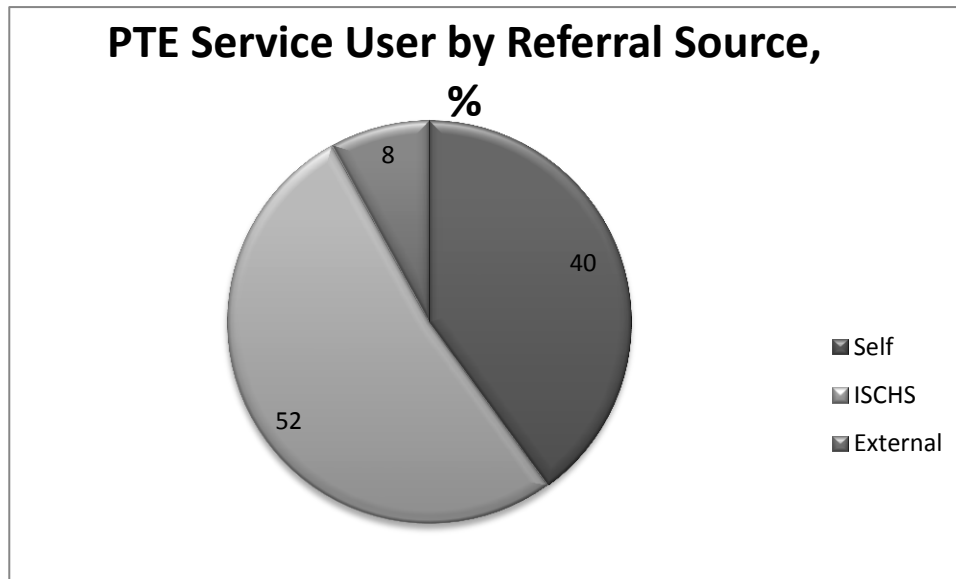
**Accepted Referrals**

Figure 5. Number of Accepted Service User Referrals by Month (n=48)



There are a number of factors that may have impacted on the number, timing and frequency of referrals as demonstrated above in Figure 5. These include staffing changes and recruitment delays along with family and organisational issues and Christmas holidays in December 2010 and 2011.

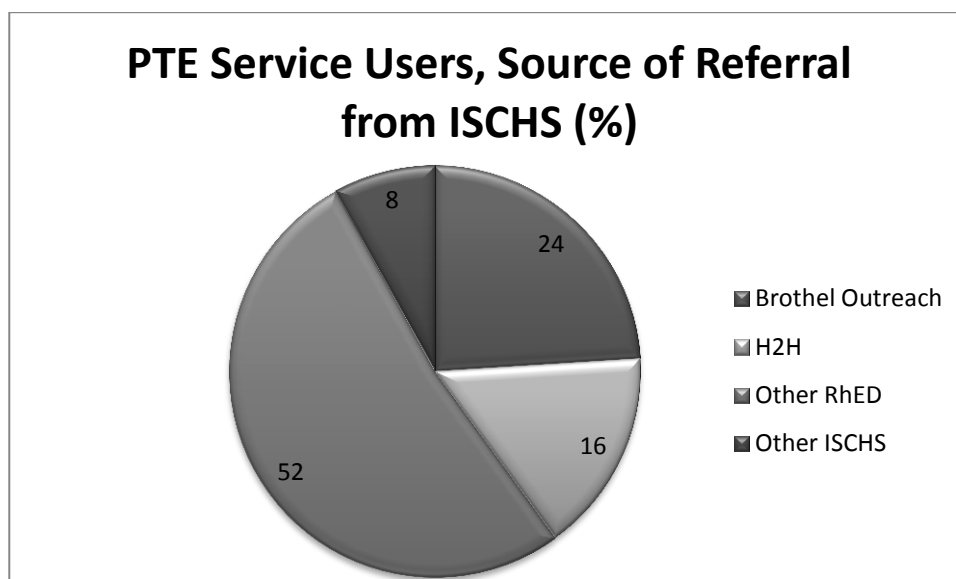
**Figure 6. Source of PTE Referrals, %**



52% of the accepted referrals were made by ISCHS staff, including RhED and PTE staff (see Figure 6). 40% were self-referred including two service users who self-referred after reading about PTE in the RED Magazine (a sex industry magazine published by RhED twice a year). 8% were referred by external agencies.

Self referrals increased from 27% of referrals in May 2011 to 52% in January 2012, particularly among the brothel caseload. This may be due to articles in the RED magazine and the program becoming better known in the sex industry and community sector. There was also a reduction in referrals from other ISCHS staff (from 62% in May 2011 to 52% in January 2012).

**Figure 7. ISCHS Referrals into PTE**



Of the PTE service users referred by ISCHS, 92% were referrals from RhED (see Figure 7) including direct referral through PTE case managers (52%) followed by Brothel Outreach (24%) and Hustling 2 Health (H2H) a peer based drop in program for sex workers (16%). The high number of RhED referrals appears to indicate a high level of engagement between RhED workers and the sex worker community.

## 5.2 Service User Demographics

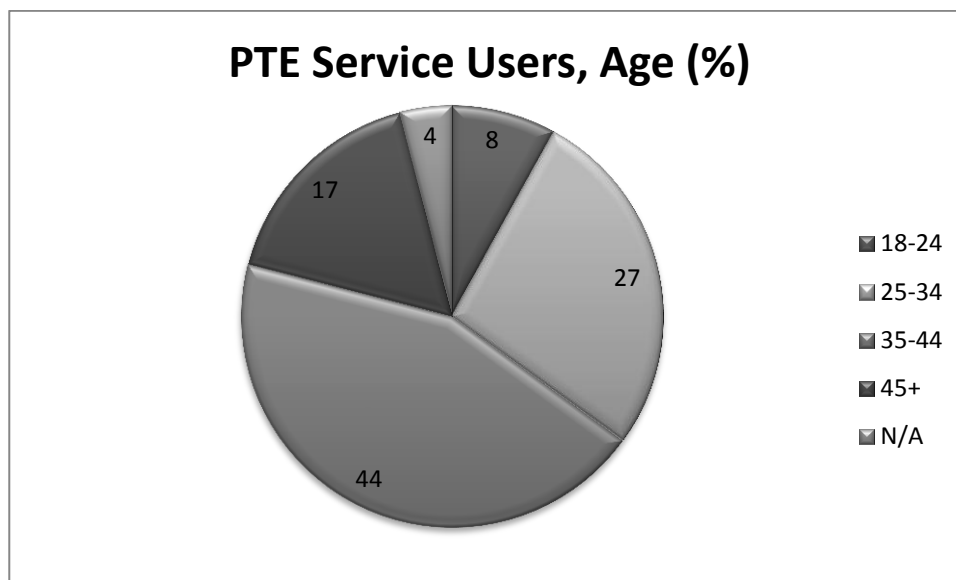
This section presents the demographic data for the 48 service users that were actively case managed from February 2010 to January 2012. Note the 48 service users includes one service user who re-entered the program and is therefore counted twice.

### Gender

There were two male (4%) and 46 female service users (96%). Female includes one service user who identifies as a transgender female.

### Age

Figure 8. Age of PTE Service Users (n=48)



71% of all PTE service users were aged between 25 and 44 years old (see Figure 8) with 44% in the 35-44 age cohort and 27% in the 25-34 age cohort. 8% of service users were aged 18-24 and 17% were aged 45 and over.

**Ethnicity**

*Figure 9. Ethnicity of PTE Service Users*

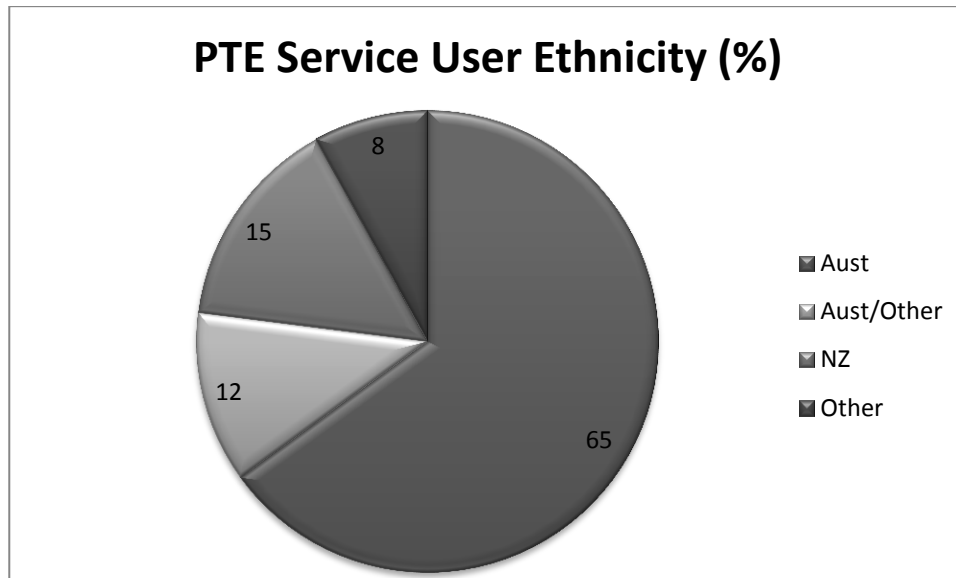


Figure 9 shows that 65% of PTE service users were Australian. 15% were from New Zealand. 12% identified as “Australian/Other” including Australians who identify with Greece, Argentina, US, Canada and New Zealand. The “Other” category includes service users from Mauritius, Switzerland, India and Hungary. No service users were of Aboriginal or Torres Strait Islander background.

**Relationships and Children**

*Figure 10. PTE Service User Relationship Status and Children, %*

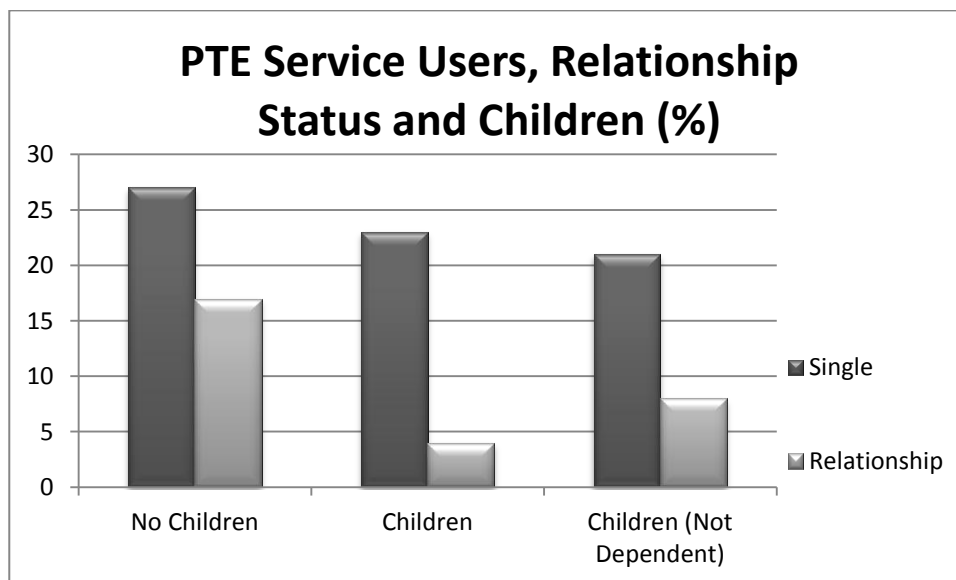
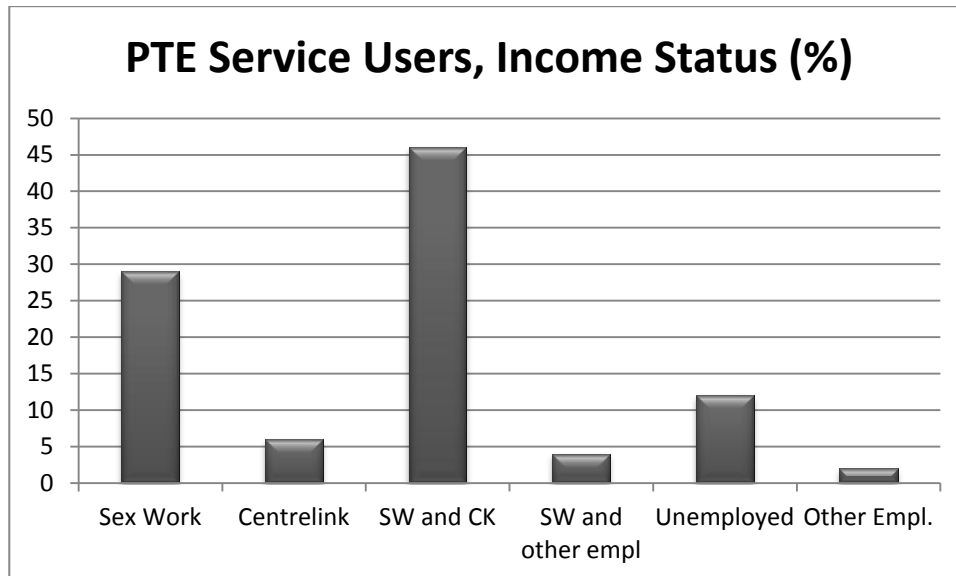


Figure 10 shows that 71% of PTE service users were single and 29% were in a relationship. Single service users were more likely to have children (23% with dependent children and 21% with non-dependent children) compared to those in a relationship (4% with dependent children and 8% non-dependent children). Non dependent children include children in the care of others and adult children.

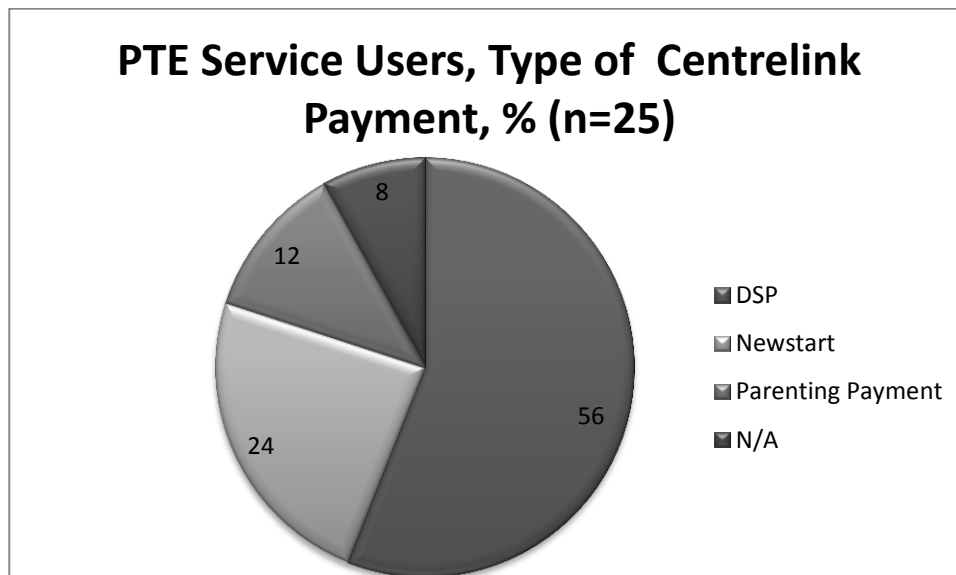
## Income Status

Figure 11. Income Status of PTE Service Users, % (n=48)



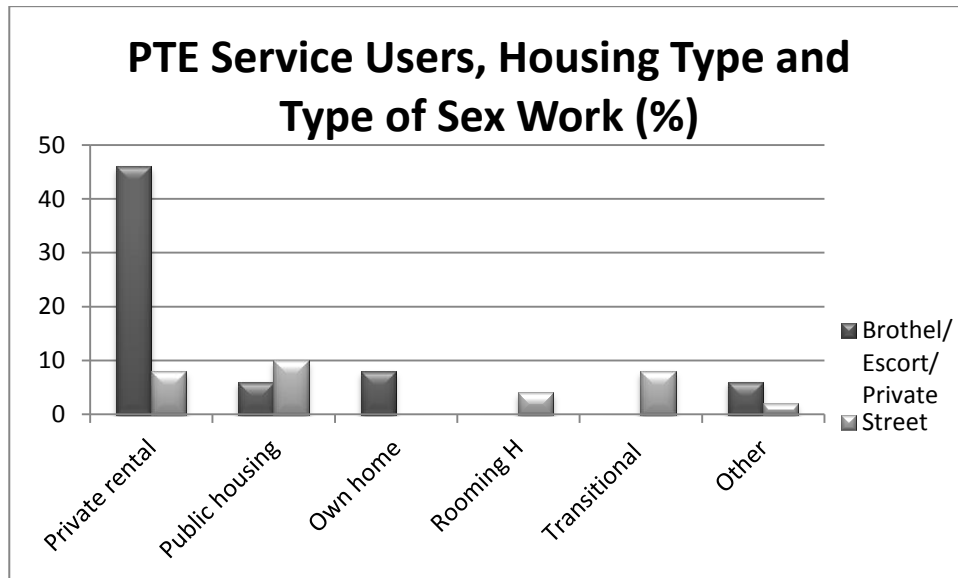
52% of PTE service users were on a Centrelink benefit (see Figure 11). The majority of those on Centrelink benefits were also earning income from sex work (46% of all service users). 12% were unemployed and not on any Centrelink benefits. 29% reported sex work as their sole income source. 56% of those in receipt of Centrelink income were on the Disability Support Pension (DSP), 24% on Newstart and 12% in receipt of the Parenting Payment (see Figure 12). Note that this data was recorded at assessment and PTE staff worked with service users to access appropriate income support.

Figure PTE Service Users, Type of Centrelink Payment, % (n=25)



## Housing

Figure 13. Housing Type by Type of Sex Work, % (n=48)



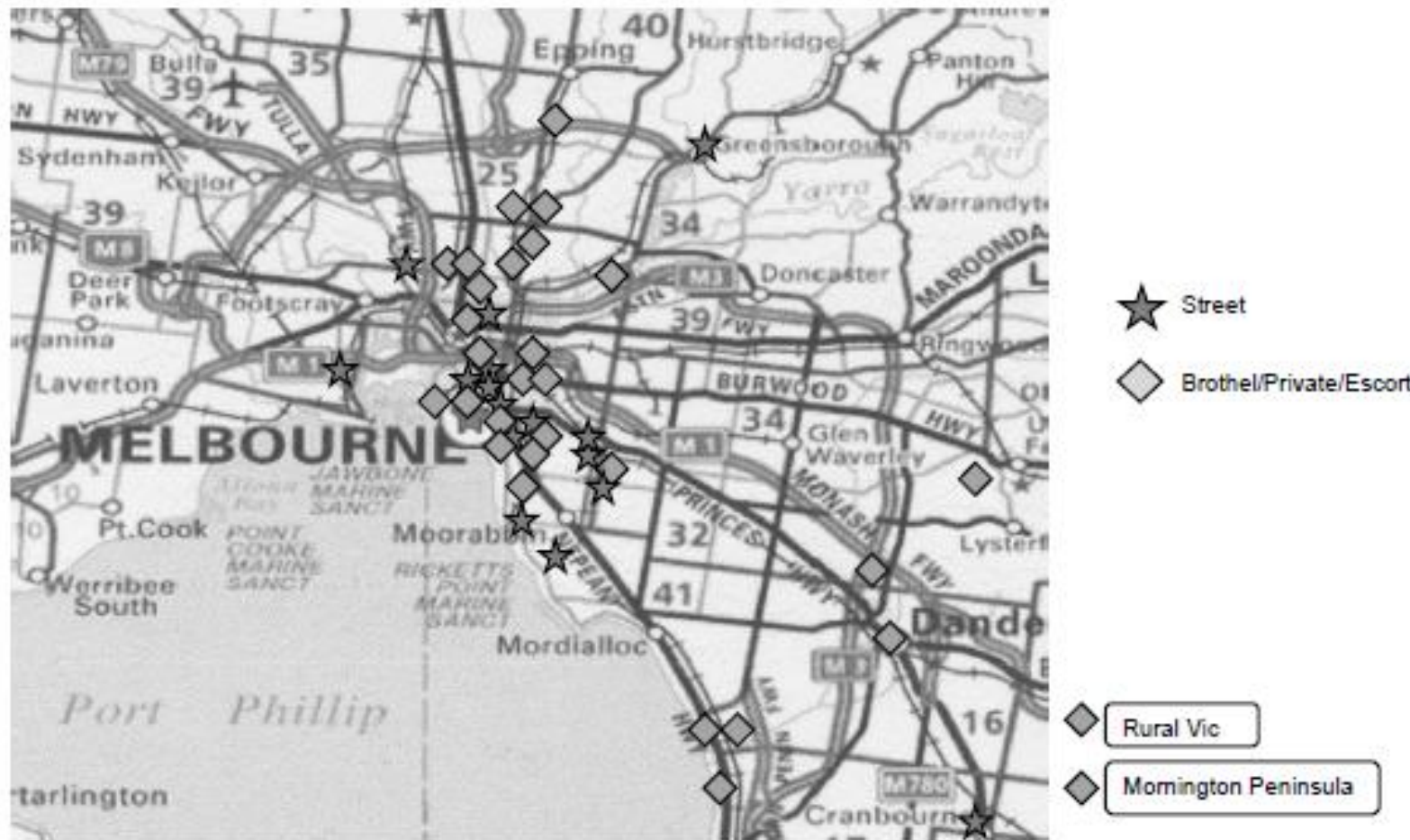
The housing status of PTE service users was very diverse (see Figure 13). 54% lived in private rental, with the remaining service users living in a range of housing types including one service user who was living in a brothel at the time of assessment. 28% lived in public, transitional housing or a rooming house - three from the brothel caseload and 11 from the street caseload. Some of the service users living in transitional housing and rooming houses had been approved for long term public housing under Segment 1. 8% of service users (from the brothel caseload) owned their own home.



**Residential Location**

PTE is a state wide service providing services to workers living in metropolitan and rural areas in Victoria. 50% of service users lived in inner Melbourne (see Figure 13). 21% lived in the middle suburbs and 24% lived in outer Melbourne suburbs and two lived in rural areas. The majority of the street caseload lived in the inner –middle southern suburbs of Melbourne, although there were two service users living in outer Melbourne. Service users from the brothel caseload were from across Melbourne suburbs, however mostly in the north and south east and also two service users in rural Victoria (including the Mornington Peninsula).

*Figure 13. Map of Residential Location of PTE Service Users, by Caseload Group*



### 5.3 Work History

#### Type of Sex Work

Figure 14. PTE Service Users, Type of Sex Work, %

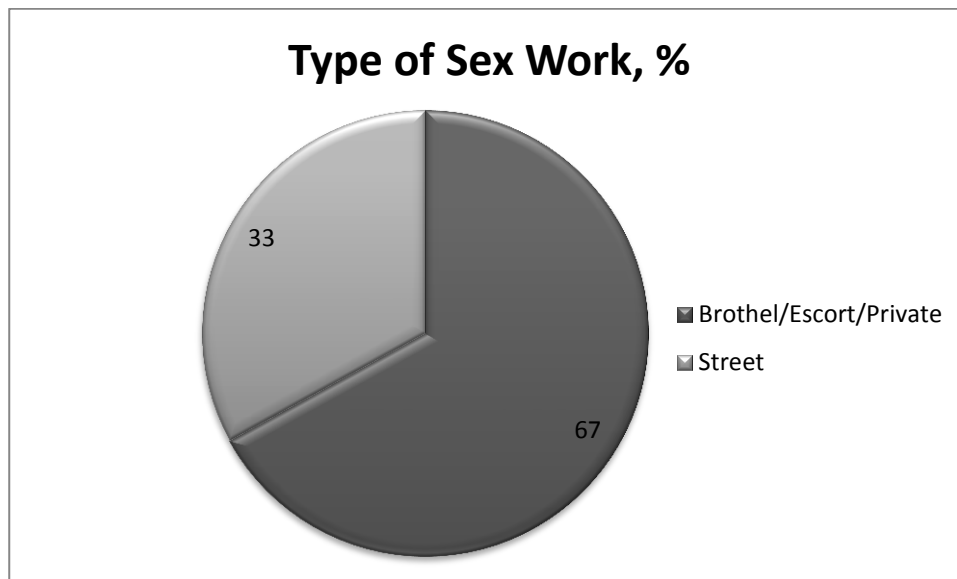


Figure 14 shows that 67% worked in brothels and/or as a private or escort worker (an increase from 58% in May 2011) and 33% were street based sex workers (a decrease from 42% in May 2011).

#### Length of Time in Sex Work industry

Figure 15. Length of Time as a Sex Worker by Type of Sex Work, %

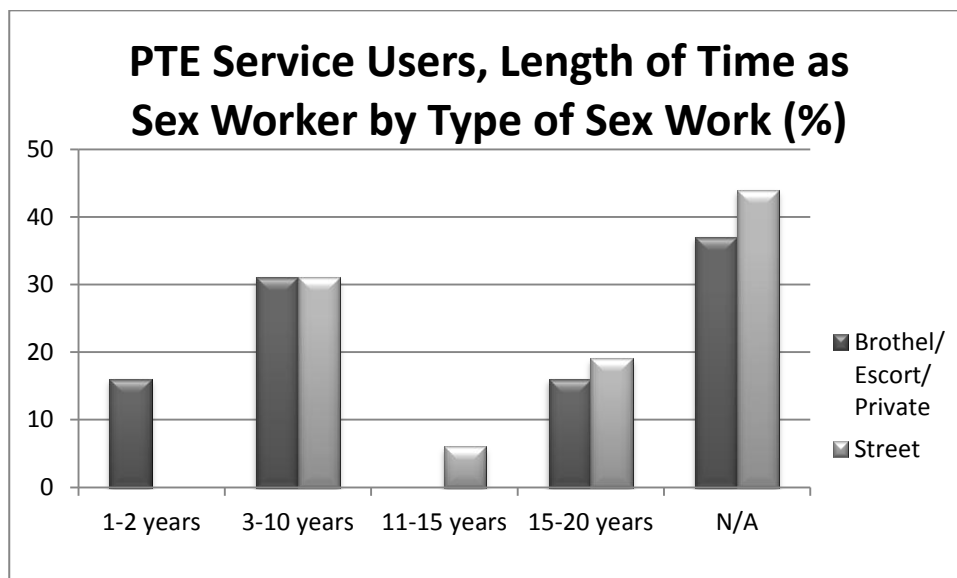
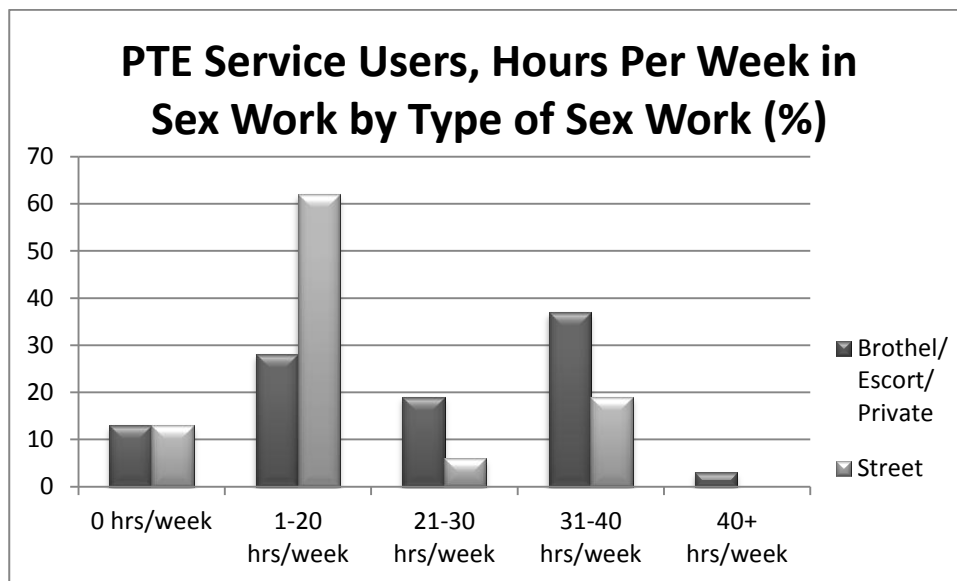


Figure 15 shows that length of time in the sex industry is fairly consistent across both caseloads, apart from the 16% of PTE participants from the brothel caseload group who had been working for one - two years. 31% from each group had been in the industry between three - ten years. 19% of the street caseload group had been in the industry between 11 and 20 years and 16% of the brothel group had been in the industry between 15 and 20 years.

### Hours Per Week in Sex Work

Figure 16. PTE service users Hours Per Week in Sex Work by Type of Sex Work, %

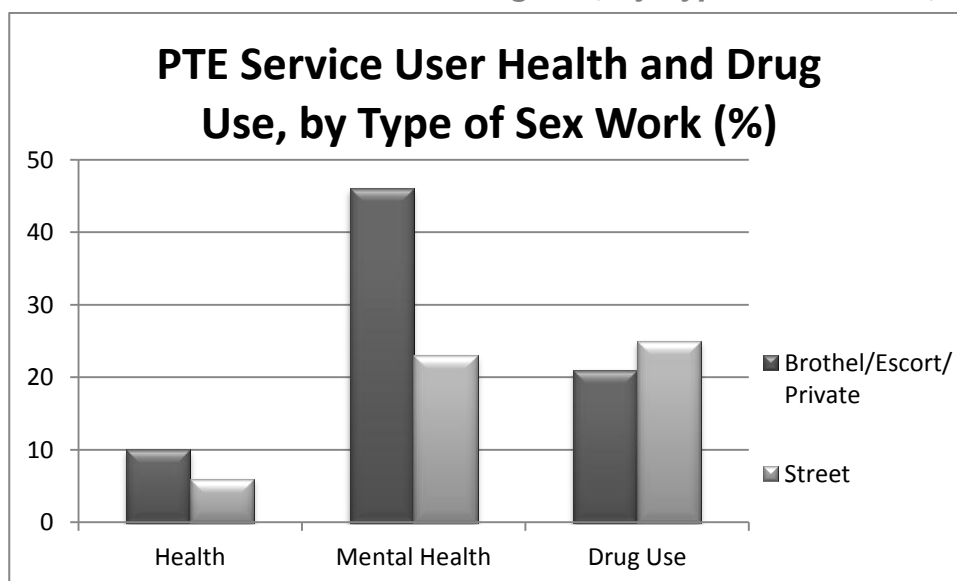


There were notable differences in the hours worked by sex workers working in different sections of the industry (see Figure 16). Brothel workers were more likely to work longer hours than the street caseload, with 37% of service users in the brothel caseload working 31-40 hours per week compared to 19% of the street work caseload. Street workers were most likely to work 1-20 hours per week (62%) and one brothel worker worked more than 40 hours a week. 13% of both caseloads had already ceased sex work on their entry into the PTE program.

## 5.4 Service User Presenting Issues

### Health Issues and Drug Use

Figure 17. PTE Service User Health and Drug Use, by Type of Sex Work, %



46% of PTE service users recorded a history of, or current, drug and/or alcohol use (Figure 17) a decrease from 62% in May 2011. Drug and alcohol usage was generally recorded by the PTE worker as an addiction or dependency with occasional recreational use, which was sometimes in conjunction with the use of other substances. 81% (13) of the street workers reported current and/or past drug use. All of the 13 street workers who reported drug use, reported using heroin (as well as other drugs) now or in the past. Seven brothel/escort/private service users (22% of this caseload) reported using heroin now or in the past. Other substances reportedly used by service users included alcohol, cannabis, prescription drugs and amphetamines.

In relation to health issues, 16% of PTE service users reported physical health issues, including Hepatitis C, diabetes and dental problems. 69% recorded mental health issues (Figure 17), an increase from 58% in May 2011. 46% of service users with mental health issues were from the brothel caseload and 23% were from the street caseload. Anxiety and depression were the most common mental health conditions recorded for PTE service users.

### **Education and Work History**

*Figure 18. PTE Service Users, Education and Work History, %*

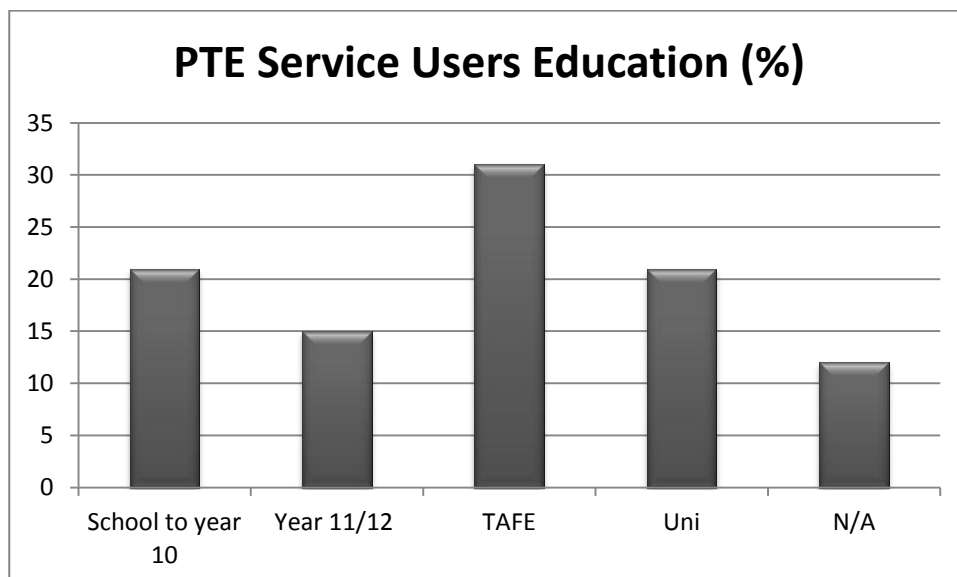


Figure 18 demonstrates the diverse range of education levels achieved by PTE service users. The above graph records only the highest educational level for each person. For example, a service user may not have completed Year 12 but may have completed a TAFE course. Thus the TAFE course would be recorded. 21% of all service users reported schooling of Year 10 or lower, including one street work service user reporting completing Grade 5 schooling. 15% had completed Year 11 or 12 and 31% had completed a TAFE course. 21% of PTE service users had participated in tertiary education. Service users in the brothel workers group were more likely to be university educated with 19% (nine) compared to 2% (one) of the street work service users.

17% of all service users reported having worked in areas other than sex work. This varied from professional work such as a commercial artist, to retail and hospitality including as a qualified chef.

**Criminal Record**

*Figure 19. PTE Service Uses with Criminal Record, %*

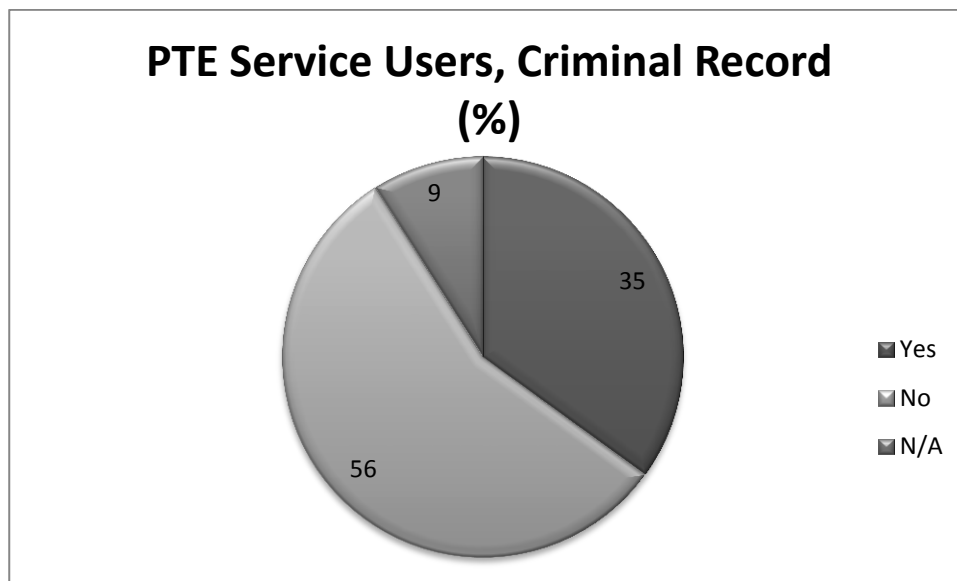
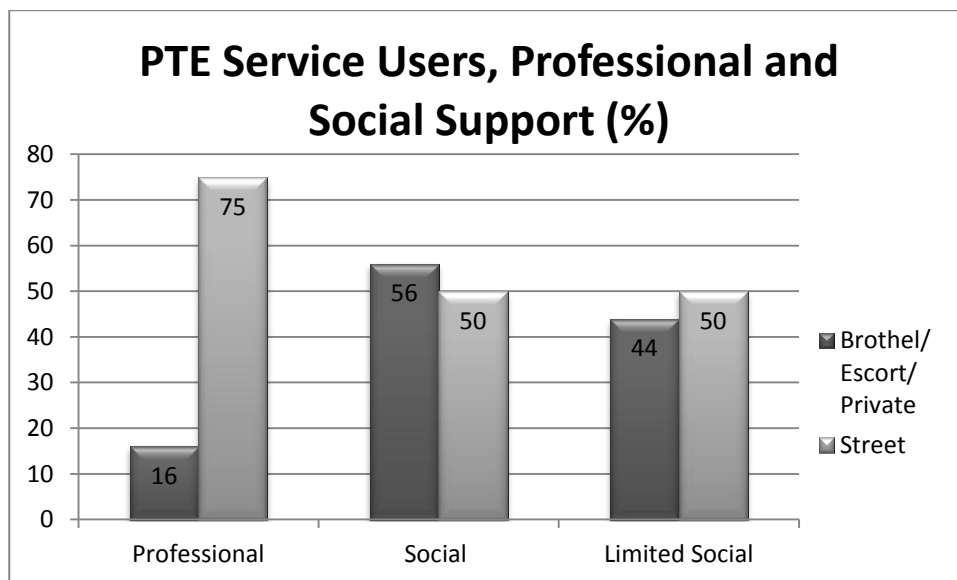


Figure 19 shows that 56% of PTE service users do not have a criminal record, 35% do and there was no information for 9% of service users. Of those PTE service users with criminal records, eleven were street based workers and six were from the brothel/escort/private caseload.

**Service User Supports**

*Figure 20. Professional and Social Support, %*



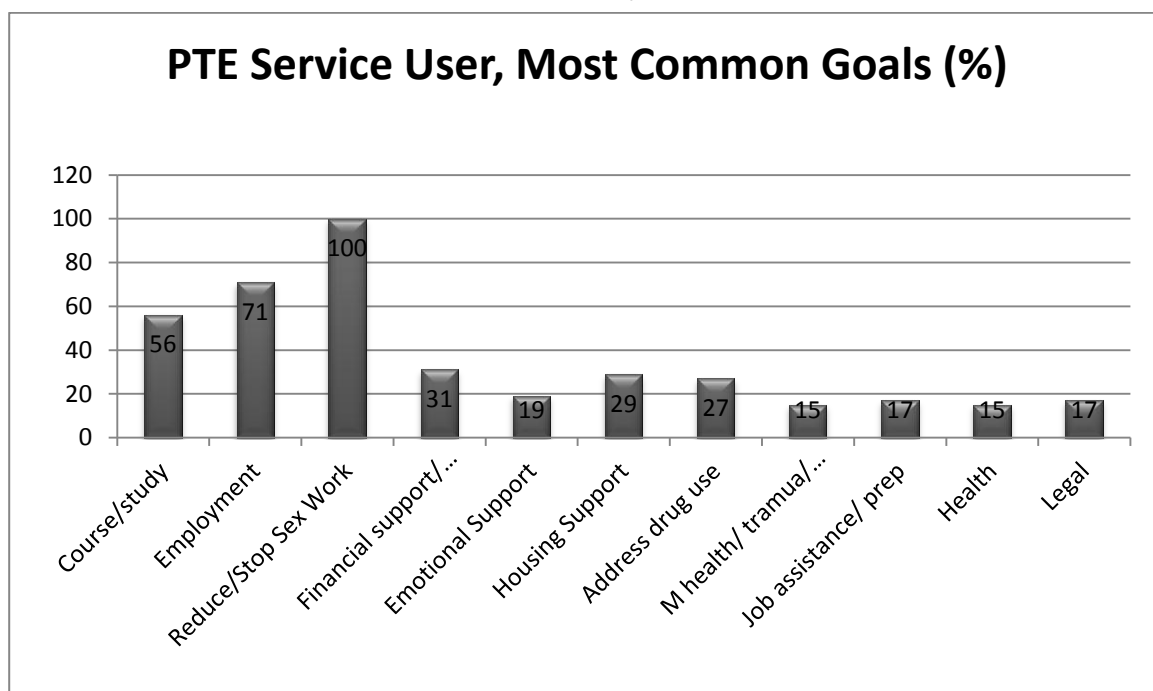
75% of the street worker service user group had accessed professional support from health, community and welfare organisations including RhED, St Kilda Gatehouse, local General Practitioners and other, mostly St Kilda based, support services (see Figure 20). The brothel caseload group were less likely to have accessed professional support services, with 33% receiving support from RhED, local GPs and a psychologist.

Levels of social support were fairly even across both caseload groups. For the purpose of the evaluation, 'social support' includes support of families and partners. When exploring the issue of service users who experienced limited social support, they described a sense of general isolation and lack of social supports. In addition, service users described people who provide support, but who are unaware of their sex work and thus may be unable to effectively support their transition out of the sex industry.

## 5.5 Case Management Goals, Referral and Outcomes

### Case Management Goals

Figure 21. Most Common Service User Goals, %



The most common PTE service user goals were to reduce/stop sex work (100%); to gain alternative employment (71%) and to take up a training course or study (56%) (see Figure 21).

Other goals included financial security, support and/or addressing debt (31%); obtaining emotional support (19%); obtaining housing support (29%) and addressing drug use (27%). Less common goals included increasing motivation and confidence/self-esteem; participating in parenting and anger management courses; owning their own business; moving from street work to escort or private sex work; obtaining a drivers licence; returning to hobbies; resolving immigration issues and safety from violence.

Figure 22. PTE Service User Goals by Type of Sex Work, %

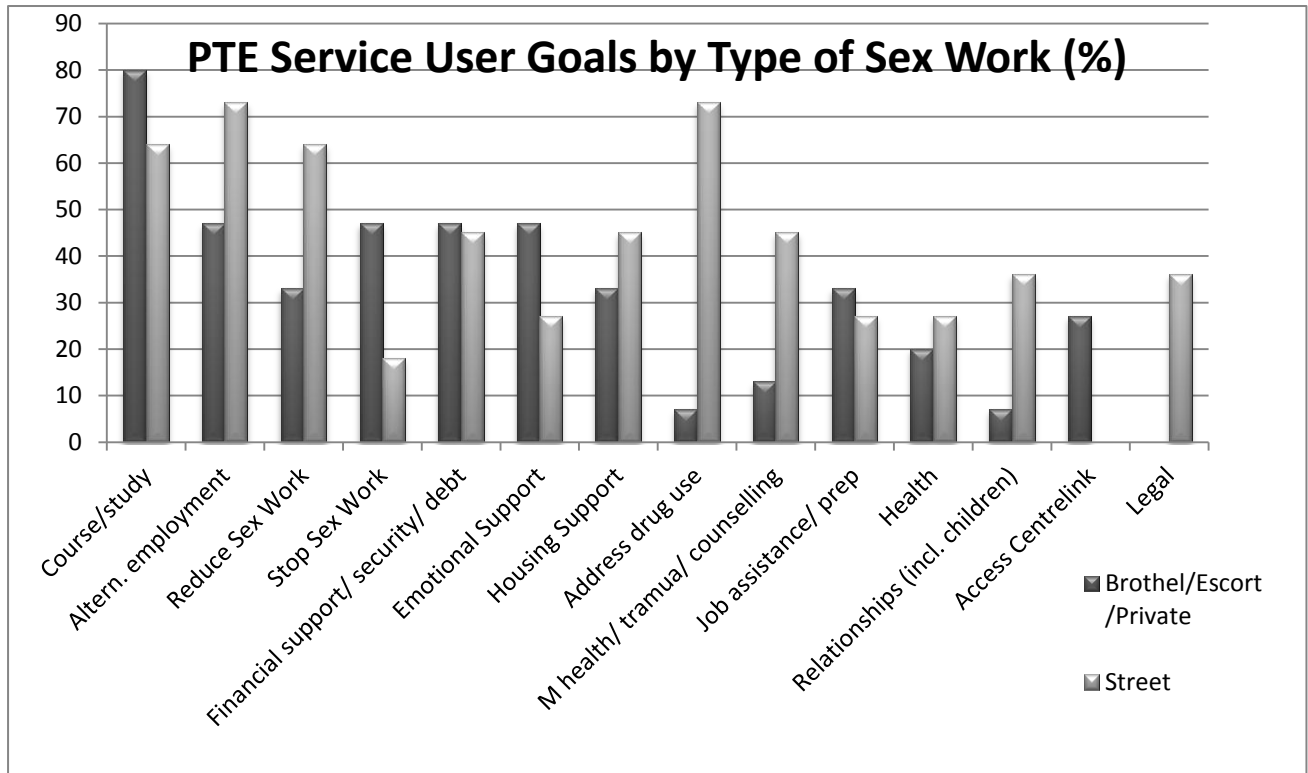


Figure 22 shows that the goals of the two caseload groups varied in some ways with 73% of the street sex work caseload seeking to address their drug use while 7% of the brothel caseload had identified this as a goal. Both groups identified an interest in following up education and training as a goal (80% for the brothel caseload and 64% for the street caseload). Service users from the street caseload were more likely to want to reduce sex work (64%) than stop sex work (18%) compared to 33% of the brothel caseload who wanted to reduce sex work and 47% of the brothel caseload who wanted to stop sex work.

A greater proportion of street service users identified a number of goals including: gaining alternative employment (73%); improving their general health and wellbeing (27%); improving relationships (36%) and resolving legal issues (36%). A greater proportion of the brothel/private/ escort case work group had identified goals such as: seeking emotional support (47%) and accessing Centrelink (27%). 45% of the street caseload wanted to address mental health concerns or access counselling compared to 13% of the brothel caseload, despite the high level of mental issues the brothel caseload identified during assessment (see Figure 17 above).



## PTE Service User Referrals

Figure 23. Referrals out by Type of Sex Work, %

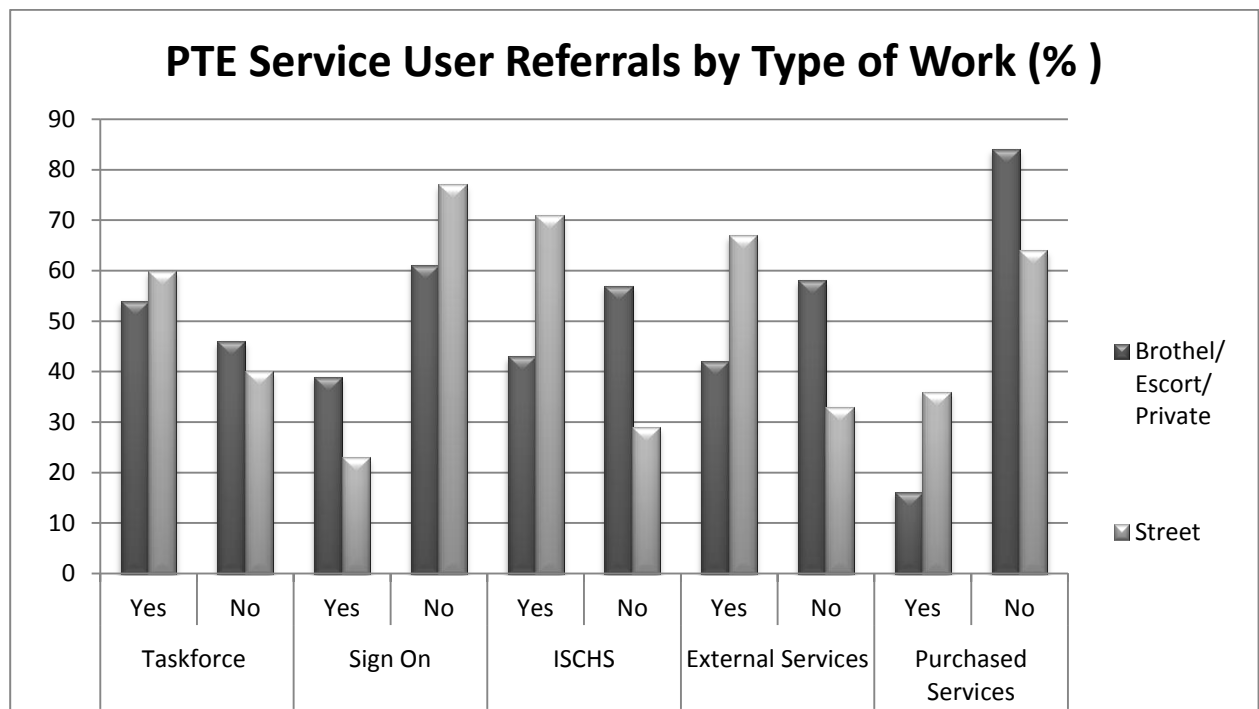


Figure 23 shows the different service user referrals, including to partner agencies for both caseload groups. Many service users were referred to a range of services. 71% of all PTE service users were referred to other services. “No” indicates that no referrals were made. Some referrals may have only been for short term or one-off services. The data includes seven new clients who have not yet been referred to external services. Note there were a relatively high number of service users for whom data was not available (ranging from 9-15 for the different categories).

### ISCHS Referrals

52% of PTE service users were referred internally to ISCHS programs (an increase from 40% in May 2011). Five of the street work service users were referred to the Arrest Referral Program, a RhED program supporting sex workers charged with non-violent offences. Five service users were referred to the dental program (split across both caseload groups) and four service users were referred to counselling. Other referrals included the Women’s Wellbeing Group, which is a social support group; Alcohol and other Drugs (AOD) counselling, diabetes educator, Mental Health First Aid Course, podiatry and financial counselling.

### Taskforce Referrals

56% of all PTE service users (27) were referred to Taskforce (an increase from 44% in May 2011). Services provided by Taskforce included resume writing; job search support, computer courses and job interview skills and preparation.

### **Sign On Referrals**

33% of all PTE service users were referred to Sign On (an increase from 25% in May 2011). Services provided by Sign On included resume writing; referral and support to study; referral to NEIS; job preparedness courses; marketing support and financial assistance for further study. The majority of those referred to Sign On were referred as part of their Job Services Australia (JSA) requirements. Some service users accessing a DSP payment were voluntary referrals.

Note that three service users who are not Australian residents were not eligible for Centrelink benefits and therefore not eligible for referral to Sign On.

### **Referrals to other External Services**

50% of all PTE service users were referred to external services (an increase from 38% in May 2011). These referrals were to a broad range of services dependent on service user need including:

- Legal services (six referrals)
- Housing Assistance and Transitional Housing Management services for rent arrears, housing establishment and access to housing
- Fitted for Work for work clothes (four referrals)
- Financial counselling (three referrals)
- Anger management and parenting courses
- Lifeline for training to be a telephone counsellor
- Sex workers association - SWOP
- Relationship counselling
- Good Shepherd Youth and Family Services for counselling
- Crisis and Assessment Team
- General Practitioner
- Church for financial assistance with moving costs
- Centre Against Sexual Assault
- Driving lessons program and license testing (three referrals)

### **Privately Purchased Services**

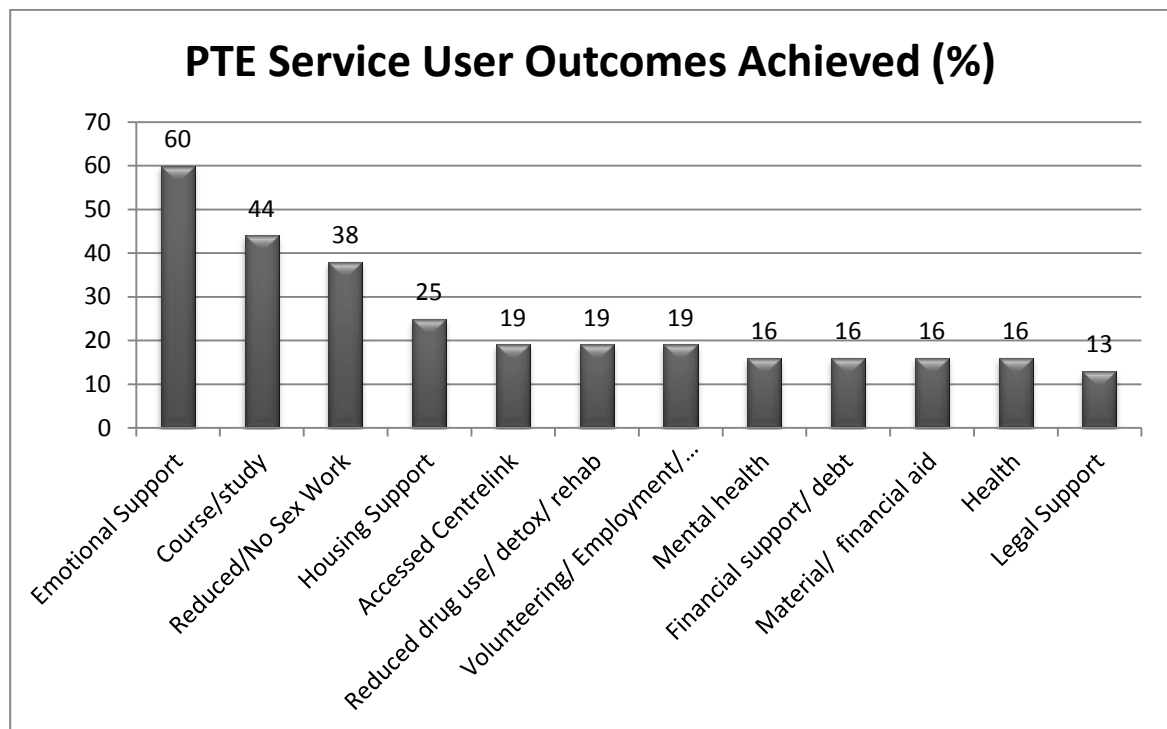
23% service users were referred to privately purchased services (an increase from 17% in May 2011) funded through the use of PTE flexible funds. This may be an indication of the extensive networks developed by PTE in addition to the broad range of publicly funded programs available to assist PTE service users.

The services purchased included:

- Parenting seminar
- Anger management course
- TAFE course (NEIS)
- White Card course (for construction industry)
- Driving test
- Glasses
- Passport
- English language course at RMIT – preparation for study
- Payment for Certificate IV in Beauty, and
- Hairdressing.

## Case Management Outcomes

Figure 24. PTE Service User Outcomes Achieved, %



This section analyses data on the achievement of key case work goals for all 48 service users including those who had exited the program. The outcomes achieved at January 2012 varied according to service user histories, needs and case goals. Figure 24 shows that 60% of PTE service users were provided with emotional support; 44% were engaged in study or a course; 38% had reduced or ceased sex work (an increase from 31% in May 2011); 25% had received housing support; 19% had accessed Centrelink; 19% had reduced/ ceased drug use and/or accessed drug treatment services and 19% were volunteering/working or running their own business. Seven service users had few specific case outcomes as of 31 January 2012 as they had only recently commenced working with PTE.

## **6. Service User Interview Findings and Case Studies**

### **6.1 Overview**

Resolve conducted five service user interviews for this report in November and December 2011. All five interviewees were female. Four were interviewed twice and one service user was interviewed once. Resolve attempted to interview another three service users including two for the second time; however these interviews did not eventuate due to the case manager leaving at that time and two service users not being well enough to be interviewed.

All interviewees received, reviewed and signed consent forms. Two consent forms were prepared by Resolve, one for the first interview (see Attachment D) and one for the second interview (see Attachment E). PTE case managers supported Resolve in recruiting/contacting three of the interviewees. Resolve directly liaised with two of the interviewees who had been interviewed for the Interim report as they had been discharged from the PTE program and did not know the new staff. Two interviews were held at ISCHS offices, 10 Inkerman Street, St Kilda. Two interviews were phone interviews and one interview was held at a hired room at the Queen Victoria Women's Centre after hours to accommodate the interviewee who was working full time. After the interview, all interviewees were given a Coles/Myer gift card valued at \$50 in appreciation of their time.

All records are stored on a password protected computer. All names have been changed to protect the privacy and confidentiality of interviewees. The quotes and case stories included in this report are based on information gathered during the interviews. The questions used for the first interview are the same as for the Interim report (see Attachment F) and a different set of questions were developed for the second interviews (see Attachment G). The second interview provided an opportunity for tracking service users over a longer period of time to gain an understanding of the longer term outcomes of the program.

Four service user case studies are presented in this section to provide an insight into the personal stories of PTE service users, challenges, successes and plans for the future. Interviewees whose stories are presented in the report have reviewed the case studies and given consent.

Of the five interviewees, two had exited PTE and three were still participating in the program. Four of the interviewees came from the brothel caseload and one had come from the street sex work caseload. Four of the five interviewees had ceased sex work and one had increased her hours at a brothel. All interviewees were engaged in education and/or alternative employment.

### **Gabrielle's Story (from interview 11.5.11)**

Gabrielle (aged late 30s) has recently exited PTE after eight months with the program. Gabrielle has a Masters degree in interactive multimedia communication and currently runs her own graphic design consultancy. Outside of her work in the sex industry, her work experience includes roles such as fundraising manager, art teacher, gymnastics instructor and security guard. Gabrielle was a sex worker for seven years. She entered the industry in Montreal, Canada and worked as an escort to earn enough money to travel overseas to study. She received a scholarship to study in Melbourne but developed some debts and returned to sex work to pay her debts. Gabrielle believes that, in addition to financial need, she originally turned to sex work because of an addiction to sex and later realised that this was driven by unforgiving and anger at her family being abandoned by her father at a young age.

*I tried to quit sex work many times. I realised after a couple of years of doing sex work that it wasn't the greatest job in the world anymore. There's a limit on how long you can do the job for and psychologically, you can only lie to people for so long. I quit for a full year at one point but went back to sex work because I had financial commitments and it was unmanageable otherwise. I felt trapped.*

Gabrielle described how she had been waiting a long time for a program such as PTE to help her make the changes she wanted to make. She was relieved to start the program and, indicated that she believed such a program should have been set up earlier.

Gabrielle believes that PTE has mostly helped her on a professional level. She was referred to Sign On who helped her update her resume and prepare for job interviews. Gabrielle has made significant progress towards achieving her employment and personal goals as illustrated by the following quote.

*On a personal level, I am in a stable relationship now. We got married early this year. He has been very supportive and I would still be in financial trouble if it weren't for him. I've been honest about my sex worker past and that has helped me to move on. Honesty allows the healing process to begin. It isn't easy, people judge you for doing this job, but releasing the truth at a convenient time has brought positivity into my life. Professionally, I am running my own consultancy business but I have a lot of work to do with that. My husband and I are trying to plan and set ourselves up for the future (11.5.11).*

Gabrielle believes that her faith in God and the church community support has helped her to exit sex work and recognise that there is more to life than material things. She acknowledges that discovering this has been a long process and that having her husband's financial support has also been important in helping her to manage the reduction in income.

Gabrielle cites finding a job as the biggest challenge she has faced being part of PTE, stressing that this is mostly due to there being fewer jobs in the Arts than in other sectors. She believes that the absence of financial stress is giving her the opportunity to fully explore her options. Gabrielle is very positive about the future. 'I am happy. I don't really think about sex work anymore'. She has many plans and projects - wants to continue to help others, looks forward to having children and is relishing the opportunity to learn to run a home and cook meals. Ultimately, she wants to 'have an impact on people and help others through her art'.



### **Gabrielle's Update (from interview 7.12.11)**

Gabrielle finished PTE in December 2010. She and her partner were married in early 2011 and are now expecting a baby. Gabrielle has part time/casual work teaching film making. She is busy with her art projects and has enrolled at university part-time to study a Diploma of Education. She hopes to gain work as an art or New Media teacher in the future. Gabrielle has not returned to sex work and does not plan to return in the future.

Gabrielle has developed a strong interest in the history and theory of sex work and may be interested in pursuing this interest through study or professionally at some point in the future.

Gabrielle has been supported by her husband and her church. She regularly attends a weekly lunch for sex workers at Project Respect to learn more about and be involved in sex work issues. She is also a mentor with the Good Shepherd Mentoring Program; however she is as yet to be matched with a mentee. Gabrielle would like to see increased volunteering opportunities for former sex workers as a way of learning new skills. She would also like more volunteer opportunities in RhED or PTE for past PTE clients who want to use their experience to support others.

The main outcome of Gabrielle's time in PTE was that:

*It helped me to position myself with my skills and my resume to be seen as someone who has run a business (web and graphic design alongside sex work) for several years.*

The biggest barriers to leaving the industry in Gabrielle's opinion are for people to adjust to a different lifestyle with reduced expenditure; to be open to and ready for change; and to mix with people who are positive and supportive of change.

Gabrielle felt angry about the lack of a program like PTE when she really needed it. She pointed out that the Government had promised a sex worker exit program in 1994 and that PTE was only established 16 years later. Gabrielle said that she would have left the industry three or four years earlier if PTE had been available then. "I would never have stayed as long in the industry but there wasn't a way out".

Gabrielle feels positive about the future. She feels confident that she has a good mixture of skills and employment options. She wants to take care of her baby, study and work part-time and be involved as a voice in the sex industry. Gabrielle is keen to use her experience to address the inequalities faced by sex workers.

*Knowing what I know, I see the future as pretty busy, voicing my opinion.*

Gabrielle appreciated the opportunity to be a part of the evaluation and share her experiences.

## **6.2 About PTE**

Two interviewees (Carly and Angie) reported that the most useful aspects of the program were staff finding and supporting them to access information about courses and alternative employment. Interviewees felt that they could not have found the information themselves or negotiated the course access requirements, including costs and paperwork, on their own.

*I wouldn't have known where to start if it had been up to me. That just made it really easy for me to do! That's what I needed someone to do, all that stuff for me and get my started. And they did exactly that. They pretty much set me up with everything I needed...I suppose that if it had been left up to me, I probably wouldn't have done it. I'm not a go-getter. The fact that [the PTE workers] pretty much organised everything, all I had to do was turn up. It pretty much got me off my arse! I'm much more confident. The last twelve months have been really good (Carly, 8/12/11).*

The training course Angie completed led to her gaining full time work in another field. Angie described how the PTE worker's persistence and support were key factors which supported her transition to alternative employment.

Lesley described the difficulties she experienced trying to find information about services. Lesley also commented that she had not received information about PTE or Sign On from Centrelink or other government services she had contacted.

Carly and Rita enrolled in beauty courses and PTE assisted with the purchase of relevant supplies.

Rita said progress along her new pathway has been multi-layered, whereby she has been working on a range of issues at the same time. As Rita commented “they’re all linked in somehow”, including addressing mental health, improving her social life, reducing her methadone use, exploring her health, accessing education, making plans for the future. “I wouldn’t have been able to do that without the help of RhED, my case worker and Sign On” (28/11/11).

Lesley reported that despite being an “independent and resilient woman”, she would have found the transition out of sex work very difficult without PTE.

*Without that support, I don't know what I'd be doing right now. I do do a lot of stuff off my own but that's just me. I'm very resilient and that's just what I do. But at least by trying you get to see what choices you have and what works or doesn't... She's a very good counsellor. She's very judgement free. She's very professional and has incredible knowledge. She's very, very good at what she does. It's very comforting. I really do look forward to that [our monthly meetings]. I always feel so much more positive afterwards. The actual encouragement that you don't get anywhere else. I do know if I hadn't had that support I wouldn't be sitting here. I'd be back at work (Lesley, 16/12/11).*

The specific skills, personality, support and persistence of the case managers were helpful aspects of PTE program for Angie and Gabrielle.

*[PTE worker's] personality. I think you need someone really joyful. Someone that who treated you like a friend. Who didn't look down on you. I felt ashamed feeling like I needed a social worker. I thought I was autonomous as a sex worker. But she didn't make me feel like a failure. She plugged me into all the services. She managed really well (Gabrielle 7/12/11).*

Rita's only problem with PTE was the resignation of her case worker from the program. Rita had such a strong rapport with her case worker that she was concerned that she would not be able to replicate this with a new worker. Rita said that her and a number of other service users she knows were “devastated” when they received the news about the case worker leaving the program. In addition, Rita commented on the time gap in the recruitment process and the absence of the planned handover. Rita understood the difficulties ISCHS faced in recruiting to the position; however she was concerned about getting through the holiday period without a case worker. Apart from this issue, Rita said that she could not fault the PTE program.

*I wasn't happy about it but I accepted it. There won't be anyone til January now and that's normally when I have trouble. They do say that there will be someone we can call and talk with. But it's not the same. I'm hoping I'll be pretty occupied and chilling out on school holidays. That's the only thing. You can make plans but things do happen (Rita 28/11/11).*

Gabrielle said that would have liked more time with her case worker and with Sign On. Gabrielle has been in touch with PTE staff regarding her interest in volunteering in some capacity. She has also offered her graphic design services for the RED Magazine. Gabrielle described feeling frustrated that there are no opportunities for graduates of PTE



to be involved in the program specifically and/or in RhED in some way. She is finding “her place as an ex sex worker”.

*Allowing me to be involved through RhED in a voluntary capacity would have been really helpful. I had heaps of design skills and I offered them to RhED but no-one wanted them...Establishing a volunteer program for people who want to exit and who want to learn new skills would be good. There are more than 10,000 sex workers in Victoria. Come on! (Gabrielle, 7/12/11).*

Carly and Angie reported that there was nothing about PTE that was not useful or beneficial and nothing about that the program that they would change.

*I couldn't be happier with the program, I'm rapt! I was just lucky to be there on that day to take advantage of it. This has done wonders for me. It's been great! (Carly, 8/12/11).*

### 6.3 Current Service Usage

Carly was linked with Sign On while she was still a client of PTE.

*Sign On are better suited to me than other agencies. I'm trying to work and to go to school and Centrelink are giving me a bit of grief at the moment but Sign-On are helping me with things (Carly 8/12/11).*

Angie was not linked in with any services. She consistently reported finding it difficult to manage financially.

Rita was linked with Sign On while still a client of PTE. She found Sign On very helpful as it provided her with access to a phone, sim card, shopping vouchers and support.

*Because I'm studying, I don't have to go in [to Sign On] at all, otherwise I'd need to go in at least once a month. Now, what we are doing is that if I need anything, I call them. They are amazing!...I must state though, Sign On have been a massive, massive help. If I ever need it, they're there (Rita 28/11/11).*

Gabrielle has linked with Project Respect through her own initiative rather than through a referral. She attends an informal weekly lunch for sex workers and has attended a one day training program for working with sex workers offered by Project Respect.

*These women [sex workers] go to the lunches because they have nowhere else to go. I go there because I want to be able to talk about my own experience more in the future. Hopefully it can help people in the industry avoid going through what I went through. I don't go there because I need friends...I just want to learn and be involved (Gabrielle, 7/12/11).*

Gabrielle recalled finding Sign On useful when she was engaged there however she is no longer using on the service.

*I did use Sign-On. They helped me rewrite my CV, to help me with my media production business. I didn't have the continuity of work and as a result people are reluctant to hire you. The people there were really helpful (Gabrielle, 7/12/11).*

Gabrielle is also a mentor in the Good Shepherd Mentoring Program although she is yet to be matched with a mentee.

## 6.4 Service User Outcomes

Three of the interviewees were not in sex work at the time of the second interview, including one interviewee who had ceased sex work between the first and second interviews after exiting PTE. The interviewee for whom it was her first interview had also exited the sex industry. One interviewee plans to continue in sex work until she completes her re-training to pay her mortgage and support herself and her child.

Gabrielle had exited PTE approximately one year prior to the second interview. Since the first interview, Gabrielle had married, become pregnant and had not returned to sex work. Gabrielle is employed on a casual basis teaching film making and reported being busy with art projects and writing proposals for appearance in galleries.

Gabrielle reported that she has developed a strong interest in the history and theoretical perspectives on sex work. As Gabrielle commented “It’s a case of looking at what you do from an external, outside viewpoint” (7/12/11). She is interested in working in some capacity with sex workers, either as a volunteer or professional at some point. She has enrolled in a part time Post-Graduate Diploma of Education for 2012 to retrain as a teacher and is interested in possibly teaching art or new media. She was interested in completing a PhD but commented that she needs to re-train in an area where she can more realistically earn a living due to the limited number of lecturing positions. Gabrielle has partly chosen teaching as a profession as it may be easily combined with family responsibilities and she is looking forward to the birth of her baby.

Carly was interested in working as a mortician in the first interview but now feels she has the confidence to work with people as a beautician. Carly was working as a sex worker at a brothel to earn money while she was studying. Carly commented that:

*I’m there six afternoons a week, eight hours a day. You need to do a huge amount of hours now as the industry isn’t what it used to be (8/12/11).*

*I’m probably a lot happier; I’m a bit more comfortable financially. I’ve got some direction; I’m not just hanging around wondering what to do (Carly, 8/12/11).*

Carly has purchased a new car and finished a Certificate III course in Beauty. She has enrolled in the full Diploma and will become a qualified beautician after the 12 month course.

*This is the first course I’ve ever done! The Certificate wasn’t that difficult. It was pretty easy – I liked it! (Carly, 8/12/11).*

The interviews with Carly were conducted over the phone. The interviewer felt that Carly sounded more positive and more confident in the second interview than the first interview. Her confidence in herself and in her new pathway seemed stronger.

*I’m certainly feeling a lot better; I’m a lot more confident. Now I have some skills. It’s great knowing that I’ve got a target and I’ve got a plan. I’m not just floating around wondering what I’m going to do for the next 40 years! I knew I had to do something! I suppose RhED’s have come along at the right time (Carly 8/11/12).*

### **Angie's Story (from Interview 20.5.11)**

Angie (aged mid 20s) is due to exit PTE shortly, having been with the program since May 2010. Angie completed Year 11 overseas and has done courses in makeup artistry and, since joining PTE, in business legal studies. Angie first tried sex work out of curiosity, when she was 18 and living overseas. Angie came to Australia on holiday and turned to sex work when her savings ran out.

*I saw ads in the newspaper so I went along to a brothel and had an interview. When I got there the lady told me that I had a booking and she handed me some condoms and lube and told me the guy would be nice to me. Looking back, I can't believe she did that to me. I was so little, only just turned 18. I got paid \$100 and thought to myself 'Wow that was so easy!' It was pretty stupid really. I'm not a drug addict or anything like that. I'm just an average girl.*

Angie learnt about PTE when she met a PTE worker who was on brothel outreach where Angie worked. Angie had never tried leaving sex work prior to PTE. When Angie met the PTE worker, Angie was considering doing some study and she also described being 'tired of the lies' and 'bullshit' that went with being a sex worker. Angie also described how she had never told anyone about her sex work and had found herself living a double life which she found increasingly difficult to sustain.

*I'd been telling lies for a long time about what I was doing and I felt like a fake. I felt my brain was even dying ...When you don't use your brain you become dumb... I have the capability...to do something better with my life than be just a prostitute forever.*

Angie developed a good working relationship with her PTE case worker, describing her as 'a great listener'. Angie commented that she is grateful for the opportunity to study and work and having some routine and in her life, and stated that she would still be 'stuck there' [at the brothel] if not for PTE.

*In the last three weeks I've started a full-time job for a professional firm as an assistant. It's pretty full on! I've bullshitted my way through the job but they really love me. I did a legal course which was a full-time, six month course. I even found that hard to do, to concentrate and be somewhere, on time, regularly. What I'm doing now is like a massive achievement for me...I want to tell everyone about it but I can't. I'm not used to routine and having to be somewhere each day... I'm finally using my brain now and it's slowly waking up but it's hard. It's stimulating and interesting. There's no time to be bored or do anything other than work.*

Angie cited money as the biggest barrier to her leaving sex work and believed this transition would be very hard without outside help. Angie commented that she believed there should be more programs like PTE to support others who could benefit. Angie is very positive about her future and believes that she now has more work options. She hopes to stay in her job for at least a year to demonstrate her commitment and dependability to future employers.

*My goal is to get out of the industry. I'm still not out of it, because of money but I will get there, I'm determined to. It is hard to adjust to having less money and so I just have to make sure I don't fall into the trap of getting pissed off with my job and going back to sex work, just because I can make in a day what I'd earn at my job in a week. I have to think about the bigger picture...I just have to think money sucks ...I want to buy a house and have a relationship. I've had a wall up around myself since I got into sex work and now the wall is slowly coming down... My bosses are so happy with me; they say I bring a great vibe to the office! I'm thinking long term and if I want to have a career, this is a start.*



### **Angie's Update (from interview 19.12.11)**

Angie exited PTE in mid-2011. She has been in full time work as a personal assistant since May 2011 and had received a pay rise. Since the last interview Angie reported

*I'm into a routine now and it's no big deal anymore... My life has just drastically changed. My confidence has like stepped up a lot. I'm not scared to talk to people any more. I'm happier with so much more confidence'.*

Angie is no longer using any professional support services. Angie stopped working in the sex industry in October 2011. She said about ceasing sex work – “it’s such a good feeling. It’s really a good weight off my shoulders”. She had been working as a sex worker on the weekends as well as working full time. Angie felt that working in mainstream employment provided her with opportunities for other forms of work other than sex work. Angie commented that she believed the lifestyle in the sex industry wasn’t “really normal” and also said “I realised I’m better than that. I guess it comes down to self respect”.

Angie reported feeling stressed and anxious about money issues which may have contributed to physical symptoms including hair loss. Angie believed that being in sex work “really stuffed her up” in relation to the development of her money management skills.

*Money wise, it's tough, that's the hardest thing. Occasionally I think of going back and doing a shift, when I see a nice dress or some shoes or something, but then I think 'that's bullshit, that's just material stuff'.*

Angie’s boyfriend provides her with some additional financial support to supplement her income. Angie has commented that she would find it difficult to financially manage without this additional support. Angie has no family members in Australia for moral or financial support. Angie has not told her family about her sex work but she does have a good friend she can talk to about her past work.

*Without PTE I wouldn't be where I am today. I don't know what I'd be doing... I'd still be back at that shit. The goal at the start was to get a normal job and I've done that. The other goal was to get out of the industry. But I never really thought it would actually happen. It was a very scary feeling!*

Financial issues had made it difficult for Angie to leave sex work. The brothel staff also regularly called Angie and offered her additional shifts which she sometimes found difficult to refuse. Angie stated that she does not want to return to sex work.

*I really hope not. I have this really strong feeling that I'm going to. It's so hard knowing that you can just work in there and you can make more than what you actually work really hard for in a week or a fortnight.*

Angie plans to stay in her current job for one year. While Angie said she would like to study, she is uncertain what she would like to study, how to access the education system and how she would manage financially.

*Yes, I do want to do some study. I just don't know how to go about doing a four year course. I feel I have the ability to do something more... Since I've started this job, my brainpower and my memory have returned. I know I can do more with my life. How the hell can I study full time for four years and afford to pay to live? I can't! I'd have to go back to my old job. I really don't want to do that... I think I would kick myself in another five years if I didn't do something... In the next five years, it would be really good to have completed a degree. I would feel that that would be a really good goal to set myself. I can do it if I try.*

Rita reported that she had changed “dramatically” since the first interview. She felt that her life was getting back on track after 13 years.

*Well, I've changed dramatically, for the good. It's just... I'm in shock where I'm at now. Where I'm at now is where I've been trying to get back to for thirteen years. Thirteen years ago is where my life took a turn for the worst...I've always said, 'I don't care what it takes, I'm going to get back to where I left off'. And that's what I've done (Rita 28/11/11).*

Rita and her PTE worker had developed a check list of goals and she had almost completed the list. Rita had reduced her methadone use and is managing her depression. She is studying a Certificate III in Beauty Therapy with plans to go onto the Diploma. She has taken on extra study in an attempt to complete the course quicker. Rita had made new friends, is in a routine and feels part of the broader community. Her health has improved with the loss of 12 kilograms between May and November 2011. She works out in the hydrotherapy pool and the gym and enjoys chatting to people she has met.

*I get up now and everyone's standing around and waiting for the bus. I feel part of it! My daughter gave me an iPod so now play my iPod, I play my happy music (Rita 28/11/11).*

Rita has visited a needle exchange program in outer Melbourne where she had previously accessed services and provided them with information about RhED and PTE. Rita also offered their clients free treatments as models for her course requirements. Rita reported that staff at the needle exchange were impressed with the progress she has made in her time in PTE. "They're so proud of me at the exchange as they've seen me at my worst, in detox and rehab" (Rita 28/11/12).

Angie (19/12/11) has maintained her full time personal assistant job and received a pay rise since the first interview. She had recently ceased sex work altogether which she is happy about despite the resulting financial difficulties. Angie reported feeling happier now that she had ceased sex work. She also commented that she believes she can now tell the truth about her daily work. Since exiting the industry, Angie described how working as a sex worker affected her life.

*I wasn't happy, wasn't myself. Total like pulling myself back from like friends...Being paranoid. I got this like weird paranoia thing from that place. Therefore like you just end up being lonely... You hide so much, there are so many lies. It's so lonely. It's such a shit way to be. I only realise it now, that I'm the way I am now. Don't get into it! (Angie, 19/12/11).*

Angie has become used to the routine of full time work and plans to remain in her position for a year.

*So much has changed. I had just started my new job in May [2011]. It was a big shock to the system. It was another world for me... For a while I was killing myself doing my old job [sex work] part time as well as working in my new job five days a week. I've completely cut it out now. That was a month and a half ago. Honestly, it's such a good feeling. It's a really good weight off my shoulders (Angie, 19/12/11).*

Lesley reported achieving her goals of re-educating, accessing exercise programs and learning mediation. Lesley also described how she had established new goals in her pathway out of sex work.

Rita reported seeing another PTE service user that she knew from the streets. Rita described that before joining PTE, the woman had been homeless, on ice and "looking like death warmed up". When Rita saw her recently she couldn't "believe the change". "I thought she'd be dead by now. She was so happy to hear me say how much she'd changed" (Rita, 28/11/11).

## 6.5 Support

Two of the interviewees had support from family and/or partners in their new pathways and three interviewees did not have much support. The absence of support may have been because they had not disclosed their sex work to family or partners.

Carly (8/12/11) does not have support from family and friends in her new pathway.

*I pretty much stick to myself. The industry probably makes you do that. People ask you what you do for a living. I'd rather not lie but I don't like to tell people the truth either so I naturally have my walls up so that people don't find out things. I'm probably a little bit closed off! I'd like that to change. It would be great to be able to tell the truth and say I'm a beautician. I talk to the people at work about my sex work but not my family. They know I do it but we don't talk about it. No-one else knows (Carly 8/11/12).*

Angie's family do not know about her sex work which makes it difficult for her to ask for, or receive support. She has one good friend she can talk to about her previous work and her transition out of the sex industry. Her family do not live in Melbourne so she is unable to live with them. Her current boyfriend provides financial support; however he does not know about her previous work.

*Yeah but that's the thing, it's tricky. They [Angie's family] think I've been working like a normal person for the last three years so I can't really relay this information to them. I do have a really good friend who knows who I can talk to (Angie, 19/12/11).*

Rita has the support of her partner, children, sister and now her mother, with whom she had not been on good terms for a number of years. Rita felt proud when her mother came to the beauty school for a pedicure and saw her working in her uniform. Rita has also made a new friend at school who shares a similar past. She values this friendship and described how she is re-learning the skills of how to build and maintain female friendships.

*We study together all the time. We go out and have lunch, a picnic or a few drinks. We know about each other's pasts and we're fine with it. I haven't had a girlfriend for years like that... We get along great! My female interaction, which had been lacking in my life for over ten years, is back. In the sex industry, female interactions are bitchy and violent. But you can't handle things that way in the outside world (Rita 28/11/11).*

Gabrielle has strong support from her husband and the church, which she described as providing strong social support for her new path.

Lesley receives support from her male partner who has encouraged her in her transition out of sex work.



### **Lesley's Story (from Interview 16.12.11)**

Lesley is 55 years old and has been with PTE since August 2011. Lesley completed Year 11 and has undertaken a number of short courses and certificate studies. Lesley has also worked in retail, project management, direct sales and administration. Lesley started sex work when she was about 28 years old, joining an escort agency as a receptionist and then progressing to self-employment as a 'high end' private escort. Lesley reported that, in the 1980's, escort work was very highly paid and could offer an 'unreal life' of beautiful clothes, expensive restaurants and overseas travel. Lesley described that sex work enabled her to make money. Lesley moved in and out of the sex industry many times. At one point, she left the industry when she became involved in a relationship but returned when this relationship ended. Occasionally Lesley worked two jobs, as an escort and in a 'normal job' at the same time.

Lesley learned about PTE through another sex worker. Lesley had returned to Melbourne from Perth and had started a relationship with a man who wanted to support her to leave the industry (with whom she has since broken up). She was 'over it' (the sex industry) and ready for a change. She ceased sex work completely in May 2011 and sold her escort business in June 2011.

*I've been in hell since I got back (from Perth). I don't know anyone here. The man I've met is supporting me to get out of the industry, both financially and emotionally. I thought 'I have to get out of this'! It's been hard. Letting go of everything I've known.*

Lesley described her working relationship with her PTE case manager as 'warm' and 'trusting'. Lesley commented that she is estranged from her family and her friends do not know about her work in the sex industry. Therefore, the support from the PTE worker is very important. Her partner was the only other person that she talks to about her past. While Lesley is highly self motivated, as demonstrated by her ability to establish her own business along with research and enrol in courses herself, she is insistent that it is impossible to leave the industry without support.

*It is so comforting to know you're not alone... It's great having someone you can talk to and who won't judge you, who can help you focus and put things into perspective. Without that support, I don't know what I'd be doing right now.... I will try anything rather than go backwards. I didn't even know these places [Sign On] existed because you sure as hell aren't told at Centrelink. They don't tell you anything! So where do you go if you ring up the Government? They don't tell you anything. They really need to know about the Pathways program. They really need to know about Sign On and places like that.*

PTE introduced Lesley to Sign On and Task Force. Lesley is now receiving Centrelink payments and is enrolled to study Human Resources at university in 2012. She recently completed a Certificate III in Business and Customer Contact which may assist her to gain work in administration or a call centre. Lesley has studied life coaching and is also planning to do advanced study in neuro-linguistic programming (NLP). Lesley's goals are to finish her Diploma in Coaching and NLP, to work in private practice as a life coach, offering her services to corporate leaders with the aim of addressing "the imbalance between our personal and business lives today", and also doing pro bono work for young people in need

*My goals were to get re-educated, find some exercise programs, learn to meditate and to move myself forward. I've done all those things. My next lot of goals include going to university. Maybe I can help other girls and boys in this industry to get alternative employment.*

The biggest challenges Lesley has faced when leaving the sex industry have been loneliness and the reduction in income.

*I'm always optimistic. I know I'm going to be ok and I'll make my mark on the world again, in a different way. I feel like I have many more options now. If I hadn't learned what I have through the program, I would have fumbled my way, probably lost the plot and gone back to what I did before.*

Lesley feels -

*that upon reflection it is not the sex industry that is at fault, it is the way some of us involved relate to other people and pass judgement upon ourselves and those we come in contact with. All of this thinking can be improved upon with work, and courage.*

Lesley is very optimistic about the future and is confident that, with the support of PTE she will achieve her long-term employment goal. She would recommend PTE to other sex workers and believes that society gains from the presence of such programs.



## 6.6 Barriers and Challenges to Exiting Sex Work

Adjusting to work and study routines and managing financially were two of the biggest challenges faced by interviewees.

Financial stability has been a big challenge for Angie. Angie described how transitioning out of the sex industry has meant she needed to learn new budgeting skills and how to live on a lower income. Angie commented that she had been so stressed about money that it made her hair fall out. Her employer pays for some items such as fuel, internet and phone and she receives financial support from her partner. She has made a budget and is considering selling her car.

*Shit. It's so shit! It's been really tricky trying to manage this money thing... When you are paid cash on a daily basis, you have no idea what you spend. It's sickening! ...The hardest thing is the transition with money... It's a real struggle... It's really stuffed me up, to be quite honest... I find money really hard. On a month-to-month basis, I can't work it out. I just don't know where it goes. I'm thinking of selling my car because I'm struggling to pay my car insurance. I don't really need it, living [close to the City] (Angie, 19/12/11.)*

This view was shared by Lesley who found “the loneliness and the money” the hardest aspects of exiting sex work. Lesley has adjusted her spending to suit her new financial circumstances and she suggested that sex workers lack financial skills which makes the transition out of the industry challenging.

*In the days when I earned a lot of money I never really thought about the future and my financial situation. You end up living day by day and living hand to mouth. I did really well but then I blew it all. Some young girls pack their money away and buy their own homes and that's great. But most don't... For most of us, we have no financial intelligence... We're bad money managers! We can do everything else well but not know how to deal with money properly (Lesley, 16/12/11).*

Another challenge for Angie has been ceasing sex work. She was working on the weekends at a brothel whilst working full time at her personal assistant position during the week. Angie said that exiting sex work had been “a process”.

*It doesn't come down to one pin pointed thing... My PTE worker, the course, my job... Doing this job has shown me how what I was doing isn't really normal and that I had normalised it in my head. I realised I'm better than that. I guess it now comes down to self respect (Angie 19/12/11).*

Angie also found it difficult when the brothel continued to offer her work. Consequently Angie changed her mobile phone number.

*They made it quite a lengthy process for collecting my things and they called me a few times to see when I could come back to work. It's hard when you're trying to do something good with your life. They were very persistent (Angie 19/12/11).*

Angie was concerned that as PTE becomes more established; brothels may not be supportive of the program or of RhED brothel outreach. This concern was also raised by Gabrielle who was worried that brothel owners will be reluctant to work with RhED if PTE grows and becomes better known (7/12/11).

### **Rita's Story (from Interview 11.5.11)**

Rita (aged mid 30s) has been with PTE since May 2010. Rita completed Year Nine then returned to school when she was twenty to complete Year Eleven. She has worked in pharmacies, retail and direct mail. Her last job was in a pharmacy which she left in 2000 when she started taking heroin.

Rita grew up in St Kilda and partly attributes the neighbourhood for her entrance into sex work. She recalls seeing her friends and the mothers of her friends working on the streets and believes that it is not an ideal environment for children. Rita started sex work when she was 17 and worked in the sex industry for over ten years. Her sex work was intermittent until she started taking heroin.

Rita tried to leave sex work several times but had returned to the industry when she needed money for basic necessities or drugs. Rita and her partner experienced homelessness after leaving a residential drug rehabilitation program and were living in a motel room.

*It was really bad and it cost us \$700 a week. I had to work to make money for us to live there. I had a massive nervous breakdown, with all the pressure and stress of working, to pay for the motel. It killed me too, doing sex work when I had a partner. He'd been in a jail a few times and I loved him enough to sacrifice myself to do the work, rather than him do something risky and go back to jail.*

Eighteen months ago, Rita and her partner moved into a rental property in the outer suburbs, a substantial distance from St Kilda.

Rita was excited about the opportunities offered through PTE.

*The main words that hit me...that got my brain twitching... "To help sex workers who want to get out of the industry". I wanted to straighten my life out. I was at that point that I wanted to get out. I tell the girls that I've retired. I was a mess and I needed...I'd never really turned anywhere for help, you know? I'd always thought... "I don't need it as much as they do" but I realise, I do, I'm entitled to it.*

Rita was referred to PTE by the RhED outreach service. Rita looks forward to the weekly catch-up and appreciates the effort that the PTE case worker makes to travel to the outer suburbs each week.

*So, I've been doing really good, compared to how I was ... So I am getting better! I'm in total shock that it's been a year already. Sometimes we have to get things done or sometimes I'm having a bad day so we just go and talk.*

Rita described how she had accessed dental care and received her first pair of glasses. She has joined a local gym and the regular exercise has assisted to manage her weight and her experience of depression and anxiety. Rita has accessed Sign On, the Fitted for Work clothing service; a psychologist and a financial counsellor. PTE has assisted Rita to access the Disability Support Pension (DSP) and regained her driver's licence. Recently, [the case worker] presented Rita with a list of the things Rita had achieved in twelve months. Rita was genuinely amazed at her achievements.

Rita's overall goal is to 'sort her life out', which she describes as not using drugs and not working in the sex industry. Rita would like to complete study for a job that she will be able to do for the rest of her working life, however she is concerned that her criminal record may negatively influence her ability to obtain work. Rita would like to open her own street clothing label and use some of the profits to help street kids.

### **Rita's Update (from Interview 28.11.11)**

Rita has been in PTE for about 18 months. She is studying for a Certificate III in Beauty Therapy and plans to go onto the Diploma. Rita felt that she has “changed dramatically, for the good” due to PTE and the support she has received. Rita and her PTE worker developed a checklist of all the things she wanted to achieve as part of the program and she has nearly completed this checklist.

*I'm in shock where I'm at now. Where I'm at now is where I've been trying to get back to for thirteen years. Thirteen years ago is where my life took a turn for the worst. I've always said I don't care what it takes; I'm going to get back to where I left off. And that's what I've done.*

Rita has been attending her course four days a week, taking on extra classes in an attempt to get through the course quicker. She takes the bus to school and states that she “feels part of it”. She has made a new friend from school who shares similar life experiences. She appreciates the female friendship which she felt was lacking in her life as a sex worker. Rita and her friend study together and socialise. Rita said “I haven't had a girlfriend for years like that... We get along great”. Rita has re-established her relationship with her mother which has been problematic since she was 14. Rita feels supported in her new life direction by her children, partner and sister.

Rita and her partner have managed to get through some difficult financial times since the last interview without returning to regular sex work, although she did work once to pay for her son's birthday. At this point in time, her partner was injured at work and couldn't work. They struggled financially but with help from her partner's mother they were able to get through this period without her returning to sex work.

Getting into a routine, particularly with insomnia after working night shifts for so long, was challenging for Rita. Rita has been managing her depression better with medical support. Learning to be on her own without feeling scared has been a positive experience for Rita. She reported being able to participate in and enjoy activities such as browsing in the shops, trying on clothes, having a coffee and reading a magazine.

Rita felt that the main outcomes for her from participating in the PTE program were getting back to school, managing her depression, and building a social life. Rita said she could not have achieved these things without the help of PTE, her case worker and Sign On who Rita states have also been very helpful and supportive.

Rita felt very excited about the future and she has a lot of business ideas. She has plans to hold beauty therapy parties and already has three bookings. Rita's daughter wants to study beauty therapy as an extra subject at school and they plan to work together in the future.

Rita and her partner made it through some difficult financial times since the first interview (May 2011) after her partner was injured at work and could not work for several weeks. His mother helped them out financially; otherwise Rita said she would have had to return to sex work. She worked once in the time since the first interview to help pay for her son's 18<sup>th</sup> birthday.

*It was terrible and stressful, particularly just starting school. But we got through it!... Now I recall, I did go back once, in July. It was my son's eighteenth. I did one job and that was it. One job, in a year. For me, that is huge! Standing down there now, I couldn't do it now (Rita 28/11/11).*

Participants identified a number of barriers to leaving sex work including lacking the motivation and energy to make change; difficulties getting started; not having support; not knowing where to go for help; fear of failure and embarrassment. Gabrielle noted the main barriers she experienced were readjusting to a different lifestyle; cutting down on expenses and budgeting and whether someone is open and ready for change.

Angie's advice to those wanting to exit sex work was:

*Don't leave it too long. Do it now! The longer you leave it, the harder it gets. I regret leaving it this long. And also, save! Save your money, don't just spend it on crap!* (Angie 19/12/11).

## 6.7 Demand for PTE

All interviewees agreed that there is a greater demand for exit support programs such as PTE than is currently available. Rita suggested that programs such as PTE have wide demand, even in rural areas and that they need to be flexible and responsive like PTE. "With these programs, there can be no limits, no boundaries" (Rita 28/11/11).

*There are a lot of girls who want to get out of it; they're single mums like me. There are lots of working girls in the country who need help* (Rita, 28/11/11).

Carly commented that:

*A lot of them [sex workers] would like to leave but they don't have the assistance. ... People get stuck. Getting started and making the first step, that's the hard part. A lot of them have things they want to do but they don't know where to start. It's too easy just to keep doing this. It's a lazy lifestyle... It takes a lot of effort to do something else and get out. People don't know about what programs are out there and what funding is available. There are heaps [of people wanting to leave sex work]. Absolutely heaps! Even where I work. So many of them are in the situation I was in a couple of years ago. They get stuck and they don't know how to get out. Most people are good at lots of things but they don't know what to do. Most of them are older than me. They have no skills, no family, no partners. Their lives are pretty much their sex work. They have the time but they need the enthusiasm. They plod along because they can. They end up 50 years old and realise they can't make money anymore and that they've left it all too late. So then end up stuck* (Carly, 8/12/11).

Angie has a friend at the brothel where she used to work who is in a similar situation. "She's got so much potential. She needs PTE or someone like that to help push her. I've told her about the program but she wasn't really ready I guess" (Angie 19/12/11).

Gabrielle felt angry that the Government has not provided a program such as PTE earlier. She pointed out that Government had promised a sex worker exit program in the 1994 *Prostitution Control Act* and that it had taken 16 years to fund and establish PTE.

*To realise that the Government woke up a bit too late to fund someone to help sex workers transition out...This is unfair and I fell into these gap years...I'm angry... I'm really upset at the Government. The Government failed me. That's my opinion right now...I would never have stayed as long in the industry but there wasn't a way out. I would have used an exit program three or four years after entering. There was nothing in place then. I would like regulations to be changed. To have a rule where an exit program must be available and publicised through all brothels* (Gabrielle, 7/12/11).

Gabrielle would like to see more funding for RhED and PTE to meet the demand for people who want to exit the industry and also to provide volunteering opportunities for sex workers.



## 6.8 Plans for the Future

Gabrielle, Lesley, Rita and Carly felt very positive about the future with plans for further study and new careers; however Angie was apprehensive about how to access tertiary education to further her career and how to afford education without returning to sex work. Angie would like to complete a degree in the next five years but is not sure how to start and how to finance her education.

Carly plans to continue with sex work until she finishes her Diploma in Beauty Therapy. Then she plans to work as a beautician from home and offer a mobile service to people's houses and to brothels (8/12/11). Carly commented that she may study more complex beauty techniques in the future. She feels very optimistic about the future. Her "ultimate" goal is to "be in the situation where I never have to depend on sex work again". Carly reporting having alternative employment options with a clear pathway to a new career and the knowledge and motivation to achieve her goals.

*Well now I've got options! I didn't have any before. I want to move on from the industry. I want to...get out. I don't want to be stuck in it. This has definitely given me something else to do. I'm very optimistic now. I don't think I'll be old and poor and alone. I think life will be much better (Carly, 8/12/11).*

Rita has many business plans for the future. She plans to print business cards and a price sheet for her beauty business. She plans to visit brothels where she already has strong networks and to hold beauty parties. She would like to work with her daughter when she finishes high school and commented that "We've always wanted to do that!" (Rita, 28/11/11).

*I've got my business all planned out. I'm going to either work from home or I could work in a salon, renting a spot out per week. Legally, I can now do waxing, eyebrow shaping, eyebrow and eyelash tinting, acrylic and gel nails and manicures and pedicures. I can also do nail art and nail piercing as well as body piercing. I really want to get on to waxing, tinting and perming, because it's the smallest outlay for the biggest profits... I'm thinking of doing house calls to brothels. The girls don't have time to get to the shops but they have time on their hands and plenty of money.. I'm also thinking of beauty parties and I've already got three bookings! I just need to find out about business loans (Rita, 28/11/11).*

Lesley plans to open her own life coaching business and work in neuro-linguistic programming.

*I'll have my own business... I'll have my clients, I'll have my practice and I'll be starting to do my pro bono. That's what I'll do. That's where I see myself and I will be successful (Lesley, 16/12/11).*

Gabrielle also feels positive about her future employment options -

*Pretty good. I have people around me that are supportive, regardless of whether I disclose my past. I am confident. I have a lot of options. I have a good mixture of skills (Gabrielle, 7/12/11).*

Gabrielle is keen to use her experience in the industry to:

*...voice inequalities and possible wrong that has been done to me and others. Social justice. Knowing what I know (Gabrielle, 7/12/11).*

## **7. Staff and Focus Group Findings**

### **7.1 Overview**

Resolve conducted four interviews with PTE case managers between August 2011 and February 2012; a focus group discussion with the PTE Advisory Committee on 8 February 2012 (seven participants) and a brief phone discussion with a representative from Taskforce who was unable to participate in the focus group discussion. The questions for the staff interviews are at Attachment H and the questions for the focus group discussion are at Attachment I. In addition participants in the focus group discussion were asked to fill in a short written survey at the time. The questions for the survey are included in Attachment J with the focus group discussion questions. Note that specific dates are not included for staff interviews to protect staff confidentiality.

Please note that the views of staff and partner stakeholders are combined in the following discussion.

### **7.2 The PTE Model**

All staff agreed that the PTE model has worked in the way it was intended and designed with a few minor refinements over Phase Two of the pilot.

*The program plan was originally set out in a staged process, from stability, on to employment or increasing employability and then support. All those things happened but at different points, depending on people's needs. It isn't a linear progress – I have had clients who may have a lot of issues and aren't yet stable but who still need to work on their employability, just to help themselves feel like they're actually getting somewhere despite all of that. In terms of the intensive case management model, with access to emergency and brokerage funds, and the partnership with Sign-On and Taskforce, it has worked really well. The program just wouldn't work if you didn't have those partnerships (PTE Case Manager).*

One PTE Case Manager pointed out that there is a gap in general case management services for street based sex workers who are not seeking to transition out of the industry.

*It's really great and there's so much good feedback from the women who are just saying how wonderful it is... The intensive support that they're getting is something they've thrived on (PTE Case Manager).*

The Focus Group agreed that -

*PTE has rolled out what was planned and has shown itself to be a good model. The fruits show for themselves (Focus Group Participant, 8/2/12).*

### **7.3 Refinements to PTE Model**

Several refinements were made to the original service model through Phases One and Two of the program. Changes to the model identified by staff and the focus group include:

1. Development of the partnership with Sign On as an agency with expertise in supporting people with more complex needs to access employment. The development of this partnership was facilitated by Taskforce.



2. Increased staffing for Phase Two allowed for two full time case managers and one 0.1 EFT with expertise in supporting street sex workers in the criminal justice system. Full time hours allowed a more effective management of complex caseloads; assisted staff to meet client targets; and enabled staff to respond to crises in a more timely manner.
3. Proposed changes to caseloads with all case managers working across both target groups – brothel and street. This will enhance the model as staff develop expertise and knowledge through their work across both target groups.

The second change listed above (the addition of .1EFT of the ARP staff member) has widened the networks of PTE and broadened the available expertise in the program to address legal issues, of particular relevance to the street based caseload. The PTE team draw on strong networks with St Kilda Legal Service, St Kilda Police, Victoria Police Moorabbin Sexual Offences Investigation Team, Victoria Police Sexual Crime Squad, Victorian Legal Aid and Melbourne Magistrates Court.

*PTE were invited recently to attend a Police training day with the St Kilda Police so we are going to talk about Pathways as well as the Arrest Referral Program. It gets Pathways out there and it's an attractive program for the community to see what we're doing. It's great for police to learn about the work we do with the women (PTE Case Manager).*

## 7.4 Successful Aspects of PTE

PTE staff and the Advisory Committee identified the following factors that contribute to the success of the program:

- flexible and coordinated responses to individual needs
- client focussed outreach to clients across Melbourne
- PTE staff can easily access RhED's knowledge and expertise of the sex industry
- PTE staff can consult and work with other RhED programs eg. brothel outreach, Arrest Referral Program and Hustling 2 Health
- brokerage and emergency funds provide flexible and tailored material resources
- strong links and referral pathways with Sign On and Taskforce
- supporting service user at each step and being able to move at the client's pace
- small changes can be catalysts for other changes. The importance of a strong and local service system particularly for street based sex workers who are usually based in St Kilda
- locating the program within ISCHS provides easy access to a range of useful health programs and services eg: the dental program
- PTE, RhED and ISCHS understand, and is supportive of the sex industry. PTE workers are non-judgemental
- staff have time, skills and capacity to provide intensive support which is often required
- PTE staff have knowledge of areas such as housing, drug and alcohol and accessing employment and education services
- PTE is a program which is successfully supporting people to transition out of the sex industry. This has resulted in the creation of a strong reputation and contributes to good relationships with individual sex workers

- an holistic program that responds to the needs of the service users, including barriers to exit
- a program that effectively supports transition out of sex work by modelling routine and professional behaviours
- an unique, specifically tailored program for sex workers to transition out of sex work rather than any other key program focus. This type of specialised support is not available elsewhere
- supports service users to navigate complex service systems which they would find difficult to do alone
- creates choices for service users
- provides a comprehensive range of services through a cohesive network of stakeholders and access to flexible funds
- the positive results for services users and their regular feedback enables program development and improvement, and
- the use of a social model of health ensures structural factors that impact on service users health and life choices are considered in case management. For example: poverty, homelessness, cultural or sexual diversity and family context.

*The clients' outcomes kind of speak for themselves. The program has been so successful (PTE Case Manager).*

*Implying negative connotations about the industry makes people feel stigmatised and judged. It affects their self-confidence and their ability to disclose and engage on a deep level. That's why it's a benefit that RhED is the agency running this program. RhED and Pathways fills a gap for workers, many of whom are very qualified but who feel stigmatised by the judgements of wider society and don't feel comfortable explaining what they're been doing (PTE Case Manager).*

*We address all those barriers to employment that aren't identified in mainstream employment programs, which is key to helping people make changes to their lives. We do that across the board with things like boundaries and expectations around appointment times and attending appointments. Part of the process is around showing what is appropriate behaviour and it can be a struggle for clients, coming from such a flexible industry as the sex industry, to get into a routine and a 9-5 schedule, and it's a transition process (PTE Case Manager).*

*That a pathway exists in the first place. Without the program, people cannot change direction. It acts as a prompt or a catalyst for change. ...The encouragement and affirmation of steps taken and achievements is significant. You bear witness to the progress and achievements and can help the participant recognise this (Focus Group participant, 8/2/12).*

*It is greater than the sum of its parts. It would be hard for a consumer to access these programs independently and this particular clientele is often socially isolated (Focus Group Participant, 8/2/12).*

*We have had positive feedback from clients – it must be working (Advisory Committee Member, 1 Mach, 2012).*

*The program allows people to have choices and validates their decisions (Focus Group participant, 8/2/12).*

*Seeing clients transition to a happier, more confident life is amazing. It is lovely to see people feel valuable, valid and able to contribute to the world (Focus Group participant, 8/2/12).*

*In this model, the case manager acts as a 'companion' along the way, supporting the client through the inevitable hurdles and steps. It provides encouragement and affirmation and is non judgemental (Focus Group Participant, 8/2/12).*

*We were creative and worked towards the individual needs of each client, rather than making it a formula. We realised the steps were different for each person and depended on a lot of things, including their educational background and skill bases. We focus on the experiences of the client (PTE Case Manager).*

## 7.5 Problematic Aspects of PTE

PTE staff and the focus group identified the following issues as problematic for the PTE program:

- Demand for the program meant that in the initial stages of the program some people were placed on a waiting list. PTE staff and service users found this difficult when they were ready to start the transition process.
- It can be difficult to manage the expectations of people placed on a waiting list with the available resources.
- It can be difficult to convey the complexity, varied and slow pace of change when working with this target group to external agencies and services.
- Some service users require support post-discharge from the PTE program which is difficult for case managers to provide when they also have a full caseload.
- Overall, street sex workers have taken more time to complete the PTE program, due in part to their complex and varied needs. This may impact on the availability of places in the PTE program.
- It is difficult for case managers to promote the program with a full case load.
- There are major structural, systemic and societal barriers facing service users when seeking to exit the sex industry.
- PTE service users and case managers experienced some difficulties in planning and working on long term goals due to limited and uncertain funding available for the PTE program.

*The biggest thing was around the unknown funding. It's hard to work on a long term basis around future goals if you don't know if the service is going to be there in the future (PTE Case Manager).*

*The program was really only a pilot and we did not know how long it would go for and what resources we would be able to offer the clients moving forward. We were scared of finding ourselves in a situation where the funding might not be renewed and we would be leaving clients high and dry (Focus group participant, 8/2/12).*

- There are limited general case management services for sex workers, which could support them in relation to a range of complex needs including their health.
- PTE is a state-wide program; however it is difficult to provide services to sex workers in outer metropolitan Melbourne and rural Victoria due to limited staffing and funding.
- PTE staff require time and resources to learn about and link rural sex workers into local and regional services.

- Low take up of the Good Shepherd Mentoring Program. This may be due to a lack of communication about the program or a lack of need among PTE service users for a mentoring program.

## 7.6 Program Components

Staff and focus group participants agreed that all of the components of the program work well together to deliver effective service user outcomes.

*The combination of the program model and my case management role has worked well. You have to be flexible and it can take time to build a relationship. You need to be patient enough to work through that and be totally non-judgemental. It has worked, that's the reality (PTE Case Manager).*

### Meeting Immediate Needs

Staff agreed that the program model enables them to meet the needs of service users effectively and in a way that builds trust and engagement. The flexible funds and the emergency fund in particular, helped to address some key material needs for service users. Immediate needs included debt and bills; methadone payments; and material aid such as food, clothing, transport and phone.

One staff member pointed out that speeding up the assessment process and providing referrals for both eligible and non-eligible people meant their immediate needs were able to be met earlier. Another staff member pointed out that focusing on a service user's immediate needs is important prior to moving onto longer term goals such as exit and employment.

*An example is a client who wanted to exit the industry but whose children had been removed by DHS. So, while she wanted to exit, the presenting issue was around child protection so that's been the focus of a lot of our work to date, while still maintaining our work around employment. If we had a system where we just sent people in...for jobs straight away, it's not sustainable for people... So I guess that is probably I'd say the biggest thing that contributes to being able to meet the needs, is the way we assess people...and...our system of actually getting clients to identify what's the most important need. We do have a holistic way of looking at people's needs and are willing to actually work with some of those other needs...to get them on the path of employment (PTE Case Manager).*

Being able to offer practical solutions to immediate needs can be a simple and effective way of engaging service users in the program. One staff member gave the example of buying a pair of shoes for a service user whose shoes were falling apart.

*One of the clients needed shoes desperately and so helping her in that way was a great way of engaging her in the program. They are practical solutions and a way to show what we can offer potential clients. She had the soles falling off her shoes That kind of care for the women... She felt really nurtured and cared for. That someone said 'Hey, what about your shoes? Let's try and sort something out with that'. So, addressing immediate needs has been important (PTE Case Manager).*

Another way of meeting immediate needs is to support service users to access other services such as GPs, counselling or the police. PTE staff may take service users to appointments and support them if and when necessary.

As discussed previously, one of the challenges of having a waiting list for PTE was having people who wanted to access the program but not being able to assist them immediately.

### Case Management

Staff agreed that service users are able to achieve their case management goals in the program. This may vary according to the complexity of need and the time required when working with different service users. Those who have been in the program for over six months have shown strong progress towards achieving their case management goals.

*Most of them are definitely on their way. They have quite a lot of goals. I've been able to see my clients achieve a huge amount of things. I've seen a huge progression and stabilisation for a lot of my clients, particularly those who've been in the program for eighteen months. It's really nice to see a couple of my clients who have worked so hard and who have come up against barrier after barrier and have just kept on going... And now they're starting courses or entering employment. They might still be doing some sex work but that's ok. But to see all that hard work pay off and for it to work for them, it's great (PTE Case Manager).*

Case managers described the importance of acknowledging each new step taken by a service user. For example: becoming used to routine and keeping appointments. Worker's recognition of these achievements may give service users confidence in the future and motivate them further to achieve their goals.

*Some goals are bigger than others. You need to recognise that. For some clients, turning up to an appointment on time is a big achievement. You have to recognise the small stuff as well because it's really important (PTE Case Manager).*

Sometimes the role of staff is to help service users pace their goals and progress to enable them to be both realistic and achievable.

*Because the process is so long, some of my clients have become frustrated. They want it all to come together more quickly and so sometimes they want to start their study and then think the rest will fall into place. Starting courses too early can be problematic if they're not in stable housing or financially stable. They need to be in the right place (PTE Case Manager).*

*Some of my clients have long lists of things that need to be worked on. It takes time... Some clients are really scared of engaging. But it's about offering that support over and over. There's a big build up to it but it's a big achievement when they finally do it. It takes time, particularly for the women with long lists of priorities. Follow through might take a while but it happens eventually (PTE Case Manager).*

Case managers described how a key part of the case management process is supporting service users to attend appointments and follow through with referrals.

*We can be that bridge between the client and the service if they've had issues in the past (PTE Case Manager).*

Some service users have been discharged from PTE as they have left the sex industry and successfully moved onto other careers.

The PTE staff member who supports service users with legal issues reported assisting some street based PTE service users to report previous assaults. The worker described how these reports were one step on their path to exit the industry.



*Some really great things have happened. I have assisted a number of women to report criminal cases that they have been carrying around with them for many years. Reporting them is a big thing for these women but it means that they can finally be heard. I think that's huge. The relationships we have with Victoria Police are really beneficial. It may not have been an initial case management goal but it's become an achievement anyway (PTE Case Manager).*

### Flexible Funds

Staff and focus group participants agreed that the flexible funds are an important component of the PTE model. These funds are particularly useful when working with service users who are not Australian residents and who could not access many community services and Centrelink. The funds have enabled PTE to pay for items that cannot be provided by other services such as paying for a learner's permit and purchasing uniforms and course kits.

One staff member pointed out the difficulty for many service users to exit the industry when struggling to meet their everyday expenses.

*I think it [the flexible funds] is integral to have the ability to support service clients...who are going through extreme financial difficulty. It helps to pay for things with clients who are struggling with their day to day lives, such as debt or paying for shopping or housing. We tried to seek out other supports before using our funding and were careful with how we used the funds (PTE Case Manager).*

There are peaks and troughs in the expenditure of flexible funds. One PTE staff member pointed out that is often when service users reach a certain stage of readiness that there is opportunity to support them with the brokerage funds. For example when they commence study or start a new job which requires a uniform or kit or computer.

One PTE staff member pointed out that the flexible funds support more efficient case management.

*It's been a huge thing. It means we're much more efficient in our case management as it cuts out all the time you can spend hunting around for money (PTE Case Manager).*

Case managers also described how access to, and use of, the flexible funds can model positive behaviours and empowerment and reduce dependency. Sometimes service users were encouraged to contribute to key purchases.

*We are very conscious of using the funding as a tool in our work. If our job is to ensure that people are job ready, we need to model acceptable behaviours in mainstream society. So, we negotiate the client's requests and needs against their goals and priorities. We are also conscious of using the money as a tool of empowerment versus dependence. If people get into a dependence cycle, it won't help them in to get job ready (PTE Case Manager).*

PTE staff gave two examples of how the flexible funds were used.

*We'd teed up an appointment with an employment service but the client didn't have money to buy their Methadone. That money means we can organise that so that they are in a headspace where they can make the most of their appointment (PTE Case Manager).*



*Another case was where a client who was generally pretty good at budgeting had had a big direct debit taken from her account and had no money to buy food. She hadn't eaten for days and was trying to detox. She didn't want to meet with me because she needed to find something to eat. The emergency funding meant that I was able to meet her, buy some groceries for her and have an opportunity to engage (PTE Case Manager).*

Focus Group participants saw the flexible funds as a crucial tool for engagement, overcoming barriers and meeting service user needs.

*It is bridging from one step to another. It helps eliminate barriers and you can get quick wins on the board which in turn creates impetus for the next win (Focus Group participant, 8/2/12).*

### Differences between the brothel and street based target groups

The program is designed to offer flexible tailored responses to workers seeking to exit the industry, whatever their work history or identified needs. PTE staff stressed the diversity amongst all service users and sought to avoid stereotyping the different target groups. However, a number of key differences were identified including:

- Educational levels: most of the brothel caseload had finished school and more were tertiary educated
- The brothel caseload were more likely to have worked in other industries
- The brothel caseload were more stable in terms of housing and lower levels of crisis
- The street based caseload were more likely to be working to pay for substance use. Those using drugs or alcohol in the brothel group were more likely to be doing so for recreational purposes or whilst working, and.
- Involvement with the criminal justice system was more common for the street based group.

The PTE program evaluation has identified that there are diverse pathways in and out of the sex industry for both groups. This diversity is important to consider and reflect in the development of the service model and delivery of the PTE program. The decision for all case managers to have a mixed caseload reflects a move away from the earlier distinction between different sex workers.

## **7.7 Linkages and Partnerships**

Establishing and maintaining partnerships and linkages with other services is a crucial part of the PTE program. Partnerships with Good Shepherd, Sacred Heart and Taskforce were part of the original program model. Other partnerships have developed along the way, including Sign On. Staff reported that the Advisory Committee was helpful in assisting them to make connections during the development and delivery of the program. For example the partnership with Sign On came about through a recommendation from Taskforce.

Internal linkages with RhED workers and programs enabled PTE case managers to draw on RhED's expertise and experience. In addition, being part of ISCHS has meant that PTE service users can be referred to other ISCHS services, for example, oral health and drug and alcohol counselling services. It is assumed that new linkages driven by service user need and service gaps will form through the course of the program.

One new direction are linkages and partnerships with registered training organisations to provide improved or discounted access to their courses and/or to design specific courses for the PTE service user group. It was suggested that this development was stimulated as a result of the extensive media coverage of PTE (October/November 2011). The suite of services offered through PTE and its partnerships is growing and enables the program to better meet the individual needs of service users.

*It is very powerful to be able to offer a menu of services to clients, even if they aren't ready for them. We can show them what is possible, when they are ready (PTE Case Manager).*

### ISCHS Linkages

As discussed above, PTE staff regularly refers service users to other ISCHS services and this may have helped to strengthen the referral pathways between PTE, RhED and the rest of ISCHS. The partnerships and linkages developed by PTE are starting to be used by other RhED programs, for example referrals to Sign On.

*RhED uses ISCHS but there isn't any specific case management provided by RhED. With this program, there are RhED specific case workers making referrals to health and allied programs (PTE Case Manager).*

*I referred clients all around the service as we are a holistic case management service. I made referrals to the family team, drug and alcohol counselling, our own financial counselling program and even formal and informal referrals to the RhED outreach workers...Our referral process is really great and I don't think much needs to be improved there (PTE Case Manager).*

### Sacred Heart Mission and Good Shepherd Youth and Family Services

PTE staff and the Advisory Committee members agreed that having Sacred Heart Mission and Good Shepherd Youth and Family Services involved in the PTE Advisory Committee and supporting the establishment of PTE had been very valuable. However, the strong links between the three programs has not appeared to lead to high numbers of PTE service users accessing Sacred Heart Mission and Good Shepherd services. There are a number of possible reasons which are discussed below.

The initial intention of the partnership with Sacred Heart was to fast track access to the housing services. However, due to recent departmental changes to the Victorian housing system including the creation of the "Open Doors" system, PTE clients cannot gain priority access to housing through Sacred Heart. In addition PTE workers noted that housing has been less of an issue than originally anticipated, thus there has been less uptake of this referral pathway. However, as PTE workers noted, a small number of the brothel and street sex work case load have been homeless or at risk of homelessness.

The intention of including Good Shepherd as a partner was to facilitate access to Good Shepherd's counselling services. Subsequently, the partnership broadened to include facilitating access to the mentoring program for PTE service users. In relation to counselling services, PTE staff reported that Good Shepherd counselling services were accessed and used in the same way as other ISCHS and local counselling services. It is worth noting that PTE service users were sometimes unable to immediately access counselling due to existing demand and limited services. The mentoring program may be more beneficial for service users who have been discharged from the PTE program - either in the role of mentor or mentee. Uptake of this program has not been as strong as

originally envisaged. Some PTE service users were keen to move on after discharge from the program and commented that they did not require any additional support.

During discussions about the program in February 2012, PTE staff and the Advisory Committee agreed that Good Shepherd and Sacred Heart did not need to be considered as distinct partners in the program but are part of the broader network of services that PTE clients can access when required.

### Taskforce and Sign On

PTE staff, the Advisory Committee and Taskforce agreed that a strong positive working relationship had been established between PTE and Taskforce based on the original Memorandum of Understanding. An effective working relationship had also developed between PTE and Sign On, although without a formal MOU. Taskforce services are available for service users who were not on Centrelink benefits while Sign On is only available to Centrelink recipients. Other RhED staff have referred service users to Taskforce and Sign On after the initial linkages were created through the PTE program. It was agreed that both Taskforce and Sign On provided effective, respectful and non-judgemental employment services to PTE clients.

Taskforce reported assisting PTE service users to recognise and write about their existing skills in positive language suitable for a resume. Taskforce had supported PTE service users to access volunteer work, even in one case, successfully overcoming the barrier of a criminal record to enable the client to engage in volunteer work. There were occasional instances of PTE services users being unable to participate in training courses. Taskforce commented that their involvement in PTE was a valuable opportunity to contribute to an interesting and motivating program. Taskforce described PTE staff as professional, caring, open, flexible and accommodating, which they described as contributing to an effective working relationship. Taskforce reported that almost all of the PTE service users referred to them were ready and motivated to take up their employment services.

PTE staff reported positive effective working relationships with Taskforce and Sign On. They commented that being able to refer service users to employment agencies enabled them to work on other key issues. PTE staff reported positive feedback from service users about both Taskforce and Sign On.

*One of the great things about Taskforce is that they're flexible... Clients can engage and disengage and reengage when they want. There's no pressure on them for that. They take a lot of pressure off us. We can send clients there for their job search needs, allowing us to focus on our core strength areas (PTE Case Manager).*

*The relationships that clients had with the Taskforce case manager were some of the most positive things that came out of the relationship. Taskforce were very supportive of clients who were exploring other means of work. Clients could explore and vent their frustrations around not being able to explain their work and their career absences with an impartial person (PTE Case Manager).*

PTE staff reported that Sign On have also demonstrated flexibility, understanding and respect for the complex needs of the PTE target group. Sign On also provided funding for a range of employment related items.

*Our clients who are eligible can go there – Centrelink eligible clients, NewStart clients as well as voluntary DSP clients. Sign-On are fantastic. They give clients the time that they need and deserve. And they're flexible. They're understanding of complex issues and they have access to a whole range of funding for different*

*needs. They have access to courses, reverse marketers and job pathways. They've been great! They don't mind us coming in with clients to appointments. Often they actually prefer that. Other job service providers can be reluctant for us to do this (PTE Case Manager).*

### Centrelink

Some workers qualified for Centrelink assistance which meant they could meet their basic needs without working in the sex industry. For others, the transition was more gradual, particularly if they had financial commitments, for example dependent children and/or a mortgage. The Advisory Committee agreed that it may be useful for PTE to strengthen its links with Centrelink, including for example providing training to Centrelink staff on working with sex workers along with useful information about the PTE program.

## **7.8 Program and Service User Outcomes**

PTE staff agreed that service users had made progress towards achieving their goals during the program. Staff agreed that PTE service users have increased employment choices after participating in the program. Many service users had taken positive steps including, gaining new skills through courses, study and volunteer work and the development of a proactive plan for the future. This evaluation found that the flexibility of the program itself was fundamental in providing service users with the time, support, information and resources needed to support their decisions as their confidence, skills and understanding about what was possible developed.

*That trial and error stuff is really a huge part of the journey for a lot of people (PTE Case Manager).*

*For a lot of people, there are a lot of emotional learnings as they go on these journeys. I've seen a lot of clients whose values have changed dramatically and I think that's a really important part too, in terms of moving into something different that is going to make them happy (PTE Case Manager).*

*I think even in terms of just the confidence to have dreams and goals is a huge thing (PTE Case Manager).*

*I'd definitely say so, yeah! If they're able to clearly goal set and achieve the goals they set out to do, most definitely (PTE Case Manager).*

Overcoming barriers to alternative employment has been a critical part of developing new pathways for service users, including overcoming stigma, self-doubt, criminal records, and complex physical and mental health issues. PTE service users referred into study have generally persisted with their chosen course and/or completed it and moved on to further study or employment.

*One of my clients is dead committed on setting up a mobile beauty business. She's loving her study and I really think she's going to get there! I went to court with her recently over a sex charge and we brought letters of support from Pathways and talked about the progress that she'd made with study and being in private rental. The magistrate was so impressed with how far she'd come... It's was really nice to see because she [the magistrate] was really kind of proud of her I guess, because she'd seen her before and realised that she was really progressing towards her goals. From what this woman tells me, she says how she's a different person and how far she's come (PTE Case Manager).*

Not all service user goals are about employment but still related to exiting or reducing their hours of work in the industry. The goals of service users are diverse.

*Some of the goals aren't even employment. They might be study goals. They may just want to leave sex work, particularly if they are on DSP [disability support pension] and aren't actually capable of working. Employment can't be our main goal for everyone. It's about reducing hours in the sex industry and increasing options outside of the industry. It's not just about employment. There may be a mum who's got kids at home who does sex work to make ends meet. They may not want to be in employment at that point - they just need to get out of the industry. It needs to be made clear that it's about increasing employability. We will have people in this program who want to stay in sex work but may just want to reduce their hours or just know they can do something else, to have increased employability outside of the industry perhaps for the future. It's very diverse (PTE Case Manager).*

PTE staff believed that service users' persistence, resilience and motivation together with the support offered through the program will result in service users achieving their future employment goals.

*Most of my clients [street based] have quite a long way to go to securing full time, stable employment. But their job prospects after even just five months of being in the program are much greater. We talk to them about doing what they can manage. For some, the concept of full time work is overwhelming so we suggest starting with part time work. I have no doubt my clients will get to where they want to be... If it's employment, they will get their employment one day. They just need to be guaranteed support until they no longer need it (PTE Case Manager).*

*Most of my clients [brothel caseload] were employed, self employed or had completed courses and had got into different work areas. It happened for all clients and it was largely a result of clients' determination and our support... I would say every client explored and delved into alternative areas of employment or planned to and were skilling themselves up in order to [do so] (PTE Case Manager).*

## **7.9 Barriers to Exiting Sex Work and how PTE Works to Overcome Them**

PTE staff identified a broad range of barriers for service users when seeking to exit the sex industry. Many of these are systemic and structural barriers while others include administrative demands, for example: when applying for entry into a training course.

*To be honest, it's like any gap in the service system for anyone with complex needs – housing, access to support services, permanent residency, a lack of sex worker specific services or services that are equipped to dealing with clients with complex needs, financial support, particularly for brothel based workers who are taking a big income drop in leaving in the industry (PTE Case Manager).*



*I think really it's around people accessing government funding in terms of Centrelink. A lot of workers were too frightened, too scared, too worried about being judged... and felt that they weren't actually working towards their needs. So often, that was a barrier... That was probably the main issue [for the brothel caseload] (PTE Case Manager).*

*There's systemic barriers that are way outside of the scope of this project that work against people exiting. We have a shortage of housing, benefits that aren't enough to support a decent standard of living. It's systemic. Our system is just not working and that's a barrier. There are gaps in terms of people accessing education. Education is expensive and it generally involves incurring a debt. The community sector is understaffed and under resourced. It's a bigger thing (PTE Case Manager).*

After reviewing the feedback from PTE service users and staff, it is clear that assisting PTE service users to navigate the, for example: employment, education, health, income support systems, is a critical part of the case management work. In addition, PTE staff described the importance of advocating on behalf of PTE service users while also empowering them to make their own choices.

It is worth noting that due to high workloads, it is difficult for case managers to advocate for structural change in relation to, for example, reducing the stigma of sex work, decriminalising street sex work or decriminalising illicit drugs. Broad systemic public advocacy activities could possibly be taken up by RhED and ISCHS.

## **7.10 Factors Influencing Decrease/Cessation of Sex Work**

Factors that influence worker's choices in relation to decreasing or ceasing sex work are very diverse across both PTE caseloads. For street based sex workers, they identified that past trauma, their own vulnerability to violence and changes to substance use have resulted in them choosing to cease/reduce sex work. Other factors also included changes to their health, children and being able to access stable housing.

*Yes, two of the women I'm working with have ceased sex work and another has reduced her sex work. Most of it is around street based sex workers being vulnerable and saying they've had enough. They so traumatised by what they've been through that they want to do something else. The two women who've stopped their sex work were drug users - one was able to stop sex work as a result of a reduction in drug use. Reducing drug use and stabilisation on Methadone is a big factor in reducing sex work, as is being established in stable housing [for this target group] (PTE Case Manager).*

Although another PTE staff member pointed out that:

*It's just so diverse. You could never have mandates like having to detox. Not all clients who have drug habits engage in sex work for this reason. And not all street sex workers use drugs (PTE Case Manager).*

For service users in the brothel caseload, PTE workers noted the factors influencing their choice to decrease sex work included financial stability, accessing Centrelink benefits, 'burn out', not wanting to lie about their work, wanting to reduce their social isolation and wanting work where they could "use their brains".



*For some people, they're tired of living an alternate life...For people who are not comfortable to tell others what they do, that isolation helps them avoid the stress of having to lie to people what they really do. Sometimes however clients are quite open about what they do. Sometimes people are just burned out and they want to do something else. Like with any career change, some people are tired of their job and want to use their brain for something else. Or it just might be that once the other presenting issues are sorted out, the client feels ready to decrease their sex work. There are so many different reasons that people might decrease their sex work (PTE Case Manager).*

### Suggestions from PTE staff

PTE staff members provided the following suggestions for people who want to leave the sex industry:

- Ensure you have access to support
- Be ready and committed to change as it may be hard work and take time
- Plan ahead including financially and possible new career opportunities
- Be persistent
- It's not a failure if you return to sex work
- It can take time to achieve your goals
- It may be useful to gradually ease out of the sex industry. Incremental change may support sustainable life changes.

## **7.11 The Future of PTE**

PTE Staff and the Advisory Committee agreed that PTE should not only be retained as a core program of RhED and ISCHS, but should be expanded. This conclusion was based a review of the successful PTE model and the positive service user outcomes. They also suggested that the program could be further promoted to new service users and other community service organisations in other locations, including outer metropolitan, rural and regional. The promotion of the program with specific CALD groups could also expand PTE's engagement with sex workers. Promotion of the program would increase demand and require an increase in staffing as current staff are already meeting expected targets.

*Given the waiting lists, do we need more workers? ...If you promote the program more, you'll get more clients. And I'm sure that there are people out there who could benefit from the program, particularly in rural areas (PTE Case Manager).*

Through the evaluation process, it has become apparent that the development of a step-up / step-down approach to PTE may be useful. This relates to the suggestion of including incremental support activities for sex workers interested in exiting the industry but not yet ready to exit therefore, not quite eligible for the PTE program; those who are assessed as eligible and who may be placed on the waiting list; and for those participants who are exiting the program. This would require additional staffing and resources.

PTE staff and the Advisory Committee advised that the shift to mixed caseloads is a positive change to the original program model. They suggested that sharing clients across the different groups will enable staff to build their knowledge of different aspects of the industry and ensure all case managers can respond to client needs.

*If a worker goes on leave, the other worker is experienced in both cohorts. And we can respond to waitlist demand effectively (PTE Case Manager).*

After reviewing the outcomes of Phases One and Two, it is suggested that the program model be changed to more accurately reflect the emergent practice described by both service users and PTE case managers. As discussed earlier, progress through the three stages is not as linear as described in the original model. In addition, the service model needs to reflect the move to mixed caseloads. As one Focus Group Participant said the model “needs to show engagement, linking and tailoring a client-focussed response” (8/2/12) rather than a linear progression through the program stages.

This evaluation also found that expanding PTE’s networks and links with other services is important for future program development. Staff and Focus Group Participants recommended the program develop better linkages with Centrelink and other employment and education providers and businesses. In particular workers highlighted the importance of developing links with businesses that may be able to employ PTE service users and/or provide opportunities for volunteer placements. PTE workers suggested that industries or sectors where police checks are less important or employers who are flexible and supportive may lead to greater opportunities for PTE service users.

As described previously, it is clear that increasing access for PTE service users to relevant educational courses and training programs is also an important part of the program. There are opportunities to link PTE clients into courses provided by for example, community agencies and these opportunities would be worth pursuing.

## **8. Exploration of Alternative Support Options**

The Program Deliverables as agreed between CAV and ISCHS required an exploration of alternative methods of delivering support to the client group outside case management. During the evaluation this issue was discussed with service users, staff and the Advisory Committee. In general, it was agreed that intensive case management is the most appropriate and effective form of support for this complex target group when seeking to exit the sex industry. A number of possible strategies to complement the PTE case management model were canvassed with stakeholders and the results of these discussions are presented in this section. These issues were also considered by PTE staff and reported on in the quarterly program reports to CAV dated 31 August 2011 and 30 November 2011.

Some of the alternative service delivery methods would supplement existing case management practice and some would be useful to support those who do not require intensive support through PTE or for those on the waiting list. Some of these methods could also assist sex workers when planning to exit or reduce sex work on their own, before entering PTE, while on the PTE waiting list or after discharge from the program.

Alternative support options canvassed through Phases One and Two of the PTE program were:

- Group support/peer group support including workshops on specific relevant issues such as financial management and addressing social isolation
- Mentoring, including PTE graduates mentoring existing PTE service users, and
- Online resources including a self-help program.

All service users interviewed for the evaluation commented that PTE could be supplemented in some way to offer additional support either to people in the program for those seeking to exit the industry independently or while on the PTE waiting list. However, they did not think that PTE could be delivered in any other way than the current model. Angie thought some of the alternative support options would be useful; however she said that she really needed case management to help her. "I needed one on one support. I needed someone to do it for me and organise it for me. I just couldn't work it out" (Angie, 19/12/11).

Rita commented that it would be helpful if PTE expanded into rural areas. Rita gave an example of a friend who has been trying to exit the sex industry however she lives in a regional town, is dependent on drugs, is pregnant, has cancer and no social support.

### **Group/Peer Support**

Service users interviewed generally liked the idea of group/peer support but usually thought it would be more useful for other people rather than themselves.

*That'd definitely be good! It would help them to see that a lot of people go back to learning at their age. Why not! It's helpful to have someone who's been through it and can show them that it's not too hard. To know that you're not the only older person doing it can help them feel better. Something like that would probably do people a world of good (Carly, 8/12/11).*

Angie said that she would not feel comfortable in a support group as she might know the other people. She thought it might be useful for other people. Angie thought issue specific workshops might be useful for her. Rita thought that a support group option was important. She has an informal support group of people she knows who are going through PTE as well and finds this informal network helpful.

*Definitely peer support. I would love to do that around here. Lots of girls turn to me for help and advice (Rita, 28/11/11).*

Gabrielle had mixed feedback on the idea of a support group.

*Women don't like sitting around talking with other sex workers about their experiences. I personally don't mind as it's part of my healing process but some girls just aren't comfortable. Issues-based group meetings, such as health and wellbeing topics or how to dress for interviews, could be useful. It depends on where the client is at. Yes, that would have been good (Gabrielle, 7/12/11).*

Lesley thought a support/peer group would be useful to reduce social isolation, share tips and provide emotional support.

*I think it would be very, very useful.... When you exit this industry, you are alone! Your history isn't always prudent to share. It would be a good support for those of us that are there. You don't have to lie. And through depression or sad moments, it's nice to know that there's someone there. Like, 'How do I deal with my family when I'm going through this?' or 'How do I deal with relationships?' (Lesley, 16/12/11).*

Staff and focus group participant views on group work differed from service users interviewed for the evaluation. One staff member said that although service users often expressed an interest in group work, for a range of reasons, this interest did not follow through to attendance.

*Group sessions often don't work out. People express interest but then they just don't turn up. Getting clients to attend and then making it productive often just doesn't happen. We did look at a support group concept but there are issues around separating the different client groups [brothel, escort and street workers] and then, because a lot of the street workers know each other, there's the whole confidentiality thing. They are often friends with each other but they often don't want others to know their business. It can affect the dynamics of the group. Plus, the practicalities of getting people here – they can work all sorts of hours, plus there's the location issue. Where do you locate it if it's a state-wide program? One of the biggest issues is confidentiality (PTE Case Manager).*

In terms of socialisation, one focus group participant believed that linking PTE service users into mainstream social activities and groups offered by other services would be more effective than a PTE specific group.

*A more effective way of doing this would be through one-on-one support that helps them feel they can safely socialise. Like a gym membership or a dancing program. Incidental socialisation is best (Focus group participant, 8/2/12).*

Another participant explained that group work may contradict the individualised nature of the PTE program.

*You have to be careful about how you manage these things... because the program is individual-needs based. No one gets special treatment but it does respond to individual need, not a blanket response, and so clients can be provided with different services and supports. That can pose issues around certain people getting specific things and others comparing what they get (Focus group participant, 8/2/12).*

One PTE staff member confirmed Rita's previous point that some street-based PTE service users have an informal support network already, are in regular contact about their progress and provide each other with informal support.

PTE formally reported on its consideration of group/peer support in the quarterly reports to CAV. The reports noted that PTE staff had considered the possibility of an 'employment skills' groups for PTE service users to support them to gain relevant skills such as interview preparation and job search in contrast to the one to one meetings with Taskforce and Sign On. However, when PTE staff spoke with service users and other sex workers about a group program, they were reluctant to attend a group. It is also worth noting that Sign On provides a similar group program and none of the PTE service users attended the group sessions. The reasons included possible breaches of confidentiality and an unwillingness to engage with other sex workers in a formal group setting.

### Mentoring Program

Service users were supportive of the concept of a mentoring program for additional support, particularly post-discharge, and for role modelling. Angie liked the idea of a mentoring program and said that she would have found it useful to have the extra support when she made the final move out of sex work after being discharged from the PTE program..

*I could have met with them for coffee, to talk about how to do certain things or take certain steps... It might have sped the process up or made it easier if I'd been able to chat with someone who'd been in the same situation (Angie, 19/12/11).*

Rita thinks role modelling is important and that a mentor program could be useful for this – "If the girls who knew me before saw me now, they'd spin out! I'd do that" (Rita 28/11/11). Gabrielle supported the idea of a mentoring program and pointed out that matching people is an important process. She is a mentor in the Good Shepherd mentoring program.

Focus group participants liked the idea of a mentoring program provided by an agency other than RhED to provide another level of engagement and support. They supported engaging more PTE service users in the Good Shepherd mentoring program by increased promotion to PTE service users. Matching mentors and mentees is a critical component for the success of the program as well as ensuring both parties understand client confidentiality.

As one PTE staff member pointed out –

*The mentor isn't a case manager so it's a different connection and level of support. It can help with social inclusion (PTE Case Manager).*

The PTE August quarterly report to CAV discussed the role of the Good Shepherd mentoring program. In summary the report concluded that PTE clients may find it difficult to

*Understand and engage with a mentor / mentee relationship when they may still be experiencing housing, employment, emotional and income instability.... PTE staff have suggested that there is potential for PTE clients, particularly street based sex workers, to engage with a mentor. However PTE suggest that a mentoring program may be more relevant and timely for clients when they are starting to disengage from the PTE program, in a stable situation (ie: housing, emotional and family situation) and have transitioned into alternative employment. PTE staff also suggest that there is potential for PTE clients to become mentors*



*for other sex workers and thus for the program to become a peer based model*  
(PTE Quarterly report, 31/8/11).

It was reported in the November 2011 quarterly report that the service user who was a mentee in this program had developed a positive working relationship with her mentor and was receiving an additional and alternative form of support during her transition from the sex industry. The PTE report noted that the mentor program provided an opportunity to discuss options and make different choices in relation to future employment as well as reduce her levels of social isolation.

### Online Resources including a Self-Help Program

All service users interviewed supported online resources for a range of reasons including access for rural workers and those too embarrassed to approach RhED; providing help to those people who did not need intensive support; supplementing or as a lead into PTE; anonymity and for those on the PTE waiting list. Gabrielle said that she had been Googling anything that would help her when she was first trying to exit the industry and would have found online resources useful.

*It actually can be quite a good way. A person can be anonymous. They can build their confidence that way. You don't lose people who might be on the waiting list. Everything is worth trying!* (Lesley, 16/12/11).

It is worth noting that not all sex workers will have access to the internet or safe access where they would feel comfortable using such a resource. If the information is only provided in English, it may also be difficult to use for people from CALD backgrounds.

Focus group participants thought it would be useful to offer some practical tips and resources online; however they were wary about promoting exiting the industry given RhED's pro-sex work position and positive relationships with the sex work industry and brothel owners and managers. Information could be provided about what services RhED and ISCHS offer such as financial counselling, drug and alcohol counselling and the dental program. As discussed previously in this report, information about financial planning can be important for sex workers including those considering exiting the industry. As one focus group participant pointed out – "No matter what industry you leave, it is really, really scary. You do not have to be a sex worker to be afraid of the next step" (8/2/12).

One PTE staff member thought that having a resource or information pack (both online and hard copy) may be sufficient to guide some people through transition whilst complementing PTE.

*It could be useful for us to have something similar [a resource pack]. Such as, 'here are some tips and here are places to go for different assistance'. Topics could include financial planning and how to explain gaps in your resume, how to plan your transition. The reality is that many people don't really need a lot of assistance; they just need specific guidance and direction. That may be all they need. That would probably complement the program quite well* (PTE Case Manager).

## **9. Analysis of Pathways to Exit Evaluation Findings**

The following section analyses the PTE data in reference to the objectives and outcomes described in the Evaluation Framework and evaluates whether the the program has meet these objectives.

### **9.1 PTE Service User Characteristics**

The PTE evaluation found that:

- The majority of PTE service users were female (96%) with two male service users.
- 71% of all PTE service users were aged between 25 and 44 years old with 44% in the 35-44 age cohort and 27% in the 25-34 age cohort. 8% of service users were aged 18-24 and 17% were aged 45 and over.
- 65% of PTE service users were Australian. 15% of service users were from New Zealand. 12% of PTE service users identified as “Australian/Other” and 8% of PTE service users were from other countries. None of the service users were of Aboriginal or Torres Strait Islander background.
- 50% of PTE service users lived in inner Melbourne. 21% lived in the middle Melbourne suburbs and 24% lived in outer Melbourne suburbs. Two service users lived in rural areas
- 67% of PTE service users worked in brothels and/or worked as an escort or privately (an increase from 58% in May 2011). 33% of PTE service users were street based sex workers (a decrease from 42% in May 2011).
- There was a mix across both caseload groups (street and brothel & private workers) in terms of the length of time they had worked in the sex industry. 31% from each group had been in the industry for between three-ten years. 19% of the street caseload group had been in the industry between 11 and 20 years and 16% of the brothel group had been in the industry between 15 and 20 years. 16% of PTE participants from the brothel caseload group had been working for one -two years compared to no service users in the street caseload.
- Previous education and work histories for PTE service users varied greatly across both caseload groups with service users in the brothel caseload more likely to have a higher level of education and more likely to have previously worked in other fields.
- 35% of PTE service users had a criminal record including eleven street sex workers and six workers from the brothel/escort/private caseload.
- 54% of PTE service users lived in private rental, with the remaining service users living in a variety of housing types including one service user who lived in a brothel. 28% of service users (mostly street caseload) lived in public, transitional housing or a rooming house. Only 8% of service users (all brothel workers) owned their own home.
- 46% of PTE service users recorded a history of, or current drug and/or alcohol use (a decrease from 62% in May 2011)
- 69% of services users recorded mental health issues, this was an increase from 58% in May 2011. 46% of service users with mental health issues were from the brothel caseload and 23% were from the street caseload. Anxiety and depression were the most common mental health conditions recorded for PTE participants.
- The street caseload group (75%) were more likely to be linked into professional supports than the brothel caseload group (16%) and social/family supports varied across both service user groups.

## 9.2 PTE's Effectiveness - Were the PTE Objectives Achieved?

This section analyses the evaluation findings to assess whether PTE has been effective in meeting its objectives and the achieving the intended impacts and outcomes as described in the original PTE service model.

**Objective 1: 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**

### *Impacts*

- Clients' immediate needs are met, eg. Housing, drug and alcohol withdrawal, food, financial, health, etc.
- Supportive respectful relationships established with each client.
- Case management goals are achieved
- Ongoing mentoring and support is available to clients after exiting Stage 1 of the program
- Use of brokerage to purchase services to supplement Pathways

The program data on service outcomes and data from the first and second service user interviews, staff interviews and Focus Group Discussion demonstrates that the program has effectively responded to the broad range of complex needs of the PTE service user group.

The service user interviews provided strong qualitative evidence of positive outcomes including:

- service users reducing and/or stopping sex work
- strong service user engagement with the program
- take up of a range of aspects of the program, including effective referrals to PTE partner and other community agencies
- service users finding work in alternative industries and/or furthering their education in order to meet longer term employment goals
- increased service user motivation and social inclusion
- addressed issues affecting future employment including mental and physical health, substance use, confidence, housing, and
- having future personal and employment goals with strategies and steps in place.

It is worth noting that in relation to the impact measure: *Ongoing mentoring and support is available to clients after exiting Stage 1 of the program*, service users continued to use this support throughout their time in the program rather than during Stage 1 as originally planned.

## Program Data

The PTE program data (for 48 service users) demonstrates that a range of case management and employment goals were met by service users in the program.

- 38% had reduced or ceased sex work
- 60% of PTE service users were provided with emotional support
- 44% were in study or a course
- 25% had received housing support
- 19% had accessed Centrelink
- 19% had reduced/ ceased drug use and/or accessed drug treatment services, and
- 19% were volunteering/working or running their own business.

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

### *Impacts*

- High needs clients' short term needs are met

A total of \$10,958 was spent from the Brokerage Fund from February 2010 until January 2012. 42% of service users accessed the Brokerage Fund. For these twenty service users the average expenditure was \$548. The most expensive single item was bond support (\$1,400) followed by driving lessons, computers, kit for beauty course, course fees and eye glasses. Methadone, metcards, work clothes and phone credit and bills were also common purchases.

## Service User Interviews

Service users reported that their immediate needs were met through referrals and through PTE's use of the emergency fund to pay for outstanding bills, food, methadone, metcards, etc. All interviewees reported having supportive effective relationships with PTE staff and reported achieving a wide variety of case management goals. Staff engagement skills, persistence, professionalism and a lack of judgement were seen by interviewees as key strengths. Service users reported that they had achieved their goals in the program, as well as developing new goals for the future. The brokerage funds proved to be a useful tool in a number of ways. Clear examples of use of the brokerage fund to support case management was the purchase of the beauty kits and uniforms that two service users required for their training in Beauty Therapy.

Most interviewees commented that when preparing for the evaluation interviews, they had taken stock of their achievements and were proud of their progress to date, confident and looking forward to the future.

## Staff and Focus Group

Staff and Focus Group Participants agreed that PTE was successful in providing a holistic, proactive, individually tailored case management support program to support service users' transition from the sex industry. Staff agreed that service users had achieved their case management goals while participating in the program. This achievement varied according to the time needed when working with service users who have complex individual needs. Those who had been in the program for over six months had shown strong progress towards achieving their case management goals, while some more recent service users were just developing their goals and plans. The range of PTE program

components enabled the program to develop and deliver individualised intensive case management plans that specifically reflected the diverse needs of the client group.

The emergency fund enabled staff to meet the immediate material needs of service users, which not only helped stabilised service users, it provided a useful way to engage with service users through the delivery of quick practical assistance. In contrast to material needs, other service users required assistance in relation to family issues. Illustrating these issues was the example of a service user seeking support to stabilise her life and regain custody of her children. Brokerage became most useful after service users had been in the program for at least six months, as it assisted with access to re-training programs and education. Staff and Focus Group Participants saw the flexible funds as a crucial tool for engagement, overcoming barriers and meeting service user needs.

### Program Data

Eleven service users accessed the Emergency Fund between February 2010 and January 2012. A total of \$1,050.09 was spent, with an average of \$95 per service user. This fund was used to purchase food, medication, housing, phone credit, payment of fines and bills, clothes, emergency dental, toiletries and metcards. This was mainly used by the street caseload as anticipated.

### Service User Interviews

As the service user interviews were mainly from the brothel caseload, they were less likely to have accessed funds from the Emergency Fund. One service user interviewed from the street group had received funds for medication, food and metcards.

### Staff and Focus Group

Staff agreed that the program model, including the Emergency Fund, enabled them to meet the immediate needs of service users effectively and in a way that built trust and assisted program engagement. Meeting the immediate needs of service users was critical to their stabilisation. Immediate needs included debt and bills; methadone payments; and material aid including food, clothing, transport, phone.

**Objective 3: 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.**

#### *Impacts*

- Clients utilise the services to which they have been referred.
- Strong external referral pathways are established with program partners, and other relevant agencies
- Internal ISCHS pathways are strengthened.

### Program Data

71% of all PTE service users were referred to other services. 56% of all PTE service users (27) were referred to Taskforce. 33% of all PTE service users were referred to Sign On. 50% of PTE service users were referred to external services (an increase from 38% in May 2011). These referrals were to a broad range of services including legal services, counselling, housing, financial counselling, driving lessons and licence testing.



52% of PTE service users were referred internally to ISCHS programs (an increase from 40% in May 2011). Five of the street work service users were referred to the Arrest Referral Program. Five service users were referred to the dental program (split across both caseload groups) and four service users were referred to counselling. Other referrals included for the Women’s Wellbeing Group, AOD counselling, diabetes educator, Mental Health First Aid Course, podiatry and financial counselling.

### Service User Interviews

Service users reported a range of effective referrals in the interviews, primarily with Taskforce, Sign On, Fit for Work (who provide clothes for job interviews/new employment), ISCHS dental services and gym membership. Service users were less aware of the behind the scenes service linkages developed by PTE to support the program. Having a number of supports in addition to the PTE case managers helped service users as they could draw on different ideas and resources to support their transition out of sex work.

### Staff and Focus Group

Staff and focus group participants agreed that building and maintaining partnerships and links with other services was a crucial part of the PTE model. Internal linkages with RhED drew on the RhED’s expertise and experience and linkages with other ISHCS services such oral health and drug and alcohol were seen as useful. The partnerships with Sacred Heart Mission and Good Shepherd Youth and Family services had not been as strong as anticipated in the program design for several reasons; however these agencies were valuable members of the PTE Advisory Committee. The partnerships with Taskforce and Sign On were extremely important for meeting the program objectives (see discussion under Objectives 4 and 5).

**Objective 4: 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 (Stage 2).**

#### ***Impacts***

- Clients are respectfully and effectively supported to increase their employability.
- Clients have made progress towards achieving their employment goals.
- Some clients are ready to move onto Stage 3 of Pathways.

Note that the impact relating to *Some clients being ready to move to Stage 3* was not as significant as originally foreseen in the original program model. Some service users were referred to Sign On early on in their case management and some were not referred at all.

### Program Data

56% of all PTE service users (27) were referred to Taskforce (an increase from 44% in May 2011). Services provided by Taskforce included resume writing; job search support, computer courses and job interview skills and preparation.

### Service User Interviews

Service users reported that their involvement with Taskforce had supplemented the work done with PTE to shape their resumes effectively and through the provision of training on interview techniques and computer skills. All service users interviewed who had used Taskforce services reported that they had received effective and respectful service.

All service users interviewed had made considerable progress towards achieving their employment goals. Three interviewees were involved in training and two were working in alternative employment - one full time and one part time. All interviewees had future plans and goals for alternative employment

### Staff and Focus Group

Staff and Focus Group Participants agreed that a strong effective working relationship had been established between PTE and Taskforce based on the Memorandum of Understanding. Linking services users with a specific employment agencies enabled PTE staff to work on other case management issues.

PTE staff agreed that all service users had made progress towards achieving their employment goals in the program. Many service users had taken positive steps along their pathway out of sex work by becoming more stable, gaining new skills through courses, study and volunteer work and having a proactive plan for the future.

**Objective 5: 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 (stage 3).**

#### *Impacts*

- Clients who are ready are linked into appropriate employment program
- Clients learn necessary skills for future employment

Note that not all PTE service users were eligible for JSA or other employment programs, in particular service users who were not Australian residents.

### Program Data

33% of all PTE service users were referred to Sign On (an increase from 25% in May 2011). The majority of those referred to Sign On were referred as part of their Job Services Australia (JSA) requirements. Some on DSP were voluntary referrals.

### Service User Interviews

Service users who had been referred to Sign On commented positively on the services offered, the respectful way they were treated and the range of services. Service users reported finding the Sign On services useful and preferred Sign On to other Job Services Australia agencies they had been previously involved with. Sign On were also helpful in navigating the Centrelink service system.

In addition, all of the service users interviewed had participated or were participating in training courses/study to prepare them for alternative employment. One interviewee had obtained full time employment and successfully transitioned out of sex work.

### Staff and Focus Group

PTE staff reported that Sign On were flexible, understanding and responsive to the complex needs of the PTE target group. Sign On also supported PTE service users through provision of funding for a range of employment related items.

PTE staff believed that service users' persistence, resilience and motivation together with the support offered through the program will result in service users achieving their future employment goals. Staff reported that a range of employment skills were learned both formally and informally as part of the program, including attendance at appointments and developing daily routines.

#### **Program Outcomes**

- *Clients have increased employment choices and improved future employment prospects on exit from Pathways*
- *Clients have increased participation in training, job seeking, volunteer work or paid work.*
- *Clients have reduced hours in sex work or no sex work.*
- *Clients are supported in the longer term if and when required.*

### Program Data

38% of PTE service users had reduced or ceased sex work and 19% were volunteering/working or running their own business. Note that whilst reduced sex work is a measure of progress; it should be noted that clients may need to support themselves financially through engaging in sex work while studying or preparing for alternative employment. Centrelink benefits may not provide sufficient income to meet their financial needs, particularly if they are single parents and/or have a mortgage.

### Service User Interviews

Overall the five service users interviewed for the final evaluation had made positive progress towards their employment and life goals since starting PTE and since the first interview. Service users interviewed were engaged in alternative employment and/or training/study in new careers for the future. One interviewee has her own business and another is in full time work. One had increased her hours in the sex industry whilst the other four had ceased sex work altogether. Four out of the five interviewees were happy with their progress. However one interviewee who had exited PTE was concerned about her ability to achieve her goals on her own. This indicates a potential need for re-engagement with the program or some post-discharge support for former PTE service users. It was not clear to service users how to re-access the program if required and what support they could access. All interviewees felt that they could not have achieved their goals without the help of PTE.

### Staff and Focus Group

PTE staff and focus group participants agreed that the program had been successful in meeting the program outcomes. PTE staff identified a broad range of barriers that service users must overcome in order to exit the sex industry. Service users returning to the program have been rare with only one service user returning as a client of the service. The need for, and resources required to provide post-discharge support has not been fully explored, however as this evaluation demonstrates, this issue should be further explored in Phase 3 of PTE.

After reviewing the evidence, it is clear that the Pathways to Exit program has effectively achieved the program objectives and expected outcomes. The PTE program components and partnerships have worked effectively to support PTE service users through the three stages of the model - Stage 1: Engagement and Stability; Stage 2: Employment 101; and Stage 3: Work experience, job seeking and/or training. As discussed, due to the individual needs of service users, this has not always been a linear process.

## **10. Learnings and Recommendations**

The data presented in this Report demonstrates that PTE has successfully met its program objectives and that the model and its various components work to provide positive outcomes for service users. The evaluation found that outcomes are sustained among service users who have left the program.

Key outcomes include:

- PTE provides clear pathways out of sex work for service users which are responsive and sustainable in the long term
- PTE offers a flexible individually tailored model which supports the diversity of need among PTE service users
- PTE provides access to responsive and respectful employment services to support service users and complement PTE case management
- PTE has developed pathways to education and retraining programs
- PTE has resulted in the reduction/cessation of sex work for more than one third of service users, and
- PTE has developed strong effective partnerships and service links both internally with ISCHS and externally with other relevant agencies.

The key strengths of the PTE program include:

- A holistic and integrated approach to the complex short and long term needs
- An individually tailored response that allows service users time to make effective change
- PTE staff demonstrate strong professional and inter-personal skills enabling the effective delivery of the program and the associated client outcomes
- Strong effective partnerships, particularly with Taskforce and Sign On
- Flexible funds to fill gaps in other funding and ensure that PTE can support service users in a range of ways
- The location of PTE workers in the RhED program at ISCHS strengthens service users confidence that PTE workers understand their specific needs and issues and will be non-judgemental
- Strong referral pathways based on effective networks and linkages with a wide range of services including internal ISCHS services and external services,
- Strong service user outcomes and progress towards achieving individual case goals including gaining alternative employment
- Value adding to RhED's existing suite of sex worker support services and ISCHS's services, for example, Oral Health, and
- That the PTE service model is, as one Focus Group Participant phrased it, "more than the sum of its parts", with all the different components working effectively together to produce positive outcomes for service users.

The program data describes the presenting needs of services users and how the PTE case managers effectively met these needs. The service user interviews strongly demonstrate the need for the PTE program and how well the service users responded to the program. The service user interviews and case studies demonstrate the valuable role of PTE in assisting service users to transition out of the sex industry. This qualitative data also clearly demonstrate their strong progress towards achieving their goals. Many service users are dealing with long term issues and are trying to change long term



behaviours including substance 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 demonstrates that progress is being made and the pace of the program and the range of supports and linkages offered suits the needs of current service users participating in the program. The qualitative data also demonstrates the complexity of working with this target group and the positive outcomes of the flexible approach and service model. This evidence demonstrates that people who may need support to exit the sex industry vary from people who are highly motivated and resilient to people with low levels of motivation and a range of complex needs.

Staff and focus group participants found the PTE service model to be effective, producing a range of sustainable service user outcomes across all areas identified during the development of the program.

The time it takes for service users to progress through the stages is different for each individual service user and depends on previous skills, career and education pathways and goals as well as other issues. A key strength of the PTE service model is its flexibility, which ensures each service user has time to achieve their goals.

## 10.1 Recommendations

### Recommendation 1

#### **Secure recurrent funding for PTE.**

Recurrent funding should be secured in a timely manner before the scheduled end of the program in June 2013 to allow for certainty for service users and to retain experienced PTE staff.

### Recommendation 2

#### **Advocate for increased staffing for PTE to meet existing demand and the needs of more difficult to reach groups such as Culturally and Linguistically Diverse (CALD) and rural sex workers seeking to exit the sex industry.**

Additional staff would allow the PTE program to work with a greater number of people wanting to exit the sex industry. This would allow for increased promotion of the program more broadly and to specific groups such as rural and CALD sex workers. Staff would be expected to develop linkages and partnerships with relevant employment and training agencies in rural areas and working with CALD groups.

### Recommendation 3

#### **Create referral pathways between PTE and relevant external services and programs.**

PTE staff should work to increase access for PTE service users to range of programs (including group programs) run by other agencies including mentoring, life skills, employment skills, training and social inclusion. PTE staff could provide secondary consultation to these agencies to assist them to ensure their programs are responsive to the needs of the PTE target group.

## **Recommendation 4**

**Obtain additional funding to provide online and hard copy resources to support transition out of sex work including financial planning and access to education and employment services.**

These resources could be made available to sex workers across the industry. The resources could include a financial management education package particularly aimed at supporting sex workers to plan for their financial future including investment, mortgages, negotiating loans, taxation, managing debt and superannuation. This information may assist people to exit the industry in a planned way when they are ready, some on their own and some with additional support.

## **Recommendation 5**

**Revise the PTE model and practices to reflect the evaluation learnings.**

Changes could include:

- Increased staffing
- Changes to the program stages to reflect the non-linear progress of service users and emphasise individually tailored pathways
- Broaden PTE service partnerships, and
- Strengthen the Sign On partnership and consider developing an MOU to underpin the partnership.

## **Recommendation 6**

**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.**

PTE should develop 'pre-entry' resources to support sex workers interested in exiting the industry but not yet eligible to join the PTE program. In addition, to develop 'post-discharge' resources to support service users once they leave the program.

## **Recommendation 7**

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

Regular monitoring and evaluation of the program ensure service and program improvements. Measuring demand could provide evidence to support an expansion or diversification of the program.

## **11. References**

- Consumer Affairs Victoria, 2008. *Government Response to the Prostitution Control Act Ministerial Advisory Committee Report 'Improving the Regulation of the Sex Industry and Supporting Sex Workers Who Want to Move On'*, CAV, Victorian Department of Justice, Melbourne.
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