# OPERATIONAL PLAN

# 2009-12

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## GLOSSARY OF ABBREVIATIONS

| | |
|---|---|
| A & TSI | Aboriginal and Torres Strait Islander Peoples |
| AIDS | Acquired immune deficiency syndrome |
| ARCSHS | Australian Research Centre in Sex, Health and Society |
| AOD | alcohol and/or other drug |
| BBPS | BB Professional Services |
| BBV | blood-borne virus |
| CALD | culturally and linguistically diverse |
| CC | Crimson Coalition |
| CDB | Communicable Diseases Branch (of Queensland Health) |
| ECCQ | Ethnic Communities Council of Queensland |
| HAHCSH | specialist HIV/AIDS, hepatitis C and sexual health services |
| HCQ | Hepatitis Council Queensland |
| HEP C | Hepatitis C |
| HIV | human immunodeficiency virus |
| MOA | memorandum of agreement |
| MOU | memorandum of understanding |
| N & S | needle and syringe |
| NCHSR | National Centre in HIV Social Research |
| NCHECR | National Centre in HIV Epidemiology and Clinical Research |
| NGO | non-government organisation |
| OH&S | occupational health and safety |
| PETF | Prostitution Enforcement Task Force |
| PEP | post-exposure prophylaxis |
| PHE | Peer Health Educator |
| PLA | Prostitution Licensing Authority |
| PPE | personal protective equipment (condoms, dams, lube, etc.) |
| QAHC | Queensland Association for Health Communities |
| QuIHN | Queensland Injectors Health Network |
| SQWISI | Self-Health for Queensland Workers in the Sex Industry |
| SSPAN | Sexual Service Providers Network |
| STI | sexually transmitted infection |
| SW | sex worker |
| SWAN | Sex Workers Assessment of Needs (Report, Qld Health Working Group) |
| USNQ Inc. | United Sex Workers, North Queensland Inc. |

# 1 INTRODUCTION

## Mission and objectives of Respect Inc

### Mission

We are Queensland sex workers united to provide a formal medium to communicate sex worker issues and concerns so as to improve the rights of our peers and respond to our workplace health and safety and other needs regardless of gender, age, location, industry sector, legal status, cultural background or linguistic abilities.

### Objectives

1. To provide a range of education, information and resources that will support sex workers and increase their awareness of occupational health, safety, emotional wellbeing, legal and taxation rights and responsibilities, in a non judgmental and non-invasive environment.

2. To provide health promotion programs to sex workers.

3. To operate within a context of accountability, equity and transparency.

4. To recognise that by providing education, information and support to sex workers, sex workers will be effectively resourced as safer sex educators to pass on those educational benefits to the larger general population.

5. To operate within an affirmative action approach, that is, with all direct services by peers (sex workers past or present) within all levels of the organisation, including management, staff and volunteers, and to foster a culture of inclusiveness and mutual respect within the diverse community of sex workers.

6. To lobby government to provide sex workers with legal avenues to work within any area of the Queensland sex work trade/industry as they choose (e.g., escort, in-house, agency, private/sole operator, co-operatives and/or street) without fear of arrest or prosecution for criminal offences related to sex work business activities.

7. To provide a legitimate voice for Queensland sex workers advocating for legal and other social policies to support sex workers' human, civil and workplace rights and access to remedies without discrimination, including programs and initiatives that aim to reduce discrimination and stigma against sex workers, past and present.

8. To support and liaise with national, state and regional sex worker rights groups in the development of networks, programs and objectives.

9. To build and foster constructive relationships with all stakeholders for the benefit of sex workers.

## History of Respect Inc

Crimson Coalition (previously SSPAN – Sexual Service Providers' Advocacy Network) was established in Brisbane in 2004 to provide sex workers' voices for law reform activities. SQWISI (Self-Health for Queensland Workers in the Sex Industry) appeared to be moving away from a peer focus on their management committee and in recruitment of health educators and Crimson Coalition members were eager for sex workers to present their views to government themselves.

United Sex Workers North Queensland was established in 2007 as a direct result of the closure of the North Queensland SQWISI offices in March of that year. Our members are directed by the needs of our peers for workplace health and safety training and peer support.

Both groups are members of Scarlet Alliance, the peak national sex workers' organisation. Together we contributed to the Sex Workers Assessment of Needs (SWAN) Review conducted by BB Professional Services, who were contracted by Queensland Health to talk to sex workers and other stakeholders and identify our needs for health services, and the Scarlet Alliance, Crimson Coalition and United Sex Workers North Queensland "Submission to the SWAN Review of Sex Worker Services in Queensland, May 2008[1].

United Sex Workers North Queensland became incorporated and began working with Crimson Coalition to establish a state-wide organisation which was proposed to be called Sex Workers United[2]. In keeping with the recommendations of the SWAN Report, the Scarlet Alliance, United Sex Workers North Queensland and Crimson Coalition Submission, and SWAN Working Group, Queensland Health made a commitment to supporting a community capacity development approach: to establish a community-based affirmative action sex worker organisation able to deliver a funded program of HIV, hepatitis C and sexual health promotion services.

Queensland Health provided funding to:

- United Sex Workers North Queensland and the Crimson Coalition to put in place all the necessary requirements for establishment of a fundable organisation to deliver health promotion services to sex workers, including development of a constitution, policies and procedures, incorporation, insurance, banking and taxation requirements, organisational structure and communication processes, operational plans and budget.

- Scarlet Alliance to participate in the process and assist with development of strategic plan, policies and procedures, governance structures, mentoring and training of the Management Committee.

- BB Professional Services to assist with development of a strategic plan, operational plan, implementation plan and evaluation strategy and to facilitate key planning meetings.

[1] Scarlet Alliance, Crimson Coalition and United Sex Workers North Queensland "Submission to the SWAN Review of Sex Worker Services in Queensland, May 2008 http://www.scarletalliance.org.au/laws/qld/08/

[2] Following application for incorporation the proposed name Sex Workers United was rejected by the Queensland Office of Fair Trading due to it being too close to the name of the already incorporated association, United Sex Workers North Queensland.

United Sex Workers North Queensland, Crimson Coalition, Scarlet Alliance and BB Professional Services have all participated in a Queensland Health facilitated SWAN Working Group which also includes representatives of non-government organisations that are likely to work in partnership with Respect Inc in relation to health promotion initiatives.

All participants have strived to create a clearly focused, effective, efficient organisation that will be inclusive of and responsive to the needs of all sex workers in Queensland, regardless of industry sector, geographical location, gender, cultural background or abilities to use English language.

There has also been an extensive consultation period through the establishment phase of the organisation. This included regional meetings in both the southern and northern parts of Queensland. Also other opportunities to provide feedback in various forms including information regarding controversial issues were distributed in various formats and modes of delivery so as to minimise barriers to participate in the process.

These opportunities gave the active members a mandate which included the interests of sex workers throughout Queensland and from various sectors of the industry regarding program designs and delivery models.

## Membership

Respect Inc strives to extend membership to all parts of Queensland, all sectors of the industry and all demographic groups within the community of sex workers.

The organisation has two types of membership:

- Ordinary member (must be a current or past sex worker; can attend meetings and vote; can sit on management committee)
- Associate member (non-peer supporters; cannot attend meetings except by special invitation; cannot vote; cannot sit on management committee)

## Branches of the organisation

The organisation will have two main offices with their own Regional Coordinators:

- a Northern regional office based in Townsville, with a satellite office in Cairns
- a Southern regional office based in Brisbane, with a satellite office on the Gold Coast.

Both regional offices will provide the full range of services.

The Northern office will provide outreach services to Mt Isa, Mackay, Rockhampton and Gladstone.

The Southern office will provide outreach services to the Sunshine Coast, Frazer Coast and Toowoomba.

## Programs

Programs of the organisation currently include:

1. Queensland Health Communicable Diseases Branch Program (HIV, Hepatitis and STI Prevention Program) - funded

2. PPE [Personal Protective Equipment] sales – self funded

3. Other voluntary projects

4. Other community development activities

Respect Inc has sought funding from another source for additional program/projects addressing safety and legislation issues and may decide to take on other funded programs (e.g. Training of Managers or Exit Training) or to introduce further self-funded programs in the future (see Implementation Plan, section 5.2).

# 2 THE HIV, HEPATITIS AND STI PREVENTION PROGRAM

## Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011

The HIV, Hepatitis and STI Prevention Program of Respect Inc is funded through Communicable Diseases Branch, Queensland Health. The HIV, Hepatitis and STI Prevention Program contributes to Strategic Agenda 1: Primary Prevention *(Strategic Directions for HIV/AIDS, Hepatitis C and Sexual Health 2008-2011).* These activities have a health promotion and health protection approach with actions taken to avoid or remove the cause of HIV, hepatitis C and sexually transmissible infections in individuals and populations.

The Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011[3], which provides *"direction and a framework for co-operation and support for and between government and non-government agencies, private practitioners, research organisations, service providers, community groups and the wider community to work together to:*

- *reduce the transmission of HIV, HCV and STIs*
- *minimise the impact of HIV, HCV and STIs on the Queensland population*
- *improve the health and wellbeing of people living with HIV, HCV and STI-related chronic illness."* (p 6)

The Strategy notes that *"achieving this will require a long term vision which empowers individuals to make informed decisions regarding their own health and wellbeing and indicates that this will be supported through:*

- *positive leadership and direction setting*
- *shared responsibility and decision making*
- *open communication and confidence among all partners*
- *high standards of specialised and integrated services and approaches*
- *non-discriminatory, easily negotiated and accessible services.*

*The Strategy provides details on how this can be achieved through:*

- *the identification of key outcomes, guiding*
- *principles, target populations, objectives,*
- *performance indicators and key strategies;*
- *targeting programs for specific at-risk populations*
- *initiatives which consider gender, age, culture, language, sexuality, literacy level, disability, income, employment, community connectedness, geographic location and other social and economic factors*
- *continued collaborative planning which takes into account future needs*
- *input from infected and other affected individuals and communities and trend analysis to inform program and service delivery."* (p 6)

The Strategy outlines *"how identified government departments will work towards the achievement of key outcomes. While the actions of community partners are not explicitly articulated in the implementation section, it is recognised that the contributions of all partners are integral to the achievement of Strategy outcomes."* (p 6)

[3] Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011 http://www.health.qld.gov.au/sexhealth/documents/28206.pdf

The Strategy notes that *"specific community agencies have a particular role to play through funded service agreements and the performance frameworks for these agencies and health services will provide mechanisms for non-government and community-based organisations to describe their responses to the Strategy."* (p 6)

The Strategy is consistent with the underlying principles of a number of national strategies, reports, guidelines and policy documents which address health and wellbeing issues associated with HIV, Hepatitis and STIs. These include the *National HIV/AIDS Strategy 2005–2008, extended to 2009*, the *National STI Strategy 2005-2008, extended to 2009,* the *National Hepatitis C Strategy 2005-2008, extended to 2009* and the *National Aboriginal and Torres Strait Islander Sexual Health and Blood-Borne Virus Strategy 2005-2008, extended to 2009* (Australian Government, Department of Health and Ageing).

*"The Strategy includes:*

- *a partnership approach encouraging an integrated, coordinated program between all service providers;*
- *a commitment to an enabling environment;*
- *the fundamental principles of health promotion and harm reduction; and*
- *sharing of responsibility for the prevention, early detection and management of these health issues between service providers and among individuals and affected communities."* (p 6)
- *principles that should underpin the development of education and prevention programs in Queensland include… peer based approaches" (p21)*;
- *the non-government sector and community based organisations are well placed to provide programs to target populations such as the gay community, other homosexually active men, sex workers, injecting drug users, culturally and linguistically diverse populations, people with haemophilia and blood-borne virus coinfection, people living with HIV/AIDS and people with HCV".(p31)*

*The integration of the three program areas of HIV, HCV and sexual health in strategic planning is consistent with the Smart State: Health 2020 Directions Statement. It acknowledges the potential of health promotion, prevention, early detection and intervention for improving health and addressing a range of health-compromising risk behaviours. The Strategy provides a strategic framework for improved whole-of-government service delivery and is aligned with a range of Queensland Government Priorities."* (p 7)

The key outcomes of the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011 are:

- *"reduced transmission of HIV, HCV and STIs;*
- *minimisation of the impact of HIV, HCV and STIs on the Queensland population; and*
- *improved health and wellbeing of people living with HIV, HCV and STI-related chronic illness."* (p 18)

The key indicators by which the above outcomes will be measured are:

- *"incidence of new infections;*
- *incidence and prevalence of HIV and STIs, and prevalence of HCV in the Queensland population and risk populations as reported through national*
- *and state surveillance;*
- *reduction in AIDS diagnoses as a proportion of PLWH;*
- *percentage annual increase in the number of people accessing and completing antiviral HCV treatment;*

- *proportion of people living with HIV accessing antiretroviral treatment; and*
- *health and wellbeing of PLWHA and people with HCV as indicated through data from quality of life studies."* (p 18)

These outcomes are to be achieved through a focus on five strategic priority areas:
*"1. An enabling environment*
*2. Education and prevention*
*3. Early detection, care management and treatment*
*4. Training and professional development*
*5. Research and surveillance."* (p18)

Each strategic priority area is guided by principles, target populations, performance indicators, objectives, and key strategies for achieving the key outcomes.

## The Ottawa Charter

The principles of health promotion are defined in The Ottawa Charter for Health Promotion (WHO/HPR/HEP/95.1), which was formulated and adopted at the First International Conference on Health Promotion in Ottawa on 21 November 1986. Most of this document is reproduced below.

***"Health Promotion***

*Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.*

***Prerequisites for Health***

*The fundamental conditions and resources for health are:*

- *peace,*
- *shelter,*
- *education,*
- *food,*
- *income,*
- *a stable eco-system,*
- *sustainable resources,*
- *social justice and equity.*

*Improvement in health requires a secure foundation in these basic prerequisites.*

***Advocate***

*Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.*

***Enable***

*Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.*

***Mediate***

*The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all*

*concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organization, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health*

*Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.*

***Health Promotion Action Means:***

*Build Healthy Public Policy*
*Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.*

*Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.*

*Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.*

*Create Supportive Environments*
*Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socioecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.*

*Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.*

*Systematic assessment of the health impact of a rapidly changing environment – particularly in areas of technology, work, energy production and urbanization - is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.*

*Strengthen Community Actions*
*Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies.*

*Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems*

*for strengthening public participation in and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.*

*Develop Personal Skills*
*Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.*

*Enabling people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.*

*Reorient Health Services*
*The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.*

*The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.*

*Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services which refocuses on the total needs of the individual as a whole person.*

*Moving into the Future*
*Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.*

*Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.*

***Commitment to Health Promotion***

*The participants in this Conference pledge:*

- *to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors;*
- *to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;*

- *to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies;*
- *to acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;*
- *to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and, most importantly, with people themselves;*
- *to recognize health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living."* (Ottawa Charter, p 1-4)

The Conference urged all concerned to join them in their commitment to a strong public health alliance.

## Priority target groups

Priority target groups for the HIV, Hepatitis and STIs Prevention Program of Respect Inc were determined in consultation with the Sex Workers Assessment of Needs (SWAN) Working Group convened by Communicable Diseases Branch of Queensland Health, drawing upon members' accumulated knowledge and the findings and recommendations of the Sex Workers Assessment of Needs Report.

While the following list identifies target groups whose needs will be addressed in the lifetime of this operational plan, it is acknowledged that other target groups or high needs sub-groups may emerge over time. It is also acknowledged that categories identified overlap and that individuals may work in more than one sector simultaneously or over time.

Target groups requiring special consideration in the implementation plan derived from this strategy include:

- all industry sectors (sole operators/private workers, brothel workers, escort workers, street-based workers, cooperatives)
- All sexual service providers (full service, relief providers, bondage and discipline, fantasy services, companionship that includes the option of sexual services)
- all genders (female, male and transgender sex workers)
- CALD and A&TSI sex workers
- transient sex workers
- workers new to the industry
- experienced workers wanting a new role within the organisation/sex industry
- sex workers able to provide constructive input during development of resources
- sex workers and sex worker groups who can be assisted with in kind support

## Core functions and services

Core functions or services to be provided under the HIV, Hepatitis and STIs Prevention Program of Respect Inc include:

- Information
- Peer education and training
- Peer support, advocacy and referral
- Access and outreach
- Services network development
- Sex worker community development
- General community education
- Policy advice to government.

## Conceptual diagram

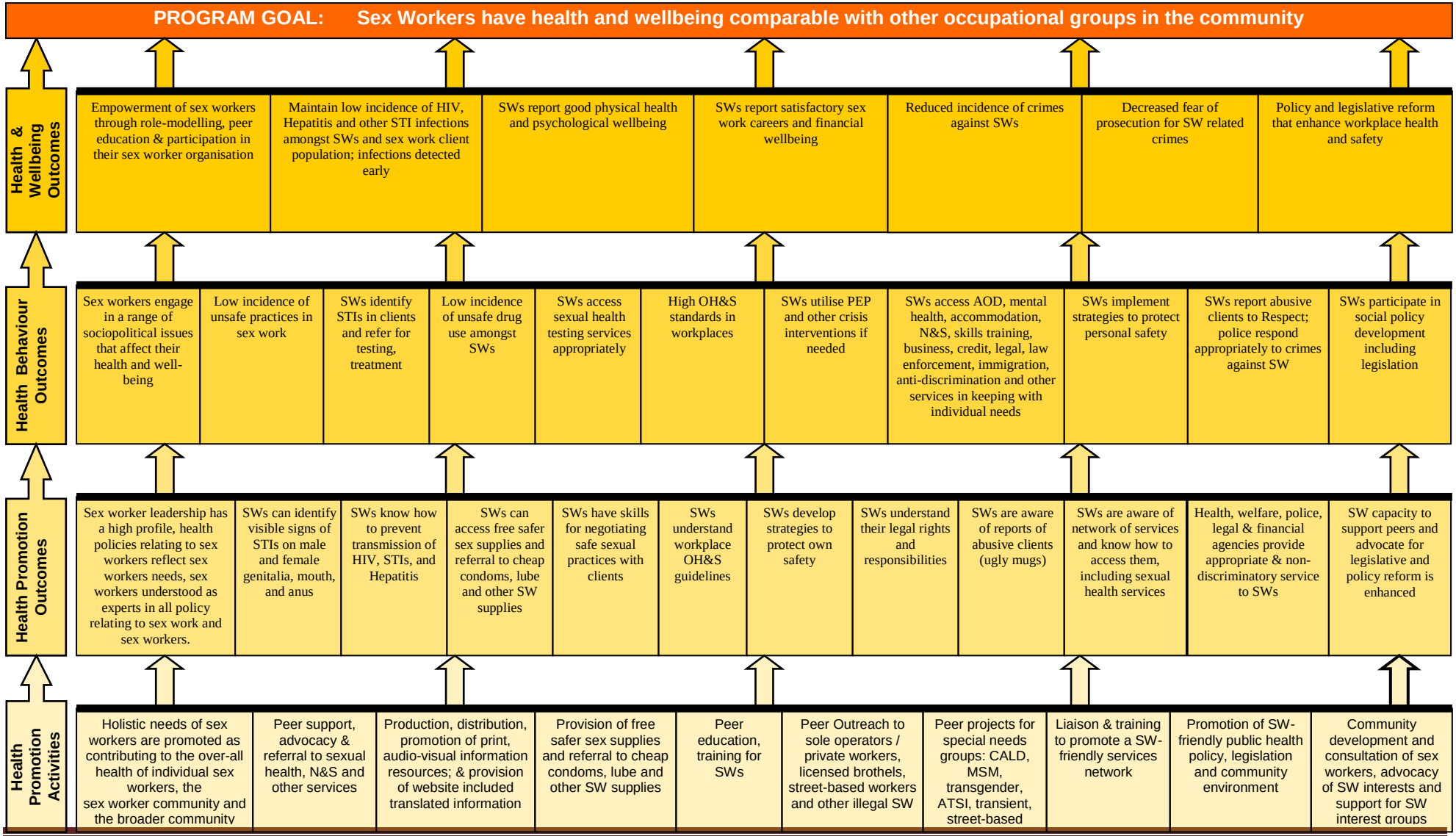
A conceptual diagram has been developed to provide an overview of the diverse health promotion activities of the HIV, Hepatitis and STIs Prevention Program of Respect Inc and the way they are intended to work together to achieve the health and wellbeing outcomes that are the goals of the program. This conceptual framework will provide a systematic guide for operational planning, internal monitoring and independent evaluation of this program.

The conceptual diagram takes the form of a hierarchy of outcomes, with health promotion activities at the base leading to health promotion outcomes above, leading to health behaviour outcomes above these, leading to the health and wellbeing outcomes the program aims to achieve.

The conceptual diagram follows. A more detailed version, including performance indicators appears at the end of this document.

## Conceptual Diagram for HIV, Hepatitis & STI Prevention Program of Respect Inc

All activities are peer based, peer driven and guided by the health promotion principles defined in the Ottawa Charter



# 3 APPROACH TO KEY AREAS OF WORK

## Information

### Aim and objectives

Respect Inc aims to provide all sex workers with the information they need and want.

Specific objectives are to provide all sex workers with information including:

- various strategies to prevent STIs and safer sex strategies
- how to recognise visible signs of STIs on clients and refer them for testing and treatment
- Various strategies to implement to maximize a safe workplace
- How to successfully operate a sex work business, ie business structures, reception tips, advertising options, referrals to other businesses to support their business
- how to access the services and responses they need
- strategies to minimize working in fear of arrest or prosecution
- strategies to avoid abusive clients
- various emotional health and wellbeing strategies.

### Guiding principles

All information provided will:

- be accurate, up to date and approved by relevant experts where appropriate
- be provided in plain English and priority community languages
- acknowledge diversity and be non-judgemental in tone
- be delivered through various media to maximise access
- address the special needs of priority target groups
- be tested with the target group/s to ensure it is relevant to needs, useful, clearly understood and what sex workers want.
- Based on best practice drawn from previous information materials developed by other sex workers organisations around Australia, with a special focus on local needs and ensuring that the information is relevant to South and North Queensland sex workers.
- USNQ will ensure that evaluation plans are implemented prior to and during service delivery (see Evaluation and Research section).

### Activities

Topics addressed will include:

- sexual health and STI/BBV prevention
- occupational health and safety
- business principles, including legal, financial, taxation areas
- safety strategies and dangerous/abusive client alerts (“ugly mugs”)
- the services network, how to access it and which are SW-friendly
- strategies for maintaining emotional wellbeing.
- Methods to include sex workers at all levels of the organisation and encourage political input into laws and policies that affect the sex worker community.

Modes of delivery will include:

- website
- print
- e-mail
- SMS
- phone
- face to face
- DVD
- Community Social Events
- Sex workers reference groups and committees

### Special needs considerations

- Non-English languages, especially Chinese, Thai and Korean
- Audio, visual, artistic, social methods and simple language for low literacy
- Special information needs of male and transgender sex workers
- Information relevant for work in all sectors.

### Potential partners

- Scarlet Alliance and the Scarlet Alliance membership
- Sexual health services
- Law Associations/ Services
- QAHC
- QuIHN
- ECCQ
- PLA & PETF

## Peer education and training

### Aim and objectives

Respect Inc aims to provide all sex workers with the education and training they need and want.

Specific objectives are to help sex workers:

- to enter the sex industry safely and productively
- to work safely in any sector
- to negotiate safe sex practices with clients
- to identify STIs in clients and refer them for testing and treatment
- to avoid dangerous and abusive clients
- to avoid legal problems
- to move into new roles within the sex industry
- to protect their emotional well-being and private life
- to develop content of STI and BBV information to specifically target all sex workers i.e. CALD and other specific sex worker groups.

### Guiding principles for service delivery in this area

All education and training will:

- be peer-based
- be non-judgemental, non-discriminatory and non-dictatorial
- be confidential and non-intrusive
- be timely, flexible and responsive to emerging needs
- be delivered in modes and locations accessible to sex workers
- address the needs of the most vulnerable, not just easy target groups
- provide what sex workers want.

Respect Inc will ensure that evaluation plans are implemented prior to and during service delivery (see Evaluation and Research section).

Respect Inc. will maintain intellectual property rights over the history and future of sex worker resources and techniques designed and used by Respect Inc, unless otherwise stated in the service agreement with Queensland Health.

The organisation grants to Queensland Health a permanent and irrevocable, non-exclusive licence to use, reproduce, distribute and adapt material funded by Queensland Health. The organisation must provide a copy of all funded material to Queensland Health when requested.

As many resources will be translated into as many languages as possible and may be rewritten if the translation is shown to be inappropriate during consultation with relevant sex workers.

Resources produced with Communicable Diseases Branch funds must adhere to the guidelines produced for community based organizations.

## Activities

Topics addressed in education and training activities will include:

- introduction to sex work for beginners. Information will cover BBV and STI basic biological information to meet the additional needs of CALD sex workers and appropriate and inappropriate condom use
- English for sex work in Australia and other resources specifically designed for the needs of CALD sex workers
- how to operate a sex industry business
- safety strategies for various work contexts
- working with clients with disabilities
- specialist roles in the sex industry
- Social events, parties
- Sex worker reference panels and steering committees
- systemic peer education and support with groups of sex workers in workplaces, at social/cultural events, during drop-in at the offices, committee meetings or other appropriate spaces.
- advocacy of peer education information messages through media including interviews, articles, opinion pieces, advertising etc.
- produce a resource that provides sexual health and other information to workers in an up to date, convenient portable format such as the Townsville Sex Work Organiser being updated or the STI Handbook which is being updated by Scarlet Alliance

In order to suit diverse needs and maximise access, education and training will be delivered in various ways including:

- group training
- one on one education
- DVDs
- website
- cultural and social events

## Special needs considerations

- CALD sex workers who do not speak English
- CALD sex workers who speak English as a second language
- regional and transient sex workers
- young sex workers and sex workers new to the industry
- male and transgender sex workers
- experienced sex workers who want a new role in the industry

## Potential partners

The following partners may be consulted during development of education and training:

- Ethnic Communities Council Queensland (ECCQ)
- Hepatitis Council Queensland (HCQ)
- Legal services
- Prostitution Enforcement Task Force (PETF)
- Prostitution Licensing Authority (PLA)
- Queensland Injectors Health Network (QuIHN)
- Queensland Association for Health Communities (QAHC)
- Scarlet Alliance and other sex worker organisations around Australia
- Sexual health services

## Peer support, referral and advocacy

### Aims and objectives

Respect Inc aims to provide all sex workers with peer support, advocacy and referral to appropriate services, in keeping with individual needs and requests.

Specific objectives are:

- to provide peer support to all sex workers who want it, including one to one contact with culturally appropriate peers
- to provide crisis intervention when needed
- to provide referral to sex worker friendly services on request, with supported access if needed
- to advocate on behalf of sex workers in relation to other services and government agencies.
- Respect Inc will ensure that evaluation plans are implemented prior to and during service delivery (see Evaluation and Research section).
- maintain intellectual property rights over the history and future of sex worker resources and techniques designed and used by Respect Inc, unless otherwise stated in the service agreement with Queensland Health.
- Resources produced with Communicable Diseases Branch funds must adhere to the guidelines produced for community based organisations.

### Guiding principles for service delivery in this area

Peer support should be:

- provided by like peers (eg male peers, transgender peers, CALD peers, ATSI peers) wherever possible within limits of staffing
- non-judgemental and respectful of diversity
- non-intrusive, confidential and in a private space when dealing with individuals
- timely and appropriate.

### Activities

- one on one peer support by Peer Health Educators (PHEs) at agency premises by appointment or in crisis without appointment
- one on one peer support by PHEs at regular times at sexual health services in regions where offices are not located, if appropriate
- one on one peer support by PHEs at other locations during outreach or by appointment
- fostering of peer support networks and sex worker interest groups
- provision of a drop in space and occasional social events for sex workers
- interagency networking with sex worker friendly services and development of referral protocols

### Special needs considerations

- CALD
- homeless and people with complex needs
- male and transgender

- ATSI

### Potential partners

- Other sex worker peer education, support and information service providers in Australia including Scarlet Alliance and the Scarlet Alliance membership
- agencies that provide complementary services appropriate to needs and that are able to provide a sex worker friendly service
- systemic advocacy institutions

## Access and outreach

### Aims and objectives

Respect Inc aims to make all of its services accessible to all sex workers who want them in ways that are safe, convenient, comfortable and affordable.

### Guiding principles for service delivery in this area

A range of access options must be offered to maximise reach to sex workers who want our services.

Respect Inc will pro-actively reach out to sex workers in all geographical locations and all sectors of the industry.

Special effort will be devoted to reaching the most vulnerable sex workers with greatest need for peer support, information and education services.

Access will be provided in ways that are safe, convenient, comfortable and affordable for individual sex workers. This will require sensitivity to barriers to access for particular target groups, flexibility, confidentiality and a non-judgmental, non-discriminatory approach to ensure equity of service.

Respect Inc will ensure that evaluation plans are implemented prior to and during service delivery (see Evaluation and Research section).

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Resources produced with Communicable Diseases Branch funds must adhere to the guidelines produced for community based organisations.
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### Activities

Activities that promote access to Respect Inc services will include:

- media advertising including appropriate ethnic media
- flyers/posters at SHSs, sex shops and other HAHCSH NGOs
- website, including special interest group sections (eg CALD, male, transgender, transient/travellers)
- e-mail list; SMS danger alert list
- telephone access during business hours
- after hours crisis phone line
- drop in at specified times
- one on one peer support by appointment
- regular sexual health services peer support outreach
- cold calling sole operators/private workers who advertise in print and on the internet
- cold calling by like peers (bilingual PHEs, male PHEs, transgender PHEs)
- outreach to the street and other locations
- outreach to brothels
- regional outreach trips.
- Developing outreach reference committees/steering committees/pilot groups as appropriate and as necessary, to ensure ongoing sex worker input and evaluation into outreach activities
- Social and cultural events, parties and arts activities

### Special needs considerations

- CALD sex workers
- Male sex workers
- Transgender sex workers
- Street-based sex workers
- Transient/travelling sex workers
- Isolated sex workers with restricted access to services
- Dancers and performers who do sex work from strip or performance spaces (in-call and out-call)

### Potential partners

- Scarlet Alliance and the Scarlet Alliance membership who conduct sex worker outreach projects around Australia
- QuIHN for street outreach with MOA for security in kind support
- Sexual health services
- Allied community organisations (Sisters Inside, Youth services, QAHC, QuIHN)
- Agency and brothel operators and management

## Sex work supplies

### Aims and objectives

Respect Inc aims to provide affordable accessible and appropriate supplies for sex work businesses.

## Guiding principles for service delivery in this area

Along with “ugly mugs” alerts, access to cheap sex work supplies provides a basis for regular contact with many sex workers and is therefore an important service.

Prices for bulk condoms and lubricant and other sex work equipment should be low enough to be highly competitive, but high enough to be self-sustaining with some surplus for promotional, community development and high needs client support purposes.

Small sex work supply packs are effective tools for:

- keeping the importance of safe sex front of mind
- promoting the organisation, its services and contact details
- promoting the goods on sale in bulk.

Small sex work supply packs should be provided free of charge along with print resources for promotional purposes to those attending Respect Inc workshops or presentations and should be offered regularly during street outreach and at first contact for other forms of outreach (eg cold calling sole operators/private workers and regional tours).

Safe sex supplies should always be available free of charge in moderate quantities to vulnerable sex workers in genuine need.

Strict cash handling and record-keeping procedures must be observed at all times. Regular auditing of stock and financial transactions will be essential. Cash handling will be minimized by requiring sex workers/agencies collecting bulk orders from Respect Inc offices or outsource agencies to prepay by deposit into a purpose specific bank account. Goods will be provided on presentation of the receipt. Cash handling will be run in such a way as to maximize accessibility of Respect Inc service to sex workers.

Safe sex supplies funded by Queensland Health will not be sold.

## Activities

Activities related to sex work supplies will include:

- Sale of cheap bulk and specialist sex work supplies
- In regions distant from Respect Inc office locations, delivery may be outsourced to sexual health services that agree to participate (eg Mt Isa, Mackay, Rockhampton and Sunshine Coast)
- Distribution of small sex work supply packs as promotional tools
- Provision of free safe sex supplies to vulnerable sex workers in need.
- Referrals to other sources of supplies used by sex workers including cheaper clothing, sex toys, manufacturers, etc
- Book keeping and stock taking processes which maximize accountability and ease of processing.

## Special needs considerations

- Sex workers who are at risk of not using condoms and other safe sex equipment
- Sex workers distant from Respect Inc offices

- Sex workers with latex allergies
- Sex workers with special equipment needs

### Potential partners

- Scarlet Alliance and Scarlet Alliance membership who run supply outlets and outreach for sex workers in other states and territories
- Memoranda of Understanding with Sexual Health Clinics in regional communities distant from Respect Inc offices
- All Sexual Health Clinics that are willing to give Respect Inc promotional condom packs to sex workers who present for testing or advice
- Ansell / Esquire / Glyde / Products Unlimited and other safe sex equipment suppliers
- Outreach services offered by complementary services, (Drug Arm, QuIHN) for in kind support with security for street outreach, MOU established

## Sex worker community development

### Aims and objectives

Respect Inc aims to build the capacity of the sex worker community to support its members and strongly advocate for its rights.

Specific objectives are:

- to build a sense of community amongst Queensland sex workers
- to foster a culture of inclusiveness and mutual respect within the diverse community of sex workers
- to facilitate skill sharing and other capacity building opportunities
- to support sex worker interest groups and networks
- to provide training opportunities that support lifelong career paths
- to encourage active involvement in Respect Inc .
- to mentor and maintain a level of skills regarding community development within the organisation

### Guiding principles for service delivery in this area

All community capacity building activities should be respectful of diversity of origins, motivations, current circumstances and aspirations.

Support for minority interest groups and networks, whether geographic, demographic or action-oriented, must respect the right of those groups to be self-determining and to pursue their own aims.

Sex worker community members should be offered a range of opportunities to contribute to and participate in the work of the organisation.

Sex workers' need for confidentiality should be considered in all community-building activities. This means, for example, not releasing members' names or contact details even within the membership without explicit consent and notifying participants in

advance if non-sex workers will be present at a training event. These guiding principles will be subject to Respect Inc constitutional requirements.

Respect Inc will ensure that evaluation plans are implemented prior to and during service delivery (see Evaluation and Research section).

Respect Inc will maintain intellectual property rights over the history and future of sex worker resources and techniques designed and used by Respect Inc, unless otherwise stated in the service agreement with Queensland Health.

### Activities

- Promoting membership of Respect Inc and providing opportunities for active member involvement in the work of the organisation
- Providing opportunities for members to participate in policy development and development of information/education resources
- Support for small interest groups (eg venue, computer, photocopier, mail outs)
- Interactive components of the website that invite member contributions
- Providing a regular magazine or newsletter to members
- Providing training that sex workers want to address the needs they identify themselves
- Fostering minority group training, meetings and networks
- Volunteer program of Skill Sharing in areas other than straight sex work, ie B&D, Computer skills, etc
- Ugly mugs lists (may also look at option of *Time Wasters* list)
- may look at option of *Time Wasters* list
- Social events, parties and cultural events for sex workers, and by sex workers, and by sex workers for the broader community.

### Special needs considerations

- Male
- Transgender
- CALD
- Isolated regional sex workers
- Travelling sex workers
- Dancers and performers who do sex work at stripping or performance venues, or meet their clients that way

### Potential partners

- Other sex worker organisations that have successful community development programs; Scarlet Alliance and Scarlet Alliance members, including Debby Doesn't Do It For Free, sex worker performance and arts group
- Sex work businesses
- Other community based organisations (eg QAHC)

## Services network development

### Aims and objectives

Respect Inc aims to reduce discrimination against sex workers and increase awareness and understanding of sex workers' specific needs in the services network.

Specific objectives are:

- to participate constructively in services interagency consultation and liaison
- To improve quality of services that Queensland sex workers access from organisations other than Respect Inc.
- to support other organisations and government agencies in their efforts to improve their capacity to provide sex worker friendly or appropriate services
- to identify sex worker friendly and appropriate services for referral
- to identify services that are not currently sex worker friendly and appropriate and offer policy advice and professional development for staff
- to acknowledge organisations and government agencies that do provide sex worker friendly and appropriate services.
- To provide a leadership role on sex worker policy and issues across a range of sectors

## Guiding principles for service delivery in this area

All interactions with other service organisations and agencies should:

- be respectful, non-judgmental and constructive
- involve mutual exchange of views, skills or support, as relevant.
- Be with the interests of sex workers as the goal of all activities

Respect Inc will ensure that evaluation plans are implemented prior to and during building networks with other services (see Evaluation and Research section).

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## Activities

- Interagency consultation, liaison and collaboration
- Assisting with policy development and staff training
- Sharing resources, skills and information
- Collecting sex worker feedback about the services network
- Social Events, Cultural Events and Parties
- Maintain an up to date list of contact details of the services network
- Produce a regular newsletter promoting the organisation and its services and development within and outside of the network

## Special needs considerations

- CALD
- transgender
- male

- travelling sex workers
- sole operators/private workers

### Potential partners

- Qld Police Service, including PETF and PLA
- Other HAHCSH field NGOs and government agencies
- organisations that target our special needs groups (CALD, transgender, male, street-based sex workers, sole operators/private workers)
- Services providing sexual health services (e.g. sexual health clinics, general practitioners).
- General Practice Queensland and Divisions of General Practice.

## General community education

### Aims and objectives

Respect Inc aims to improve general community understanding of the sex industry in order to improve perceptions of sex workers and reduce hostile and discriminatory treatment of sex workers.

Specific objectives are:

- to raise awareness of sex work issues
- to reduce the stigma of sex work
- to reduce discrimination against sex workers
- to reduce abusive treatment of sex workers
- to promote positive images and stories about sex workers
- to contest disparaging portrayals of sex workers in mass media
- to debunk specific stereotypes concerning particular categories of sex worker (eg CALD, street-based, male)
- To improve laws and policies relating to Queensland sex workers.
- To improve quality of services that Queensland sex workers access from organisations other than Respect Inc.

### Guiding principles for service delivery in this area

All general community education should:

- seek to engage the target audience in a constructive discussion of issues
- be constructive, informative and well-grounded in established fact
- draw on established best practice community education materials from other sex worker organisations in Australia
- Use a variety of methods – audio, visual, interactive, digital etc.
- be delivered in a calm and respectful manner
- counteract negative stories and images with positive stories and images
- not respond to verbal abuse and bigotry with comments of a similar kind
- take care not to breach confidentiality.
- Not attract police attention to illegal sex workers as we do provide services to all sex workers regardless of legal status in line with the harm minimization approach
- Respect Inc will ensure that evaluation plans are implemented prior to and during service delivery of education activities (see Evaluation and Research section).

Respect Inc maintain intellectual property rights over the history and future of sex worker resources and techniques designed and used by Respect Inc, unless otherwise stated in the service agreement with Queensland Health.

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### Activities

- General community information section of website
- Myths and realities workshops/conferences open to the public
- Client education during STIs checks concerning transmission of STIs and the closest available free and confidential testing and treatment services
- Client education and referral resources (on website and in print)
- Media liaison and media releases when appropriate
- Brothel manager workshops (fee for service or PLA funded) (this is to be evaluated for inclusion at the 2010 review)
- Staff training in public speaking and advocacy
- Staff training in how to respond positively to general community enquiries.
- Build relationships/understanding with media, police and the Criminal Justice System regarding privacy issues when media report on prostitution related offences and crimes committed against sex workers.

### Special needs considerations

- women's services
- AusCare
- Debunking of inaccurate stereotypes around CALD, male, street-based workers

### Potential partners

- Scarlet Alliance and the Scarlet Alliance membership
- Department of Communities
- Attorney General (reduction violence)

## Healthy government policy

### Aims and objectives

Respect Inc aims to provide an effective voice for the diverse community of sex workers regarding policy at all levels of government.

Specific objectives are:

- to provide constructive and timely advice
- to provide advice that is well supported by evidence from research and community consultation
- to provide in-kind support to sex workers policy interest groups.

- To maintain quality control and accuracy of policy relating to sex work in Queensland, as all levels of Government and Community

## Guiding principles for service delivery in this area

All policy advice to government should be timely, constructive, forward-looking and well-grounded in research, anecdotal evidence, outreach and in-house statistics gathered by Respect Inc, and community consultation with the sex worker community.

Policy advice should be informed by social justice principles and should seek to advance sex workers' rights, status within the community, and equality before the law and equity of access to both government and private sector services.

Policy advice should take into account specific impacts of policies on more vulnerable categories of sex workers.

Respect Inc should initiate discussion of policy issues that affect sex workers and take a leading role in these discussions.

Respect Inc will ensure that evaluation plans are implemented prior to and during service delivery of education activities (see Evaluation and Research section).

Respect Inc maintain intellectual property rights over the history and future of sex worker resources and techniques designed and used by Respect Inc, unless otherwise stated in the service agreement with Queensland Health.

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Resources produced with Communicable Diseases Branch funds must adhere to the guidelines produced for community based organisations

## Activities

- Hold and participate in interagency forums
- Provide in kind support to sex worker interest groups
- Provide opportunities for sex worker community members to participate in policy development and discussion of issues that affect sex workers
- Keep abreast of and request community consultation in social and other research concerned with or relevant to sex workers
- Keep abreast of legislation and policy changes interstate and overseas
- Write submissions to government on issues relevant to sex workers and respond promptly to all requests for input
- Collaborate with like-minded organisations to represent sex workers' interests in submissions.
- Social events, parties and cultural events to highlight particular policy issues to sex workers, government and the broader community.

## Special needs considerations

Groups that may be specifically affected by government policy include sole operators / private workers, brothel workers, CALD workers including migrant sex workers on contract and sex workers in illegal sectors.

### Potential partners

- Scarlet Alliance and the Scarlet Alliance membership
- Council for Civil Liberties
- Legal services
- Women's groups
- Union groups
- Other HAHCSH field NGOs (QAHC, QuIHN, ECCQ)
- PLA

## Structural implementation of organisation and service

### Aims and objectives

Implement accountability and support mechanisms to operate an efficient and effective organisation. Specific objectives included are:

- To provide staff and managerial support
- To provide training and peer support to management committee members
- To provide structural procedures to support staff
- To present as an organisation with integrity, accountability and professionalism to funding bodies and other stakeholders including sex workers

### Guiding principles

- To operate with an affirmative action approach at all levels of the organisation
- To actively recruit members and involve the membership in the activities of the organisation
- Have a culture of flexibility so as to be responsive to needs of the organisation and the service users as they arise
- Have a culture of emotional support for staff and volunteers
- Maximisation of accountability, inclusive decision making and transparency

### Activities

- Find rent and fit out appropriate premises, vehicles and other physical resources
- Establish IT hardware and software
- Filing systems
- Bookkeeping procedures
- Cash management procedures
- Staff supervision and support structures
- Communications - internal and between offices
- Procedural monitoring and review of procedures
- Further policy and procedure development as issues arise (e.g. Media, advertising in resources)
- Establish relationships with partners and develop Memoranda of Understanding with partner organisations and agencies
- Staff recruitment, induction and work plans with internal mechanisms of accountability and supervision

- Volunteer programs designed and implemented
- Volunteer recruitment, induction and support structures
- Program implementation and internal reviews including workshops

### Special needs considerations

- Staff
- Volunteers
- Management committee members
- Members
- Funding bodies and partners, current and potential
- Service users

### Potential Partners and in kind support

- BBPS,  Scarlet Alliance in establishment
- Queensland Health
- Department of Communities
- Other Queensland Government departments committed to the Queensland HIV, Hepatitis C and Sexually Transmissible Infections Stratergy 2005-2011
- Scarlet Alliance and Scarlet Alliance Membership
- Other community organisations (NGOs)

## Evaluation, self-monitoring and research

### Aim and objectives

Respect Inc  aims for systematic data collection to facilitate organisation review and program improvement through community consultation and self monitoring, as well as external evaluation when necessary to meet accountability requirements. Respect Inc is ultimately accountable to the membership and Governance structures of Respect Inc, and evaluation through the Annual General Meeting will play a central role in the evaluation, self-monitoring and research strategy.

Specific objectives are:

- to systematically collect data concerning all activities of the organisation
- to regularly consult the sex worker community and provide feedback opportunities to those who use our services especially priority groups such as CALD
- to improve the effectiveness and relevance of services to sex workers' needs
- to identify emerging needs and changing circumstances that will require service responses
- to be well prepared for external evaluation of the HIV, Hepatitis C and Sexually Transmissible Infections Prevention Program.
- to give in kind and promotional al support to research being conducted by sex worker groups and organizations so as to maximize participation and development of various sector groups to advocate for their own interests
- to run a transparent Annual General Meeting and Management Committee
- to make membership forms and processes accessible to all sex workers in Queensland.

## Guiding principles for this area

All service activities and management processes of the organisation must be systematically documented to provide a detailed record of decisions made with reasons, services provided, community members reached and value created.

Quantitative and qualitative data must be systematically collected from recipients/participants in relation to all activities of the organisation. These statistics regarding services provided and non identifying information regarding the service users and larger sex worker communities will be used to demonstrate needs and to influence government and social policy reviews and development. Strategic information included in progress reports, including statistical information, will be subject to accountability mechanisms through the Delegations Table and the Management Committee.

Focus groups, consultations, surveys and feedback sheets will consider barriers to participate in evaluations particularly to people who don't speak English and/or don't speak English very well, geographical barriers, limited or no computer access, etc.

The organisation must keep abreast of relevant external social and epidemiological research with relevance to the health promotion activities of the organisation or sex workers' interests in general.

Funding agreements and milestones will not expose individual sex workers to risk of prosecution. Respect Inc will not release details or information about individual sex workers that would identify that worker.

The organisation will participate in research as appropriate where the research reaches the ethical standards for the community as approved by those responsible (see Delegations Table) and the Management Committee, subject to the strategic needs of the organisation, available human resources and approval by the Management Committee.

The organisation will also provide in kind and promotional support to research being conducted by sex worker groups and organisations so as to maximise participation and development of various sector groups to advocate for their own interests.

## Activities

- Establish a database for the collection of quantitative data including services accessed and relevant non identifying details about the service users
- Periodic community and stakeholder consultation processes
- Focus groups and sex worker survey responses and feedback including forms appropriate for those who don't have English language skills
- Anonymous feedback mechanisms for all service users and programs
- Regular internal monitoring and review processes
- Facilitation of external evaluation
- Management Committee Meetings
- General Meetings

## Potential Partners

- National Centre in HIV Social Research (NCHSR)
- National Centre in HIV Epidemiology and Clinical Research (NCHECR)
- Australian Research Centre in Sex, Health and Society (ARCSHS)
- Other universities or tertiary research centres
- Communicable Diseases Branch, Queensland Health
- Membership via General Meetings
- Scarlet Alliance and Scarlet Alliance Membership
- Contracted evaluation consultants and independent researchers

# 4 RISK MANAGEMENT

| Risk category | Risk specific | Risk rate | Damage rate | Prevention strategies | Response strategies |
|---|---|---|---|---|---|
| **Management Committee** | **Discrimination**<br>• Inappropriate behaviour or attitudes such as prejudice towards other committee members, staff, sex workers, volunteers (race, transgender, etc.), harassment (sexual, racial etc.)<br>• Lack of recognition or support of the underlying principles of peer-based organisations (that sex workers are self-determining and the experts, etc.)<br>• Sex work-negative attitudes | Medium | Medium-High | • Clear induction process outlining each of the policies and/or procedures listed under 'response strategies' in detail<br>• Culture of accountability towards adherence of policies and procedures actively promoted<br>• Culture of sex work positivity actively promoted | • Governance & organisational policies including duties and expectations<br>• Development of Management Committee policy<br>• Access & equity policy<br>• Affirmative action policy<br>• Code of ethics<br>• Counseling & discipline procedures<br>• Equal employment opportunity & Anti-discrimination policies<br>• Conflict resolution procedure |
| | **Nomination process**<br>• Lack of nominations because of fear of stigma by association/being 'outed'<br>• Lack of appropriately skilled members<br>• Inability to prove sex work experience<br>• Fear of criminal records being held against them or not able to participate due to the Incorporated Associations Act<br>• Fear of being exposed to drug use after recovery from a personal addiction<br>• Fear of discrimination based on health status eg. Hep C or HIV positive<br>• Fear of having to act professionally with workers with whom they have previously had disputes<br>• Not being able to have certain individuals on the Management Committee because of prostitution-related offences or other offences in | High | Medium-High | • Provision of information about the policies and/or procedures listed under 'response strategies' in detail to potential applicants<br>• Culture of accountability towards adherence of policies and procedures actively promoted<br>• Encourage volunteers to apply for positions<br>• Culture of legal neutrality actively promoted<br>• Actively promote confidentiality policy and procedures<br>• Provide in referral database a section for organisations, agencies, private businesses who provide services to sex workers that is identified as non-peer based<br>• Use focus groups, sex worker surveys and opportunities to participate in systemic advocacy without disclosure of personal details | • Governance & organisational policies including duties and expectations<br>• Development of Management Committee policy<br>• Confidentiality agreement<br>• Access & equity policy<br>• Affirmative action policy<br>• Code of ethics<br>• Equal employment opportunity & Anti-discrimination policies<br>• Conflict resolution process<br>• Provide opportunities for disqualified or fearful members to participate without having decision-making powers or having to 'out' themselves |

| Risk category | Risk specific | Risk rate | Damage rate | Prevention strategies | Response strategies |
|---|---|---|---|---|---|
| | accordance with the Associated Incorporation Act | | | | • Provide opportunities to be involved or referred to without disclosure or requirement to be identified as peers |
| | **Responsibilities**<br>• New members being 'thrown' into the 'deep end'<br>• members not feeling supported valued, resourced, trained<br>• Language/cultural barriers (culturally and linguistically diverse reps)<br>• View that all culturally and linguistically diverse issues are responsibility of culturally and linguistically diverse reps<br>• View that all regional issues are the responsibility of the rep from that region<br>• Reps of specific regions/groups seeing their role as only representing those areas and not the organisation's best interest as a whole<br>• Whorephobia - lack of confidence dealing with peers in other organisations/discrimination from/being 'outed' by them | Medium-High | Medium | • Clear induction process outlining each of the policies and/or procedures listed under 'response strategies' in detail<br>• A 'buddy system' for new members<br>• Skill development opportunities identified and accessed<br>• Having a decision making process that includes contributions that recognise the various sectors (including illegal) but are all Management Committee<br>• All Management Committee members will be encouraged to participate in representing all sex workers regardless of location, gender, race, etc.<br>• Culture of accountability towards adherence of policies and procedures actively promoted<br>• Encourage volunteers to apply for positions<br>• Promote and develop a work culture that allows for questioning to be encouraged and accepted | • Governance & organisational policies including duties and expectations<br>• Development of Management Committee policy<br>• Access & equity policy<br>• Affirmative action policy |
| | **Behavioural issues**<br>• Committee members (the 'face' of the organisation) showing a lack of/perceived lack of commitment (bagging the organisation or those who work in it – paid or unpaid, turning up late to appointments, etc.)<br>• Lack of respect for boundaries (such as confidentiality) due to process and hierarchy with staff and volunteers<br>• Lack of understanding of role and governance issues as distinct from employer responsibilities<br>• Unethical breaches (such as | Medium | Medium-High | • Clear induction process outlining each of the policies and/or procedures listed under 'response strategies' in detail<br>• Culture of accountability towards adherence of policies and procedures actively promoted<br>• Conflict of Interest disclaimer and strategy agreement<br>• We will endeavour to have diplomatic and respectful relationships with other services so as to maximise the opportunities of those services to provide sex worker-friendly and appropriate responses to our target group and to allow for collaborative relationships<br>• Culture of legal neutrality actively promoted<br>• Reports to Management Committee each month from Regional Coordinators and staff | • Governance & organisational policies including duties and expectations<br>• Development of Management Committee policy<br>• Code of ethics<br>• Volunteer policy & manual<br>• Governance/management training<br>• Counseling & discipline procedures |

| Risk category | Risk specific | Risk rate | Damage rate | Prevention strategies | Response strategies |
|---|---|---|---|---|---|
| | confidentiality issues)<br>• Conflicts (including potential or perceived) of interest<br>• Theft/misuse of organisation resources<br>• Misuse/lack of respect for volunteers<br>• Non-attendance at meetings leading to lack of quorum<br>• Members not recognising the value of being diplomatic and respectful toward other organisations who are not peer based (whether generic or specialist) that provide services to sex workers | | | • A 'buddy system'<br>• Skill development supported by the organisation<br>• Clear accountability mechanisms and disciplinary processes are clearly identified and explained to new members<br>• Have delegated positions in roles such as media representation and contacts for funding bodies, partnership organisations that are limited to identified people and cannot be re-assigned without prior approval from the larger Management Committee<br>• Encourage mutual respect with other organisations that provide services to sex workers | |
| | **Occupational Health &Safety**<br>• Lack of support for a stressful job, especially the executives<br>• Burnout (too many expectations on too few members willing to do extra work)<br>• Potential conflict, especially as new committee finds its way<br>• Conflict from poor communication due to lack of in-face meetings<br>• Lack of full consultation due to lack of in-face meetings | Medium-High | Medium-High | • Clear induction process outlining each of the policies and/or procedures listed under 'response strategies' in detail<br>• Culture of accountability towards adherence of policies and procedures actively promoted<br>• Record internal disputes and complaints to be discussed in an open forum to learn from issues and workshop to prevent repeat scenarios | • Governance & organisational policies including duties and expectations<br>• Development of Management Committee policy<br>• Occupational Health & Safety policy |
| | **Leaving the Management Committee**<br>• Sudden resignation by member without notice, leaving a vacancy and skills gap in the organisation (possibly lack of quorum)<br>• Not being able to retain members (stress, unpaid, lack of time to fully commit) | Medium | Medium-High | • Reports to Management Committee each month from Regional Coordinators and staff<br>• Culture of accountability towards adherence of policies and procedures actively promoted<br>• Encourage volunteers to apply for positions<br>• Actively promote volunteer training/upskilling, including Scarlet Alliance training and forums | • Governance & organisational policies including duties and expectations<br>• Development of Management Committee policy<br>• Access & equity policy<br>• Affirmative action policy<br>• Code of ethics<br>• Counseling & disciplinary process<br>• Equal employment opportunity & Anti-discrimination policies<br>• Conflict resolution process |

| Risk category | Risk specific | Risk rate | Damage rate | Prevention strategies | Response strategies |
|---|---|---|---|---|---|
| **Employees** | **Discrimination**<br>• Inappropriate behaviour or attitudes such as prejudice towards other staff, sex workers, volunteers (race, transgender, etc.), harassment (sexual, racial etc.)<br>• Lack of recognition or support of the underlying principles of peer-based organisations (that sex workers are self-determining and the experts, etc.)<br>• Sex work negative attitudes | Medium | Medium | • Clear induction process outlining each of the policies and/or procedures listed under 'response strategies' in detail<br>• Culture of accountability towards adherence of policies and procedures actively promoted<br>• Culture of sex work positivity actively promoted | • Access & equity policy<br>• Affirmative action policy<br>• Code of ethics<br>• Counseling & discipline process<br>• Equal employment opportunity & Anti-discrimination policies<br>• Grievance process<br>• Conflict resolution procedure<br>• Exit interviews |
| | **Recruitment process**<br>• Lack of applications because of fear of stigma by association<br>• Lack of appropriately skilled applicants<br>• Perceived/conflict of interest around selection panel members or processes<br>• Fear of disclosure of sex work experience particularly if they do not get the job.<br>• Inability to prove sex work experience<br>• Fear of criminal records being held against them<br>• Fear of being exposed to drug use after recovery from a personal addiction<br>• Fear of discrimination based on health status eg. Hep C or HIV positive<br>• Fear of having to provide services or act professionally with sex industry workers who they have had previous disputes with | Medium-High | Medium | • Provision of information about the policies and/or procedures listed under 'response strategies' in detail to potential applicants<br>• Culture of accountability towards adherence of policies and procedures actively promoted<br>• Ensure sex worker involvement in recruitment panels and development of job descriptions<br>• Encourage volunteers to apply for positions<br>• Culture of legal neutrality actively promoted<br>• Actively promote confidentiality policy and procedures | • Recruitment & selection policy and procedures<br>• Confidentiality agreement<br>• Access & equity policy<br>• Affirmative action policy<br>• Code of ethics<br>• Equal employment opportunity & Anti-discrimination policies<br>• Conflict resolution procedure |
| | **Employment issues**<br>• New employees being 'thrown' into the 'deep end'<br>• New employees disputing probation process/evaluations | Medium-High | Medium-High | • Clear induction process outlining each of the policies and/or procedures listed under 'response strategies' in detail<br>• Culture of accountability towards adherence of policies and procedures actively promoted | • Access & equity policy<br>• Affirmative action policy<br>• Staff development<br>• Induction process<br>• Probationary period |

| Risk category | Risk specific | Risk rate | Damage rate | Prevention strategies | Response strategies |
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| | • Employees not feeling supported valued and resourced<br>• Employees not feeling adequately trained<br>• Language/cultural barriers (culturally and linguistically diverse peer educators and sex workers)<br>• View that all culturally and linguistically diverse workers/issues responsibility of culturally and linguistically diverse peer educators<br>• Lack of skills identified once employed<br>• Inadequate record/stats keeping<br>• Whorephobia - lack of confidence dealing with peers in other organisations/discrimination from/being 'outed' by them<br>• Disputed staff appraisals | | | • Reports to Management Committee each month from Regional Coordinators and staff<br>• Constant review of resources and evidence for accuracy and relevance<br>• Encourage volunteers to apply for positions<br>• Individual work plans drawn up with each staff member each year as a part of staff appraisals<br>• Be realistic about strategic, operational and implementation plans and individual staff work plans<br>• Reviewing of work plans each month with internal supervision<br>• Providing for Outside supervisors who are able to provide sufficient support<br>• Having regular staff meetings both within their regions and state-wide to support a team environment<br>• Recognising and supporting staff in professional development<br>• Having a database system that is user-friendly whilst recording the necessary evidence of service delivery<br>• Promote and develop a work culture that allows for questioning to be encouraged and accepted | • Performance assessment<br>• Management Committee advocating on behalf of staff regarding issues of discrimination<br>• Putting in place strategies for staff to understand their role and others within the organisation so that culturally and linguistically diverse PHE's are supporting other PHE's to respond to culturally and linguistically diverse sex workers within their position whenever possible<br>• Grievance procedures regarding disputes around staff appraisals or other decisions that staff disagree with |
| | **Behavioural issues**<br>• Employees (the 'face' of the organisation) showing a lack of/perceived lack of integrity (time recording, recording sales) or commitment (lack of support for the organisation or those who work in it – paid or unpaid, turning up late to appointments, etc.)<br>• Employees not acting professionally and/or not supporting the organisation<br>• Lack of respect for boundaries (such as confidentiality) due to process and hierarchy between staff and volunteers or staff and Management Committee members<br>• Unethical breaches (such as confidentiality issues) | Medium-High | Medium-High | • Clear induction process outlining each of the policies and/or procedures listed under 'response strategies' in detail<br>• Culture of accountability towards adherence of policies and procedures actively promoted<br>• We will endeavour to have diplomatic and respectful relationships with other services so as to maximise the opportunities of those services to provide sex worker-friendly and appropriate responses to our target group and to allow for collaborative relationships when appropriate<br>• Culture of legal neutrality actively promoted<br>• Reports to Management Committee each month from Regional Coordinators and staff<br>• Record internal disputes and complaints to be discussed in an open forum to learn from issues and workshop to | • Code of ethics<br>• Volunteer policy & manual<br>• Governance/management training<br>• Employee policies (employee standards, contract of employment)<br>• Confidentiality agreement<br>• Induction<br>• Counseling & discipline process<br>• Grievance procedure |

| Risk category | Risk specific | Risk rate | Damage rate | Prevention strategies | Response strategies |
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| | • Conflicts (including potential or perceived) of interest<br>• Theft<br>• Misuse of organisation resources<br>• Alcohol or other drug use (or dealing) on the job<br>• Misuse/lack of respect for volunteers<br>• Employees not recognising the value of being diplomatic and respectful toward other organisations who are not peer based (whether generic or specialist) that provide services to sex workers | | | prevent repeat scenarios. | |
| | **Occupational Health &Safety**<br>• Lack of support for a stressful job (e.g. when dealing with abusive/violent people)<br>• Alcohol or other drug use on the job<br>• Outreach risks (such as violence, harassment, etc.)<br>• Burnout<br>• Too many expectations on employees causing stress (especially in our first year of operation)<br>• Too much work to do in too few hours | Medium-High | Medium | • Clear induction process outlining each of the policies and/or procedures listed under 'response strategies' in detail<br>• Culture of accountability towards adherence of policies and procedures actively promoted<br>• Providing for outside supervisors who are able to provide sufficient support<br>• Having regular staff meetings both within their regions and state -wide to support a team environment<br>• Database programs that include ways of recording abusive behaviors in individual service users or others so as to prevent further abuse to other staff | • Occupational Health & Safety policy<br>• Outreach policy<br>• Position/job descriptions<br>• Induction process<br>• Probation period<br>• Performance assessment<br>• Exit interviews<br>• Database to record Occupational health & safety risks regarding individual service users or others |
| | **Employee budgeting issues**<br>• Expecting/allowing staff to perform duties outside their designated award classifications (breach of the award and could give rise to re-classification claims, especially after reviews or annual performance assessments)<br>• Pay equity pay case pay rises | High | High | • Constant review of resources and evidence for accuracy and relevance<br>• Be realistic about strategic, operational and implementation plans and individual staff work plans<br>• Review strategic, operational and implementation plans each year with Management Committee members, staff and key volunteers | • Position/job descriptions<br>• Performance assessment<br>• Induction process |
| | **Leaving organisation**<br>• Sudden resignation by employee without notice leaving skills gap in the organisation | Medium-High | Medium | • Reports to Management Committee each month from Regional Coordinators and staff<br>• Culture of accountability towards adherence of policies and procedures actively promoted | • Access & equity policy<br>• Affirmative action policy<br>• Code of ethics<br>• Counseling & discipline |

| Risk category | Risk specific | Risk rate | Damage rate | Prevention strategies | Response strategies |
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| | • Not being able to retain employees (stress, conditions of employment and wages not matching comparable jobs in the public or community sectors)<br>• Termination of employee – financial costs and potential damage to reputation within industry and funding bodies | | | • Encourage volunteers to apply for positions<br>• Actively promote volunteer training/upskilling, including Scarlet Alliance training and forums<br>• Have back-up plans ready to be implemented if necessary; this may include relief staff identified | process<br>• Equal employment opportunity & Anti-discrimination policies<br>• Conflict resolution procedure<br>• Occupational Health & Safety policy<br>• Probation period<br>• Performance assessment<br>• Exit interviews<br>• Maintain a good working relationship with QH so that if service agreements are not able to be met, these issues can be negotiated |
| Volunteers | • Volunteers not feeling supported valued and resourced<br>• Volunteers not able to contribute in a meaningful way<br>• Not being able to retain volunteers<br>• Alienation of volunteers<br>• Unethical breaches (eg. Inaccurate information, confidentiality breaches)<br>• Fear of stigma by association<br>• Inappropriate behavior or attitudes | Medium-High | Medium | • One-on-one familiarisation overview<br>• Clear induction process, buddy system, involvement in steering committees<br>• Skills, need and desire match to roles<br>• Have ongoing programs that a range of sex workers can contribute to (skill sharing workshops, social groups, magazine / resource designing and distributing, B&D workshops)<br>• culture of inclusiveness reflected in Policies and Procedures and practices<br>• Volunteer management with follow-up<br>• Funding submissions for volunteer manager and asset support<br>• Register with relevant organisations for volunteer and community services placement<br>• Specific volunteer code of conduct<br>• Having expectations and recognition similar to paid staff<br>• All volunteers aware of affirmative action policies of organisation. | • Conflict resolution process<br>• Grievance process<br>• Breaches of agreement and process<br>• Review policies and procedures<br>• Career skills development<br>• Exiting interviews |

| Risk category | Risk specific | Risk rate | Damage rate | Prevention strategies | Response strategies |
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| Service delivery Access & equity | • Language barriers<br>• Lack of like peer staff<br>• Lack of skilled staff<br>• No appropriate modes of delivery<br>• Prejudices of staff<br>• Perceived to be police or tax office<br>• Risk/fear of interrogation<br>• Not able to respond quickly to emerging issues<br>• Risk/fear of being directed to make certain decisions (eg legal work practices)<br>• Insufficient resources, staff or skills to effectively engage with and meet the needs of culturally and linguistically diverse sex workers<br>• Inappropriate advice given with harmful consequences<br>• Failure to appropriately refer clients with evident need for a specialist service | Medium-High | High | • Translations - simple English, audio-visual, language charts and interpreter service<br>• Provide training in working with diversity to all staff and volunteers<br>• Identify priority non-English languages beyond Thai and Chinese (Mandarin)<br>• Seek further funding for culturally and linguistically diverse workers project<br>• Policies and Procedures , Codes and Practices which will minimise risk and maximise culture of non-interrogatory, non-discriminatory, non dictatorship delivery<br>• Various outreach strategies<br>• Staff & volunteers induction and monitoring<br>• Regular and diverse training opportunities for staff<br>• Regular skills audit of the organisation with a view to training for skills gaps<br>• Initiate contact even with regular clients, break down barriers to service delivery<br>• Feedback mechanisms including anonymous<br>• Stakeholder reviews (input to evaluations)<br>• Testing of draft resources prior to production<br>• Various modes of delivery of programs including website, written, verbal, drop in, etc<br>• Culture of legal neutrality actively promoted | • Actively respond to feedback<br>• Being flexible enough to respond quickly to emerging issues<br>• Counselling and/or training when inappropriate staff behaviour identified |
| Cash and stock and Petty Cash Management | • Theft<br>• Misappropriation of funds<br>• Inadequate record keeping<br>• Claimed expenses paid without evidence | Medium | Medium-High | • Appropriate delegation of staff and Management Committee Members to oversee and approve procedures<br>• Strict receipt and stock control procedures<br>• Adequate supervision<br>• Banking of supplies money frequently<br>• Limited amount of Petty Cash to $50 with identified items which can be purchased and process for others to be approved<br>• Lockable money tins in separate locations (Petty Cash vs Stock)<br>• Insurance for Product Liability and Cash on Premises and keys | • Claim insurance when possible<br>• Follow Disciplinary Processes<br>• Respond appropriately |
| Financial management | • Underestimated/unexpected expenses<br>• Conflict of Interest issues impacting | Medium | High | • Procedures for change of signatories with forms available on the server. | • Additional funding is sought if budgets are underestimated or |

| Risk category | Risk specific | Risk rate | Damage rate | Prevention strategies | Response strategies |
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| | negatively on decision making<br>• Bank records not being maintained, i.e. signatories' details | | | • Conflict of Interest agreements with Policy support<br>• Management Committee viewing of financial reports monthly<br>• Budgets to be drawn up each financial yr within the first month of the new year<br>• Refer to Financial Management Table in Management Committee Policies and Procedures | unexpected expenses arise.<br>• Budget review and reallocation of budget lines to suit<br>• Fund raising and collection activities<br>• Review of financial management policies and procedures |
| Failure to meet funding obligations | • Not being able to submit adequate financial reports<br>• Not being able to meet performance indicators<br>• Not recording quantitative and qualitative data required<br>• Inadequate budget/cost estimation | Low | High | • Financial Reports submitted and viewed monthly by Management Committee and Regional Coordinators<br>• Regional Coordinators reports to Management Committee monthly to include progress details<br>• Financial and Progress Reports being approved by the Management Committee before submitting<br>• Refer to Management Committee delegations table | • Review funding agreements and renegotiate if not possible to meet agreements<br>• Reassess service provision to ensure funding agreements are prioritized<br>• Reassess work plans of individual staff to ensure funding obligations are prioritized<br>• Revise and alter financial management processes<br>• Revise and alter reporting procedures |
| Lack of credibility in health and community sector | • Not being seen as a credible organization<br>• Not having staff with appropriate skills/knowledge<br>• Being seen as unethical or not transparent<br>• Discrimination from the health and community sector/s<br>• Being perceived to be uncooperative by partners in the HAHCSH field or | Medium-High | Low-Mdium | • Myths and Reality sessions with other Community and Health Services and remaining communities<br>• Providing training and appropriate evidence to staff when representing the organisation within networks<br>• Having mechanisms for accountability and transparent decisions so as to present as ethical to the remaining sector<br>• Guidance to our organisation's representatives regarding appropriate timing and behaviour<br>• Media Policy with clear delegation for appropriate | • Address allegation in a polite but firm manner<br>• Request public apology if allegation was made publicly<br>• Use "Press Council" complaint mechanisms if allegation was made by journalist or media outlet<br>• Disciplinary action for organization representatives if inappropriate behavior has |

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| | other stakeholders<br>• Facing 'whorephobia' or stigma relating to sex worker status of staff/leadership of the organisation | | | organisation's representatives<br>• Organisations' Strategic Plan is available on website | occurred<br>• Staff appraisal processes to identify training needs<br>• Damage control processes facilitated by the Regional Coordinator or Management Committee<br>• Take legal action for discrimination targeting our organisation under the Anti-discrimination Act |
| Inaccuracy of information in community information & education | • Not having sufficient statistical evidence to validate opinions<br>• Not having organization representatives with sufficient skills to present opinions or participate in debates<br>• Presenting sloppy information to media<br>• Incorrect presentation of information in Community Education Programs<br>• Out of date information<br>• Not having a good working relationship with media<br>• Not presenting media releases that are in the best interests of sex workers<br>• Inappropriate or incorrect translation of LD information | Medium | Medium | • Constant review of resources and evidence for accuracy and relevance, including feedback from relevant experts and partners.<br>• Training of organisation representatives in how to present in a debate or to the media<br>• Search continually for new material and evidence<br>• Request input to and feedback from researchers conducting studies of sex workers<br>• Reviewing of draft resources by appropriate peers (i.e. culturally and linguistically diverse) so as to ensure accuracy and appropriateness prior to production<br>• Strong relationships with Scarlet Alliance and members to have information checked over by other sex worker organisations if appropriate | • Removal and review of any inappropriate or incorrect resources, evidence or information<br>• Training opportunities for staff and other organisation representatives.<br>• Re delegation of authority to represent the organisation<br>• Use relevant processes to question dubious research practices and results |
| Risk of Legal action against organisation | • Misrepresentation in Media causing legal action<br>• Being sued by an Ugly Mug for defamation<br>• Legal action by a funding body for not meeting our contractual obligations<br>• Being sued by a service user for | Low | High | • Ensure Insurance policies are relevant, viable and maintained.<br>• Legal Advice from appropriate legal practitioners<br>• Relevant Policies and Procedures to protect the organisation<br>• Culture of diligence to Policies and Procedures<br>• Strong Outreach Policy relating to "Ugly Mug" | • Legal advice and representation when appropriate<br>• Review policies and procedures to minimise the risk in future |

| Risk category | Risk specific | Risk rate | Damage rate | Prevention strategies | Response strategies |
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| | providing incorrect information leading to a negative repercussion | | | • Adequately trained and resourced organisation's representatives for media<br>• Refer to Media Policy and procedures | |
| Agencies referral, | • If not sex worker friendly feedback & training, policy advice:<br>• Unknown quality if never used before<br>• Could be a drain on organisation's resources if extensive and ongoing training and policy advice is needed<br>• Could damage reputation of Respect Inc Inc when bad referrals are made<br>• Failure to refer clients presenting with acute need for services beyond skills of staff (e.g. acute mental health issue)<br>• Other agency does not want referrals from Respect Inc | Medium | Low | • Clear referrals policy and lists of sex worker-friendly local services available for staff reference<br>• Credentialing tool used to ensure they are appropriate before referrals are made<br>• Feedback from sex workers referred is actively sought<br>• Periodic reviews of referral information including business/agency contact details, personnel, direction, service provision, etc.<br>• Utilising Services Network | • Removal of agency/business from referral lists<br>• Take active steps to assist agency/business to change to regain their capacity to be sex worker friendly if appropriate<br>• Review credentialing tool<br>• Conflict Resolution by third party<br>• Advocacy from Respect Inc to particular agencies about improved service delivery |
| Sex worker unfriendly or inappropriate consultants and subcontractors | • Harassment or sexual abuse<br>• Advice provided by people in expert positions that has a hidden moral agenda<br>• Advice provided by people in expert positions is not informed by adequate knowledge of sex workers issues<br>• Subcontractors or consultants use information from their role to take up policy positions or other employment that would be more appropriately done by organisation<br>• Organisation liable for actions taken after advice of inappropriate consultants | Medium | Medium | • Credentialing tool for agencies, subcontractors and consultants.<br>• Include clause about peer-based intellectual property rights in contracts with agencies, subcontractors and consultants<br>• No decision making powers are given to a consultant or sub contractor<br>• No action can be taken by a Consultant or sub contractor without Regional Coordinator and/or Management Committee approval | • Seeking of a second opinion<br>• Disengage with the Contractor or sub contractor<br>• Investigate legal action when appropriate<br>• Review credentialing tool |
| Not being able to recruit peers with sufficient skills / | • Sex workers don't understand that their skills are valued by Respect Inc<br>• Not seen as sex worker friendly within | Low | Medium-High | • Ensure sex worker involvement in recruitment panels and authoring of job descriptions.<br>• Recruit peers as volunteers and build skills and | • Redesign or reassess job descriptions to better reflect the existing sex worker |

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| attitudes | the application process<br>• Inadequate knowledge or skills within applicants<br>• Unfilled positions<br>• Unmet funding obligations<br>• Those applying for jobs don't meet existing requirements.<br>• High levels of interest in jobs from non-peers<br>• Potential recruits display high levels of internalised whorephobia and lack of understanding about sex workers community needs in Queensland.<br>• Potential recruits do not want to be 'out' | | | knowledge to be able to successfully apply for positions<br>• Ensure structure is supportive of sex workers growing into the positions<br>• Providing professional development opportunities<br>• Ensuring the employment application packages are sex worker friendly<br>• Ensure confidential nature of application process is promoted<br>• The organisation welcomes volunteers and offers training to regular volunteers<br>• The organisation participates in National skills development and trainings, prioritising volunteers to attend (i.e. Scarlet Alliance National Forum and meetings, Australian Federation of AIDS Organisations opportunities etc)<br>• The organisation is clear in having an affirmative action policy in recruitment. | community skills set<br>• Revisit our membership and ensure that we are sex worker friendly<br>• Revisit the Employment Application Packages and ensure appropriateness<br>• Reassess the structure of the organisation and possibly change the skill and pay levels to attract other sex workers |
| Not being able to sustain service delivery due to funding constraints | • Not being able to increase funding so as to build service levels<br>• Not being successful in securing other funding<br>• Not being able to keep up with the Award increases<br>• Collapse of the organisation<br>• Restriction of organisation's growth and service delivery<br>• Restrained service levels to extend to the length of the program<br>• Not allocating sufficient staff and resources to growth of high need (e.g. culturally and linguistically diverse workers)<br>• Complaints from sex workers about limitations of services | Medium | High | • Be realistic in regards to the Strategic, Operational and Implementation Plans and Individual Staff Work Plans<br>• Establish clear priorities so most important services do not suffer<br>• Continually attempting to secure funding from a variety of sources to enhance strategies so as to reduce the stress on the QH funding<br>• Reviewing of the Strategic, Operational and Implementation Plans each year with all Management Committee members, Staff and Key Volunteers<br>• Staff appraisals including a review and revision of the individual work plans each year<br>• Recruit and train volunteers to assist in some areas of service delivery<br>• Actively appeal to sex workers to financially support their organization by donation, bequests etc. when they are able | • Reassess service provision to ensure funding agreements are prioritized<br>• Re assess work plans of individual staff<br>• Reassess the organisation's plans<br>• Seek alternative funding both in the state, interstate and internationally<br>• Fundraising for particular services or capital items of interest to the sex worker community |

| Risk category | Risk specific | Risk rate | Damage rate | Prevention strategies | Response strategies |
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| Failure to meet funding obligations | • Funded projects experience staffing problems or resource inaccuracies (i.e. the project costs more or needs to be staffed differently than the original funding plan) | Low-Medium | High | • Regional coordinators and/or Management Committee trained to do negotiation with funders<br>• Funding contracts are developed with flexibility in mind. | • Seek advice, support and mentoring from experienced CEO's/Management Committee people from other organisations who have dealt with similar funding bodies<br>• Communicate directly with funder in time for contract amendments to be drafted. |
| Not being seen as appropriate and relevant to sex workers so as to lead the community capacity building | • Not being seen as relevant because we have lost touch with reality of running a sex work business<br>• The organisation thinking we are more important than we are<br>• Unrealistic expectations of services from sex workers | High | High | • Provide a variety of opportunities to participate and be involved in the organisation<br>• Various modes of access, delivery of services and follow up support that is compatible with running a sex work business<br>• Being responsive and flexible to emerging issues/needs<br>• Providing opportunities for sex workers to view the organisation's structure, priorities, funding obligations, etc so that it is clear what we do and why<br>• Be open to criticism within the organisation, from staff or membership | • Review opportunities of involvement and gaining of information about the organisation and services.<br>• Review the modes of delivery of services<br>• Have a complaints process for service users and the organisation responds appropriately.<br>• Have regular community consultation processes<br>• Seek out input from geographically distant and unengaged sex workers (including short stay culturally and linguistically diverse workers) about how they could be served better<br>• Use AGM as an opportunity for members to air grievances (if systemic) |

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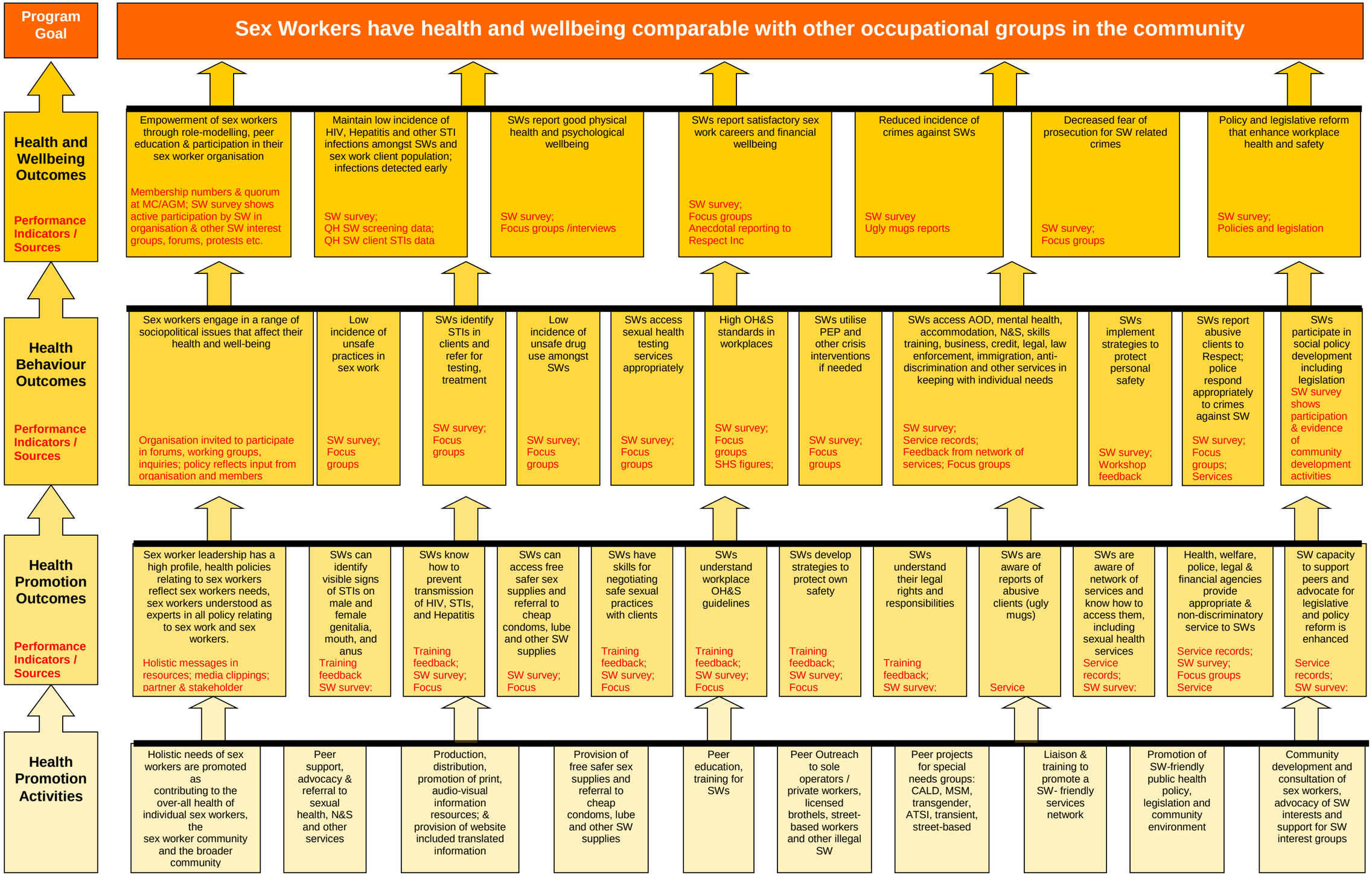
| Conflict of Interests | • Decisions made with the motivation being for personal gain such as financial reward, drug trafficking, gaining staff or businesses from sex workers, research possibilities etc<br>• Decisions made with the motivation being for gain of another allied service delivery organization<br>• Nepotism/cronyism in employment or contractual work<br>• Refer to Conflict of Interest Policy | Medium | Medium | • Have a comprehensive Conflict of Interest Policy and Procedures<br>• Conflict of interest policies and procedures acknowledge business focus of sex workers and that sex workers at work are often in competition<br>• Conflict of interest policies and procedures acknowledge that operators of sex work businesses (agencies, brothels, online advertising sites)<br>• Have culture that supports disclosure of any conflict of interest<br>• Have agreements in place that restrict conflicts of interest having a negative impact on the individual or organisation's integrity | • Disciplinary action<br>• Training or mentoring to support development<br>• Damage control<br>• Reviewing of Policies and Procedures relevant<br>• May involve outside legal response |

## 5 CONCEPTUAL DIAGRAM WITH PERFORMANCE INDICATORS