

Scarlet Alliance, Australian Sex Workers Association
Crimson Coalition
& United Sex Workers North Queensland

Present

Submission to SWAN Review of Sex Workers Services in
Queensland

May 2008

[Scarlet Alliance "Cover Letter, Queensland Submission to SWAN Review" May 2008 76k](#)

[Crimson Coalition "Cover Letter, Queensland Submission to SWAN Review" May 2008 102k](#)

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Executive Summary

A range of principles underpin this submission, all of which have been well described in the literature relating to the Australian HIV/AIDS response and the Ottawa Charter for Health Promotion. These include:

- the involvement of sex workers, an affected community, as vital to a sustainable, effective response to HIV/AIDS;
- the strategies of peer education and community development, *by sex workers, for sex workers*, that flow from this involvement; and
- sex worker participation in all levels of policy and service development and management.

The best practice model for service delivery to sex workers places sex workers at the centre of the response, with sex workers engaged as service users, staff, volunteers, management, governance and advocates.

The process used to prepare this submission was highly consultative, and followed the best practice models of sex worker engagement in policy and advocacy that Scarlet Alliance believes delivers highly effective outcomes. Sex workers in Queensland were invited to contribute their experiences of the previous sex worker service, and requirements for a new service through a transparent process, including an anonymous survey, and through participation in the submission writing process.

The process undertaken for developing this submission involved sex workers in Queensland. The two community based sex worker organisations in Queensland have indicated their support for the recommendations contained within this submission.

Peer education is highly valued by sex workers in Queensland. This submission advises on the essential requirements to operationalise this within a new service and provides a checklist for successful service delivery for sex workers.

Essential to this response is the development of appropriate sex worker organisation/s. Splitting funding for sex worker services among existing non-peer based organisations would work directly against the long term aim of establishing a sustainable response to sex worker HIV and STI prevention in Queensland.

What is Peer Education?

Peer education in health is a proven, evaluated approach to HIV prevention. (Feachem report *Partnerships in Practice: National HIV/AIDS Strategy 1996-97 to 1998-99*).

The Australian approach to HIV prevention, specifically the inclusion of affected communities in the development, implementation and evaluation of services, has been acknowledged and emulated around the world. The driving force behind this success is peer education.

Sex workers across Australia have benefited from targeted and autonomous sex worker organisations since the early 1980s, providing peer education, support, referral, information and community development. This internationally recognised approach has led to: low rates of HIV and STIs among Australian sex workers; no recorded case of transmission of HIV in the Australian sex industry; representation of sex workers at the centre of policy and legislative responses; strong networks within the sex worker community and organised approaches to sex worker issues, including addressing violence and access to justice.

The effectiveness of service provision to marginalised communities, particularly one as stigmatised and misunderstood as sex workers, relies heavily on the perceived credibility of the service within the target community. Services employing welfare or health workers, rather than peers, are routinely denied entrance to sex industry premises and are often viewed with suspicion by individual sex workers. In particular, sex workers working outside the legal framework are reluctant to utilise services which present a risk (real or perceived) of disclosure to outside authorities, which could result in their harassment or prosecution.

Sex worker peer educators are instantly recognised within their community as being non-judgemental, supportive and having a real understanding of the issues faced by sex workers. With their working knowledge of sex industry practices and culture, peer educators are uniquely qualified to assist and advise sex workers on all aspects of their work, from sexual health education, to legal and industrial information, to emotional support and counselling. Perhaps most importantly, peer educators are able to garner something from the sex industry that non-peers are rarely able to achieve - mutual respect and trust.

A peer based sex worker project in Queensland can also be expected to result in an increased level of participation by sex workers; decreased social isolation for marginalised individuals; enhanced public health outcomes for Queensland; improved health and welfare for sex workers; personal and professional development within the Queensland sex industry, and a real sense of ownership of the sex worker service by local sex workers.

Download Appendix 4 Scarlet Alliance and SSPAN "Briefing Paper on Sex Worker Peer Education in Australia" June 2007 87k http://www.scarletalliance.org.au/library/bp_peer07

Survey Results

The following sets out and provides analysis on findings from the Scarlet Alliance online survey: Sex Worker Services in Queensland (2007-2008). The survey gathered both quantitative and qualitative information from 43 participants.

Download Appendix 6 [Scarlet Alliance " Questions for Queensland Sex Worker Services Survey" June 2007 - March 2008](#) 26k and Appendix 7 [Forrest, Candi "Sex Worker Services in Queensland, Data Analysis" March 2008](#) 300k

The data is analysed in relation to implications and recommendations in relation to developing a new sex worker service.

Q1. If you can imagine a completely new sex worker service in Queensland, please describe it.

The overwhelmingly strongest theme to emerge from this question was one of peer involvement, with the top three concepts relating to a new sex worker service being Peer Based, with Peer Staff and Peer Managed.

Key quotes:

- *It would be for the worker, by the worker and with the worker*
- *Peer based, unashamed, forward thinking, supportive of all facets of the industry including brothel owners, workers, receptionists, clients, etc*

The respondents describe an organisation which involves sex workers:

- in all levels of employment and management
- in all processes and activities
- as decision makers, advocates and a source of meaningful input to the work of the organisation
- as non-judgmental service providers to their peers

In addition, this ideal organisation would provide:

- access to peer networking and events
- sex work positive space
- sex worker only spaces
- safe spaces

Services that were described as preferred and ideal were as follows:

- Comprehensive, not just health services
- Supportive
- Sector diverse (for all types of sex industry workplaces)
- Catered to the needs of sex workers from various sectors (opening hours, specific issue based services)

Implications for the new service:

Sex workers see an ideal organisation for service provision to be peer based at every level.

Sex workers (current and former) are preferred to hold positions within the organisation as:

- Staff
- Management
- Board of governance

- Advocates on behalf of sex workers

In addition, the organisation must support access to sex worker peer networks, in safe spaces that are sex worker positive, and should provide comprehensive services across the various sectors of the sex industry

Q 2. What kind of services would this new service provide and what would make you want to go there?

Two themes dominated the responses to this question: (1) Peer Networks and (2) Sexual Health Services. Many of the responses reflected a desire to use the service to access peer networks and social events.

Key quotes

- *There will be lessons and counselling meetings for sex workers. Learn theory, learn from colleagues, build communities, transgress isolation, be empowered.*
- *It is so important for me, at least, to have someone to talk to about this stuff, especially in the early days. As a private worker I am totally isolated*

Peer Networks:

Access to peer networks was seen as both a service and an attractive component of a service.

Sex workers hope to engage with their peers for a wide range of activities and outcomes, which include both personal and collective endeavours.

Community development is valued as a learning exchange and also as a means to empower oneself and build social and intellectual capital.

Sexual Health Services:

Prominent elements of the sexual health services theme were PPE supplies (free or cheap, and bulk safe sex supplies) Clinic Services and Sexual Health Information, respectively. Services that were preferred included:

- Sexual health checks (preferred non-hospital and non-GP based)
- Peer education to implement safe sex practices
- Use of safe sex and prophylactics in different circumstances/settings
- STI information

Other prominent desired services:

- Legal Information
- Ugly Mug (bad clients) & Safety Information
- Tax & Finance Information
- Advocacy Services
- Counselling & Support Services.

Legal Information:

- Information pertaining to current and new regulations and laws
- Relevant information as it applies to sex workers in a real context
- Up-to-date information regarding the laws both Government and PLA changes

Ugly Mug & Safety Information:

- Ugly mugs list, information on working safely, security info
- A website where we can check up on clients or make reviews regarding clients we have trouble with

Tax & Finance Information:

- Financial aspects of sex work eg: budgeting, tax, loans, debts, expenses

Advocacy Services:

- General advocacy and mediation on behalf of sex workers
- Provide input into responses for sex workers

Counselling & Support Services:

- Short term service delivery and also 'case management'
- Support to follow up on issues
- Ongoing support to workers - especially new workers who may want to see staff more than once and for longer periods of time

Implications for the new service:

Sex worker access to peer networks is valued as a way of learning and as a way of building community and individual resilience and empowerment.

Sex workers see the new service as having two key elements, being:

- Access to peer networks
- Access to sexual health services.

These are described as core components of both the activities and the services.

Sex workers see themselves as an integral part of the way the new service would function, as they are both consumers and participants in developing the services and providing responses to issues. The sexual health services most valued by sex workers clearly place peer health education and information services at the centre, where peer education is valued as a means to increase skills and knowledge for sex workers.

Clinical services and PPE provision are also key components of the new service.

Other services that need to be provided relate to the specific priority needs of sex workers and the unique industry in which they work, and include advocacy.

Community development activities are also central to the service provision, as a space in which peer networks are built and developed and also as a forum for the exchange of relevant information and input to the service development.

Sex workers require the new service to have a working partnership with sexual health services, such that on-site clinical services are made available.

In addition, specific education, information and support needs may require specialist staff, or strong partnerships with other services or professional organization that can work in partnership with the new service.

Q3. Are there extra/different services a sex worker new to the sex industry would need from this sex worker service?

The primary concept to emerge in question 3 was that workers new to the industry require access to information from peers, for peer education and to access tricks of the trade, information that can only be passed on by other or former sex workers.

Key quotes

- *all the stuff you would be an expert in only if you have actually worked*
- *Have ex workers that have a lot of experience passing on all the tricks of the trade*
- *How to have safe sex, extra measures to make sure no breakages*
- *Advice about the industry, advice about working conditions in each area of work*

This theme also included references to peer mentorship for new workers. New Worker Induction was needed and the need for other sex workers to conduct these inductions. The need for Current Industry Information was prominent. Training in Client Negotiation Skills was thought necessary for new sex workers.

Implications for the new service:

Peer education is the best-practice standard for providing new sex workers with appropriate services. New worker induction and training, provided by sex workers, to enable work and client negotiation skills to be passed on is very important.

Sex workers are deemed most appropriate for providing expert and practical advice to new workers. Current or former sex workers are considered to be experts in this area, and essential to the effectiveness of this component of service delivery.

Q4. Is getting current information about sex work an important aspect of going to a sex worker service? (Eg. standard prices for particular services, working conditions in other sex industry workplaces)

86% said “yes”, current information about sex work is an important aspect of going to a sex worker service.

Key quotes

- *This builds information sharing networks amongst us but also assists us to improve strategies for condom and safer sex and safer services negotiation*
- *Absolutely important! Where else do workers go to get this information?*
- *knowing the realms and scope of the industry and that you control where you are at*

The most prominent concept to emerge referred to empowerment; that current knowledge about prices and extras standards and condom-use standards, allowed a sex worker to set boundaries and stay in control.

A frequent concept was that the sex industry was ‘not like any industry’ so that this sort of information was difficult to obtain. However, while current sex industry information was deemed obscure, the desire to obtain information about ones work standards, ‘just like any industry’, was also strong.

Implications for the new service:

Current information about the Queensland sex industry is an important aspect of the services that are required and acts as a foundation for empowerment.

The provision of current, accurate, realistic information is seen as one of the building blocks of empowerment for sex workers, as the sex worker service may be the only reliable, accessible and trusted source of such information.

The sex industry has specific information components that may not be generally available, whilst the information is essential to these workers.

Q5. List the most important skills or knowledge that a person would need in order to provide effective services to sex workers at this new service?

The staff skills thought most important, listed in order of prominence, were:

- Ability to provide non-judgmental services
- An understanding of sex work culture and practices
- Knowledge of sex work laws in Queensland
- Communication skills

- Sex work experience and knowledge
- Ability to share safe sex work strategies
- Condom use negotiation skills
- Knowledge of sexually transmissible infections and blood borne viruses including HIV
- Understanding of the different sex industry work options
- Information on how to exit the industry

Other skills that were important were possession of and ability to use anecdotal knowledge, for example:

Being able to answer every question with examples, telling interesting stories that put[s] information into a context.

In addition, considerable emphasis was laid on personality traits or values and attitudes including:

- Positive and fearless
- Sense of humour
- Caring and nurturing

Implications for the new service:

Staff recruitment processes need to reflect the skills and knowledge, personality traits and values and attitudes required by Queensland sex workers in order to provide effective services.

Position descriptions, criteria, advertising and circulation of vacancies, and selection panels and processes need to be orientated toward employing staff at the service with these skill and knowledge sets, combined with the personality traits, values and attitudes preferred by sex workers attending the service.

Mechanisms for ensuring staff have knowledge and skills across these essential skills and knowledge criteria (listed above) should be implemented through staff development and professional recognition processes.

Q7. If the new sex worker service provided referrals, what kind of services/issues/support would you be happy to be referred to another service for?

Sex workers would be happy to be referred to health services including medical and STI clinic referrals and other professional services relating to sex work issues.

This includes referrals for:

- Medical clinics including sexual health checkups
- Doctors
- Late-night pharmacies
- Taxation, accountants and financial services
- Health insurance providers
- Counselling, support and mental health services
- Drug and alcohol services
- Crisis assistance

Key quotes

- *Psychological services, again difficult to explain to a GP who hasn't the understanding of sex work*
- *non-judgemental counsellors*

Implications for the new service:

Sex workers want to be referred to appropriate professionals in other fields of expertise.

The services or issues for which referrals were acceptable were accompanied by the notion that the service provider be qualified and non-judgmental.

The new service will need to develop appropriate referral mechanisms to ensure that sex workers' needs are met within this expectation.

Q8. If you have accessed a sex worker organisation in Queensland previously, what did you like about the service and what didn't you like.

Some respondents answered this question by referring directly SQWISI. Of these, negative versus positive comments were balanced, however one interesting aspect to emerge from this question was the assertion by sex workers that those things that were liked about SQWISI in the early days later became those things that were disliked, as the peer-emphasis changed.

Key quotes

- *SQWISI used to be a pro-sex work, worker-run space that positively contributed to the lives of sex workers in Queensland. That stopped quite a few years back. We need something like the old SQWISI back*
- *I didn't like not being able to talk to someone with sex work experience - i had to call another office to speak to someone*
- *Later I didn't like going because I felt the person I was talking to had either not worked, or not for 30 years*
- *I have been to SQWISI many times. They were always so friendly and didn't make you feel ashamed to admit what you did for a crust and pay taxes for! They had all the supplies there to buy, ugly mugs and warnings about anybody dangerous, however they weren't open very often*

Aspects which were considered positive were the Staff Attitudes, PPE Supplies and Ugly Mugs Information.

The most prominent factors that respondents disliked was that encapsulated in the concept Staff Not Peers and Staff Attitudes.

Given the relative prominence of Clinic Services in response to Question 2, it is interesting that one point of dislike surrounded the Clinic Service at SQWISI. This was related to issues of Confidentiality and may reveal what seems like a good idea to many (that is, having an STI clinic on the same site as other sex work services) has unforeseen problems.

Implications for the new service

A pro-sex work, sex worker run space is preferred as a service model for a range of reasons that impact on the desirability of the service.

Sex workers like receiving services from others who have knowledge and experience in sex work, and value recent or current sex work experience.

Peers are seen as preferred service providers in order to overcome values and attitudes which otherwise act as a barrier to service access.

Sex worker staff are seen as knowledgeable and capable of offering appropriate support to current sex workers.

Clinical services that are offered on site in the new service must explicitly and implicitly protect the confidentiality of sex worker service users, including in relation to the sex worker organisation's staff and other service users.

Q 9. Do you think a new sex worker service has a role in advocating on behalf of sex workers - attempting to improve the general community and Government understanding of sex work and sex

workers? If so, how important is this and what are the key issues that the services would advocate on behalf of sex workers about?

The majority of respondent rated advocacy on behalf of sex workers as highly important. Comments about advocacy could be grouped into 5 conceptual areas (listed in order of prominence):

- (1) Law Reform
- (2) Wide Mediation
- (3) Stigma and Discrimination
- (4) Peer Advocacy
- (5) Safety

Within this group three general areas requiring active lobbying were identified (again, in order of prominence):

- (1) Law Reform
- (2) Stigma and Discrimination
- (3) Safety

Key quotes

- *We as a community need to have our rights represented within an official capacity, otherwise - having no collective voice leaves us silenced thereby leaving no protection from unfair law and discriminatory handling from government bodies - such as police, DSS, tax dept. It is absolutely imperative that someone stands up and represent us, we seemed to be one of the most misrepresented demographics*
- *If something happened to me at work I would find it very difficult to go to the police. I don't think they would respect me or take me seriously, sometimes I worry about what I would do*
- *only a sex worker can represent the needs of sex workers*

Mediation and representation was required because of widespread and ingrained Stigma and Discrimination toward sex workers.

19% of respondents expressed the view that real advocacy was Peer Advocacy

Implications for the new service:

Queensland sex workers expect the service to provide a range of activities, services and outcomes for themselves as individuals, as a community and in terms of representation and advocacy. This in turn requires the staff to demonstrate high level commitment to sex workers needs and the ability to effectively represent sex workers.

The service MUST facilitate sex workers involvement to achieve this high level of effective representation.

Q 10. Complete this sentence: From a sex worker service I expect

Expectations were high, in terms of scope and quality.

The two most prominent concepts to emerge were (1) Peer Networks and (2) Support and Counselling

Key quotes

- *I expect complete confidentiality, peer support, respect, up to date information, vibrancy, diversity, encouragement, visibility in both the community and the media, leadership*
- *to find other workers, friendly, non-judgemental support and a safe, friendly place to drop into*

Respondents expected, in order of prominence:

- Peer networks
- Support and counselling
- Quality Information
- Respect
- Friendly Understanding Staff
- Pro-sex work Attitudes
- Professionalism
- Confidentiality
- Non-judgemental Attitudes
- Advocacy and Leadership

Implications for the new service:

Both the scope and quality of the new service is dependent upon the knowledge, skills, values, attitudes and attributes of the staff.

This set of staffing requirements is directly related to these staff being from and within the sex worker community themselves.

The services policies and procedures and its mechanisms of consultation and community development are integral to meeting the expectations sex workers have of a new service.

Checklist for Successful Service Delivery for Sex Workers in Queensland

The following list outlines a set of components that when compiled into one make up the necessary parts of a successful sex worker organisation in Australia. These parts (principles, practices, and advocacy) can not stand alone: they are to be understood as many parts of one.

It is the belief of Scarlet Alliance that these factors are essential to a successful HIV and STI prevention organisation in Queensland. It should be noted that this list represents the learning and knowledge of our executive committee, membership and staff's two decades of experience managing, developing, implementing and evaluating sex worker projects, organisations and networks in Australia as well as the self identified needs of Queensland sex workers captured in the survey (see Chapter 3 and [Appendix 7](#))

1. A community based organisation/s¹ of (past or present) sex workers resourced to develop, implement and evaluate health promotion to the sex worker communities of Queensland.

The organisation will be well placed to effectively tailor services to the needs of its diverse communities, deliver those services via peer education supported by community development frameworks and be supported to effectively represent and advocate on behalf of its communities. This approach will provide a prolonged engagement by sex workers with the organisation and its health promotion objectives (including HIV and STI prevention messages, improved OH&S practices and the maintenance of a strong culture of condom use). The secondary but very important outcome of this approach is that sex workers engaged² in the response over a prolonged period effectively educate their clients (often heterosexual men or men who have sex with men that are not reached by other targeted prevention activities) on safer sex practices, as well as contributing to a sustained organisation (through employment as peer educators, volunteer executive committee members, providing training to new staff, and exchange of the skills and knowledge with newer sex workers).

Scarlet Alliance opposes the splitting of funding among existing non-peer services. This would undermine the establishment of an effective community based response.

2. Governance and Membership

The community based organisation/s will be accountable to the sex worker communities of Queensland by:

- Membership, available to Queensland sex workers (including an AGM where the membership has access to financial and other reports and where it can be assured the organisation meets the requirements of the State regulations).
- Ability to fill positions on the executive committee providing governance to the organisation
- Transparency including access to information (strategic plans, annual report, newsletter or magazine etc)

¹ In line with the Australian and Queensland HIV / AIDS and STI Strategies sex workers as the affected community should be central to the Queensland response. A community based organisation places sex workers as directly involved in the development, implementation and evaluation of the response and service delivery. Australia's history of community based organisations funded to deliver health promotion services is well documented as successful.

² Engagement of sex workers requires a holistic approach to prevention education in line with health promotion approaches along with a range of opportunities for sex workers to be involved and have input through community building activities that could be seen to be not directly targeting HIV or prevention messages but which involve sex workers through issues important to their working lives.

- Providing opportunities for input (consultation, evaluation of services and service delivery).

3. Peer based

In an effective sex worker community based organisation sex workers will be involved at all levels of the service. The board, management, administration, funding negotiation, project management, resource development, peer education, monitoring and evaluation will all be conducted by sex workers.

4. Recruitment policy

Where sex worker organisations have developed and built effective networks with the sex worker communities employment of sex workers who currently hold the skills (or require refresher or short course training) to undertake positions within the organisation is not difficult. Requiring a person applying for a position to the organisation to hold a specific work experience does not discriminate under equal opportunity legislation. Sex work experience is required by the staff of the organisation as this set of skills and experiences are necessary in order to be able to correctly tailor education messages to the specific target group and to effectively be able to tailor services to meet the needs of sex workers. An affirmative action employment policy is attached (see [appendix 8](#)).

5. Locally driven at all opportunities

This organisation/s will have the capacity to allow for locally appropriate programming. Best practice service delivery will include and prioritise local sex worker groups and networks to run service delivery at a local level. In particular, there will be a fair distribution of funds to ensure regional services in North Queensland have adequate resources and funding to provide comprehensive service delivery.

6. Service is developed for long term sustainability

Queensland Health funding should be made available to develop a long term support structure for state-wide HIV and STI prevention services for Queensland sex workers. This is not possible as an add-on to an existing service.

7. Considerations of auspicing be both short term and appropriate

Any auspicing arrangement will be an interim arrangement for a clearly identified short term period. The purpose of the interim auspicing arrangement would be to assist the capacity development of the auspiced group/s to become a autonomous long term sustainable project. Thus an auspicing body will be experienced in sex worker community development and long term sex worker programming. It would be appropriate for the service to be auspiced in the short term by another sex worker organisation. A timeline towards independence would be built into the funding contract.

8. The service will need a 12 month development phase

Scarlet Alliance suggests that the service will need to be auspiced for the first 12 months of the development phase. In the first 12 months of the service it will need intensive support to develop a structure, constitution, workplace policies and procedures. The first year of funding of this service will recognise that the gap since the closure of SQWISI will take time to overcome. This gap has resulted in disengagement of sex workers from service delivery in Queensland. It will take expertise, support and time to develop state-wide sex worker services that overcome the barriers that the gap in services has created. This is not a transition. It is a totally new beginning for the service.

9. Outputs of a 12 month development phase

The first 12 months auspiced phase of the service will deliver a sustainable, democratic, transparent, incorporated and legally compliant state-wide sex worker service structure, with employment policies, confidentiality procedures, outreach guidelines, consultation processes and local, state, national and international networks of support. Job descriptions, recruitment and training will have occurred. Locations will be established. MOUs with partner organisations will be agreed. Reporting agreements with Queensland Health will be established.

10. Target Demographic

The long term funding contract for sex worker services will include service delivery to all sex workers in Queensland; male, female and transgender, brothel, private, escort and street-based; English speaking and non-English speaking background, Indigenous and non-Indigenous, people working within and outside the legal framework. Other sections of the sex industry (managers, receptionists, licensees) are not a direct target of the long term funding. However no person will be excluded services by the new program – opportunistic and sex for favours individuals will be included by having a policy of no refusals. A person will not need to positively identify as a sex worker in order to access the services. However, individuals who are not sex workers will be excluded from membership, volunteering, staffing and roles on the board.

11. Health promotion – including STI and HIV Prevention Activities

Peer education, outreach, onsite visits to brothels, onsite visits to private sex workers, drop in spaces where viable, regional programs, resource development, peer developed health promotion campaigns and project evaluation, policy evaluation and advocacy representation into Queensland Health long term planning for STI and HIV prevention will be included in the contract for the new service. These services must be provided without judgement and regardless of what sector the sex worker works in. Service delivery, restricted by outcome of the current sex industry regulatory model which means a percentage of the industry is operating legally and other sectors are illegal, must not affect service availability. Services are to be available to ALL sex workers.

12. Advocacy

Advocacy in relation to sex worker occupational health and safety, HIV and STI prevention, laws and regulations, and related policy will be included in the long term funding contract. Regular and structured advocacy to Queensland Health, the Prostitution Licensing Authority, the Crime and Misconduct Commission and to Scarlet Alliance, the Australian Sex Workers Association, will be indicators of advocacy work.

13. Community Development

Empowerment emerged as a prominent theme of the sex worker survey and will be a vital service of the new sex worker organisation. Funded sex worker community development activities include: receiving contributions for a sex worker magazine, participating on project steering committees, running health promotion workshops and events, having regular open days and providing access to resources for sex workers to participate in creative self-driven activities.

14. New Worker Training

Sex workers value direct peer based services for new worker training. Scarlet Alliance recommends that the current practice of a peer education certificate being needed prior to beginning work at a licensed brothel be made non-mandatory and the online version of obtaining the certificate be removed. The long term funding contract should include a component for voluntary New Worker Training for workers who are new or re-entering the

sex industry, offering face to face support including outreach and conducting workshops on premises at sex industry venues and in private workplaces.

15. Professionalisation of Peer Educators in Queensland

The long term funding contract will include a component for professional development for peer educators in Queensland. Access to the Scarlet Alliance National Training Project, training opportunities within the Queensland HIV and STI prevention organisations and attendance at national and international HIV and STI prevention conferences ([ASHM](#), [IAS](#), [IHRA](#), Scarlet Alliance National Forum and others) will be included as a budget line-item for the long term funding contract.

16. Partnership Projects with appropriate Queensland Services

Partnership projects with services that also provide support to sex workers – housing support services, sexual health services, womens' services and drug user services.

17. Networks for the New Sex Worker Organisation

Strong and formal networks with key stakeholders will ensure effective partnerships and good will from the wider health sector, contributing to the sustainability and longevity of the sex worker organisation.

17a. Networks with PONGHO

The new sex worker organisation will participate fully in the regular PONGHO meetings and foster collegial relationships and partnership programs with PONGHO members.

17b. Networks with Queensland Health

The new sex worker organisation will have strong and direct contact with policy and contract staff at Queensland Health. Outreach data, statistic collection, developing an evidence base for sex worker policy in Queensland, structured advocacy and regular evaluation will be key components of the reporting to Queensland Health.

17c. Networks with Other Funding Bodies in Queensland

The new sex worker organisation will develop relationships with other Government and Non-Government funding bodies within Queensland, for the purpose of developing a diverse funding and project base for the organisation.

17d. Networks with Queensland Ministers and Parliament

The new sex worker organisation will develop advocacy and policy advice relationships with relevant Queensland Ministers and Members of Parliament, supported by Queensland Health, for the purpose of ensuring that appropriate and contemporary knowledge of sex work is shared with law and policy makers.

17e. Networks with Scarlet Alliance

The new sex worker organisation will be eligible for membership of Scarlet Alliance, the Australian Sex Workers Association. The long term funding contract shall include 0.5% of the total contract fee as a membership fee to Scarlet Alliance, the Australian Sex Workers Association. As per all Scarlet Alliance members, the new sex worker organisation will report annually in writing to Scarlet Alliance and give a presentation at the annual Scarlet Alliance National Forum to all the sex worker groups of Australia.

17f. Networks with the Media

The new sex worker organisation will build an evidence base of policy and advocacy relating to sex worker issues in Queensland, and periodically hold events and awareness raising

workshops in conjunction with media outlets for the purpose of advancing public health campaigns relating to HIV and STI prevention for sex workers.

The Demise of Townsville SQWISI

Statement from Jackie Kneipp - Submitted by United Sex Workers N.Q.

I had been involved with SQWISI since its conception after the 'Fitzgerald Enquiry', when it was born basically out of necessity to have a voice. It was staffed by volunteers. I was the volunteer for Townsville and when the office opened in 1991 I assisted the paid Health Educator in a voluntary capacity until I went on staff as a part-time casual. The day that I closed the door of the office for the last time was like a death in the family and the target group were devastated!

We didn't get a great deal of notice that the offices [Cairns and Townsville] were closing and therefore our target group didn't have much notice either. This was very stressful since we felt that we [Nikki from the Cairns SQWISI office and I] were 'running out' on our target group who had trusted us, confided in and supported us for such a long time.

I began to lobby in Townsville for support to keep the service open and approached local Members of Parliament, Community Based Organisations for support and/or funding or even a room within another CBO [rent free] to work out of as a volunteer – as long as there was some sort of service available to sex workers.

Nikki [Cairns office] and I sent a submission to Queensland Health asking them to continue to keep our offices open until such time as they had the new funding program organised. Since we had the premises, resources and office equipment in place and the new phone book had just been delivered we considered this a good option. We asked the Management Committee to present our submission to Queensland Health but we did not receive any feedback, forepart from them advising us that we needed to apologise for the '100 odd' phone calls that Queensland Health had apparently received from Cairns and Townsville. This however was not seen as a protest from the community. Further, it was also suggested to 'set everyone straight that the funding had not been cut but was being handed back'.

When the office closed we had the SQWISI phone number diverted to our homes – I still have - and put a couple of advertisements in the personal column of the 'T'Ville Bulletin and Cairns Post' stating that we had the phones, some supplies (bought jointly with Nikki/Cairns from our own money) and were still available to do workshops and answer enquiries. We also advised some of the community based organisations of what we were doing. Unfortunately due to unforeseen circumstances, Nikki has had to stop.

I have continued to do this since the office closed and have also managed to spark some support, with the assistance of Jenny & Ellie, and from the sex workers themselves to form a replacement organisation – 'United Sex-workers N.Q.'- and have had our first meeting. We have liaised with B&B Professional Services and organised interviews with various workers from a variety of sectors of the sex industry in Townsville but unfortunately I was not able to help in securing any workers in Cairns.

To date we have made submissions for two lots of funding and investigating various sites as suitable prospective premises when money allows.

Too many people have worked too hard to get the industry to where it WAS, to allow us to walk away without a fight!

The response of Crimson Coalition to the closure of SQWISI

Submitted by Crimson Coalition (formerly SSPAN)

For years prior to the closure of SQWISI members of Crimson Coalition had been concerned about the policy direction that SQWISI was taking, and on 9th February 2006 we met with Mark Counter at Queensland Health to pass on our concerns about the organisation's move away from peer education. We informed Mark that SQWISI were not taking on peer staff (or volunteers) and were the object of much negative comment from sex workers. SQWISI generally seemed disconnected from the sex worker community, particularly those working in the illegal sectors. We also thought that SQWISI were not fulfilling their contract:

It has come to our attention that under their contract with Queensland Health, SQWISI is supposed to be 'encouraging participation by members of its target group' [objective 2.5]. They are absolutely NOT doing this. No attempts have been made by SQWISI staff to liaise with SSPAN at any time. We are concerned that sex workers with high skill levels and a passion to do outreach work in the industry are being turned away by SQWISI on a regular basis. We know of four sex workers with tertiary-level education within SSPAN alone who have attempted to work with SQWISI and have been turned away or made to work under circumstances where their sex work experience has been seen as a liability and not an asset (extract from letter to Mark Counter, Queensland Health dated 9/2/06)

Following the sacking of the staff by ACSEA we wrote to David Strain and Christopher McCauly (1st December 2006) to reiterate our earlier observations about SQWISI.

We put together a flyer to inform sex workers about what was going on with SQWISI, where to go for sexual health checks and where they could purchase PPEs (particularly dams and sponges). In the Christmas/New Year period of 2006-2007 SSPAN conducted a street outreach condom-drop in the New Farm area using PPEs obtained from the Biala Clinic and NT SWOP.

Following the advice that SQWISI would not be reopening and that Queensland Health were to engage a consultant to review the situation we wrote to Alison Mackie requesting clarification on a number of matters.

One of these concerned the SQWISI archives. We had been told by Rod James, the former SQWISI president that the offices would be cleared out and that any archival material considered "of value" would go to Queensland Health:

If Queensland Health does receive non-sensitive archival material from SQWISI which you cannot store we would implore you to pass on these materials on to us. SSPAN is an unfunded, grassroots entity, and we would find any resource and educational materials, copies of theses and books, SQWISI magazines, posters etc. enormously helpful to the work that we are doing (extract from letter to Alison Mackie, Queensland Health dated 01/06/07)

Subsequently we were contacted by Rod James, the former SQWISI president, who gave us one days notice to travel to the Gold Coast to pick up the materials they had set aside for us. We picked up one medium sized box of books which appeared to be the contents of the public bookshelf from the Brisbane office.

During our conversation with Rod James on that day he expressed that, in hindsight, if he were to undertake a position like the SQWISI presidency ever again he would endeavour to make contact with the target community. He admitted that he had only ever met two sex workers, Elena Jeffreys and Janelle Fawkes from Scarlet Alliance, who as new members had attended a SQWISI AGM the previous year. He also admitted that at the time of the final meeting there were only two current members of SQWISI – Cheryl Matthews (the state manager) and Jed (the administration officer) – both sacked staff members.

In our June 2007 letter to Alison Mackie we also suggested that it might be appropriate to fund an interim service:

... would like to broach the possibility of an interim outreach project for at-risk sex worker groups. Male, street and private sex workers are the most vulnerable to higher risk activities and the least readily accessed. An outreach project to these target groups would fill the immediate gap left by the closure of SQWISI and provide a means by which this population could be consulted and inform a needs assessment (extract from letter to Alison Mackie, Queensland Health dated 01/06/07)

We did not receive any formal response to this letter and soon after were advised through Scarlet Alliance that Family Planning Queensland had undertaken an interim project 'Wisi Info' with Queensland Health.

It has been very disappointing to us that while we struggled, without funds or recognition, to provide information and support to sex worker peers, an NGO with no sex industry expertise were handed a contract to provide a telephone information service that we could have easily provided. We have since discovered that the North Queensland SQWISI health educators (now involved in United Sex Workers NQ) had also requested financial assistance from Queensland Health to maintain services. They too received no support from Queensland Health. We have been concerned throughout that Queensland Health, and other Queensland NGOs, may have believed that the downfall of SQWISI was due to it being a peer-based organisation. We believe that the opposite was true, that SQWISI failed because it had moved away from a peer focus. Many newer sex workers thought of SQWISI as a branch of Queensland Health

During July 2007, in conjunction with Scarlet Alliance, we took part in a range of meetings and a forum in Brisbane to discuss the upcoming review. We have felt that we have had to fight to be heard or consulted by Queensland Health throughout this process. At the outset Christopher McCauly maintained (telephone conference June 2006) that 'the consultant' would not need to speak directly to sex workers and because of this Scarlet Alliance determined to commence their own research (in conjunction with Crimson Coalition) so that some sex worker input could be included. Queensland Health promised a sum of \$3500 would be included in the consultancy tender for this purpose (pers. communication with Karen Struthers, Parliamentary Secretary to the Minister for Health). We have worked with Scarlet Alliance on the analysis of this research and it is submitted herein.

Background - The SQWISI Closure

The Australian Community Employers Association, Queensland Union of Employers, (ACSEA) is an organisation that supports employers with Industrial Related issues, Human resources and OH & S issues and is the Peak IR body for profit and non profit organisations across Australia, and is listed on the IR organisations of employers, ER237. They are an employer's union that provides a variety of services and products to members while actively liaising with government on all levels regarding service matters.

In early 2007 the SQWISI Board was advised to cease operations to avoid unfair dismissal claims from staff the Board had previously dismissed. ACSEA was also involved in sourcing the consultancy which conducted the initial workplace review, recommended and facilitated the dismissing of staff by the Board and advised in relation to packing up the office. During the process ACSEA showed interest in gaining the funding, and started lobbying key stakeholders. These ethical and conflict of interest issues are serious and should be addressed officially. Records or documentation which show the advice given to the SQWISI Board by ACSEA must be made available and should be available through SQWISI record keeping. If these records are not available, ACSEA should be held accountable. The sex workers of Queensland deserve more information in relation to the advice that led the Board to fold the organisation. The decision making process and actions of the Board need to be addressed and evidence that supports the Board's actions need to be scrutinised and made more broadly available.

Scarlet Alliance is still concerned about the following points:

- The availability of requested documentation in regards to the closure of SQWISI, including the two reports that led to the sacking of the staff and the legal advice that led to the closure of the organisation.
- The need for this documentation in order to 'fill in the blanks' about the SQWISI closure and lay to rest 'defunding' rumours that have persisted.
- Lack of information about the closure means that Scarlet Alliance cannot respond to requests from other organisations, local and international, for information on the history and closure of SQWISI. This is particularly relevant to the future planning of other organisations. We also receive requests from academics for information about past Scarlet Alliance members. Scarlet Alliance has archive material from previous funded members (PCV, Phoenix and WISE) for the purpose of maintaining a comprehensive and accurate history of sex worker service delivery in Australia. In particular, we have maintained an archive of documents relating to the closure of these services. This information is a vital for the future longevity of our sector, and is now part of the cultural history of the sex worker movement in Australia.
- If possible, finding appropriate and accessible housing for the bromide collection of 'RESPECT' magazines. This history will be vitally important to the ongoing work of the new Queensland sex worker service.

Advocacy by Scarlet Alliance After SQWISI Closed and Prior to the Review

Within a week of the closure, Scarlet Alliance disseminated the information about the SQWISI dissolution among sex workers on email, through the Scarlet E-list, websites (including Australian Babe website) and personal networks (see [Appendix 2](#)). Many sex workers were concerned about what was going to happen next for sex workers in Queensland. In June 2007 the Scarlet Alliance Executive, in partnership with Crimson Coalition (formerly SSPAN), began to plan a visit to Queensland to discuss these issues in greater detail, consult with sex workers and lobby relevant services and Government Ministers. Scarlet Alliance had already been informed by Queensland Health on the 16th of May that we would be involved in any future decisions and review of services in relation to Queensland sex workers and we were considered a key stakeholder. Prior to visiting Queensland, Queensland Health held a teleconference with Scarlet Alliance in early July, for the purpose of clarifying the Queensland Health plans for funding a new sex worker service.

Scarlet Alliance sent a briefing paper to Queensland Members of Parliament including Janice Jarrat, Parliamentary Secretary for the Minister for Women, Karen Struthers, Parliamentary Secretary to the Health Minister, Mike Reynolds MP, Stephen Robertson, Minister for Health, Margaret Keech, Minister for Women, and Queensland Health staff including Linda Selvey, Christine Selvey, Alison Mackey, Christopher Macaulay and others. (See [appendix 4](#) for a copy of the briefing paper.) The briefing paper made the following key points:

“The successful involvement of sex workers in the review will:

- contribute to improved service delivery in the future;
- ensure that future service delivery can better accurately reflect of the needs of sex workers in Queensland, & more effectively meet those needs;
- identify why sex worker participation in SQWISI was at a historic low;
- increase knowledge of gaps in delivery of previous services.” (See [Appendix 4](#))

Scarlet Alliance visited Queensland in July and met with dozens of stakeholders and sex workers, for the purpose of discussing the pending review. Elena Jeffreys (Scarlet Alliance) and Candi Forrest (SSPAN, Crimson Coalition) met with sex workers. They met with founding members of SSPAN, former SQWISI board members and the webmistress of [Australian Babe](#), as well as many other sex worker stakeholders, to discuss the service gaps that had been experienced since SQWISI closed its doors in late 2006. Key issues raised were the lack of cohesive networking among sex workers, lack of co-ordinated and accurate information about contemporary issues and a level of confusion about laws, in particular relating to the new condom use laws. There was also a great deal of misunderstanding about what had caused the SQWISI closure. The overwhelming belief among the sex industry was that Queensland Health had withdrawn the funding.

Elena Jeffreys and Candi Forrest met with Margaret Issacs, Registrar and Manus Boyce QC, Chair of the [Prostitution Licensing Authority \(PLA\)](#). Margaret informed Scarlet Alliance that their relationship with SQWISI had included monthly meetings about particular issues relating to brothel conditions, breaches of PLA regulation, new laws, police activity and referrals. Scarlet Alliance asked the PLA how they planned to fill this gap now that SQWISI had been closed. At that time the PLA did not have a new approach in mind, but were happy for the contact with Scarlet Alliance and SSPAN. The contact details for SSPAN were placed onto the PLA website.

Elena Jeffreys and Candi Forrest met with Nick and Yvette Inskip of [Queensland Adult Business Association \(QABA\)](#). QABA informed Scarlet Alliance at this meeting that the biggest gap they had experienced since the SQWISI closure was the peer education on offer to new workers. Yvette and Nick recognised that SQWISI peer educator staff offered specific life experiences and wisdom to younger workers, a service that could not be replicated by brothel owners in the workplace.

Elena Jeffreys and Candi Forrest met with [ACSEA](#) Executive Charles Hardy. Charles had been involved in closing the SQWISI offices down and had been in detailed communication with the Department of Health to lobby for an opportunity to tender for the new service. ACSEA is not a community or peer-based sex worker organisation.

Elena Jeffreys and Candi Forrest met with [Family Planning Queensland](#), board member Charlotte Seib and CEO Kelsey Powell. At that time Family Planning Queensland had begun to receive funding for a non-peer based referral service for sex workers. Unfortunately the new staff member running the non-peer based referral service was in training that week and unable to meet with Scarlet Alliance or SSPAN, did not attend the PONGHO meeting to discuss the matter, or public forum on the topic. Family Planning Queensland agreed at the meeting with Scarlet Alliance and SSPAN that peer education would be an essential component of the new service and that this must be communicated to Queensland Health and the consultants during the review process.

Elena Jeffreys and Candi Forrest met with Dee at [Princess Alexandra Sexual Health Clinic \(PASH\)](#) in Woolloongabba. This clinic had run a sex worker outreach clinic at the SQWISI offices up until 2006, but had withdrawn the clinic prior to the SQWISI closure. Dee expressed that it may be inappropriate for sexual health clinics to operate from Queensland sex worker service organisations in the future.

Other meetings during this trip included [Queensland Positive People](#), a SSPAN meeting and opportunistic catch ups with sex industry stakeholders.

Elena Jeffreys briefed the PONGHO meeting in July 2007 and was consulted on the PONGHO recommendations in regards to the review. These recommendations were communicated to Queensland Health in late July 07. (See [Appendix 5](#))

On Friday the 20th of July Scarlet Alliance and SSPAN presented a public meeting on the future of sex workers services in Queensland at the QAHC offices in Newstead. (See [Appendix 3](#) for the flier.) Twenty people, including sex workers, policy staff from Government, former SQWISI board members and staff, businesses associated with the sex industry, students and supporters attended. One of the themes of this forum was concern about the strength SQWISI had once had as an organisation in the early years and frustration that this should have been so depleted that the membership voted for a voluntary dissolution rather than ask the board to resign and hold a new election. No one present had been privy to the discussions preceding the dissolution. Of great disappointment was the lack of knowledge about the physical location of the SQWISI archive, or if it still exists at all. A contact list of supporters was collected by SSPAN at the conclusion of the meeting and new members signed up to SSPAN and Scarlet Alliance. Scarlet Alliance launched the online survey for sex workers and urged sex workers to communicate with Queensland Health, SSPAN and Scarlet Alliance and to keep in touch to participate in the pending review.

The Scarlet Alliance online survey for Queensland sex workers was launched during this trip and collected surveys up until January 2008 (6 months) (See [Appendix 6](#) for the survey questions).

During the life of this process, Scarlet Alliance has worked closely with a number of different staff at Queensland Health, including Alison Mackie, Christopher MaCaulay, Pam Linning and Gary Boody. It was communicated in writing to Scarlet Alliance, and then in a face to face meeting with Candi Forrest, that Scarlet Alliance would be resourced \$3,500 to ensure the diverse input of sex workers into the review process.

Since the appointment of the consultants, B & B Professional Services, Scarlet Alliance has been in regular contact to ensure the accessibility and relevance of the review to our membership and constituents. The Scarlet Alliance Executive provided feedback on the review questions in December

2007. In early January 2008 B & B Professional Services advertised the review, including their tour dates to Queensland, on the Scarlet Alliance website <http://www.scarletalliance.org.au>. United Sex Workers, North Queensland organised an event and meetings between B & B Professional Services and sex workers in Townsville. Crimson Coalition members met with B & B Professional Services in Brisbane and promoted the B & B Professional Services visit to sex workers on the Gold Coast and Sunshine Coast. Our organisations have promoted the review prolifically, through our websites, e-lists, workplaces, networks and personal contacts.

This report is a collaborative contribution of Scarlet Alliance, Crimson Coalition (formerly SSPAN) and United Sex Workers, North Queensland. The internet based survey conducted by Scarlet Alliance, supported by the Queensland PONGHO, Crimson Coalition, United Sex Workers and a number of other services, resulted in dozens of sex workers contributing their own viewpoints about future sex worker services in Queensland. This survey was promoted by sex worker websites including Australian Babes, the Scarlet Alliance e-list and the SSPAN and Crimson Coalition e-lists. Scarlet Alliance staff also cold canvassed private sex workers in Townsville, Cairns and Brisbane, by calling sex workers who were advertising privately over a few different weeks in late 2007.

Appendix

Appendix 1 [Scarlet Alliance Objectives](#) Link

Appendix 2 [Jeffreys, Elena "Scarlet Alliance formal public notice email when SQWISI was closed" 3 May 2007](#) 20k

Appendix 3 [Scarlet Alliance and SSPAN "Flyer for Scarlet Alliance and SSPAN Forum" July 2007](#) 300k

Appendix 4 [Scarlet Alliance and SSPAN "Briefing Paper on Sex Worker Peer Education in Australia" June 2007](#) 87k

Appendix 5 [PONGHO "Recommendations to Queensland Sex Worker Services Review" July 2007](#) 14k

Appendix 6 [Scarlet Alliance " Questions for Queensland Sex Worker Services Survey" June 2007 - March 2008](#) 26k

Appendix 7 [Forrest, Candi "Sex Worker Services in Queensland, Data Analysis" March 2008](#) 300k

Appendix 8 [Scarlet Alliance Best Practices Working Party "Scarlet Alliance Template for Member organisations and Projects. Affirmative action in employment – past and current sex workers" October 2006](#) 49k