

Evaluation of the Support for Trafficked People Program Report

Department of Social Services

July 2025

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Acronyms, abbreviations and terminology

Table 1. Acronyms, abbreviations and terminology

| Short name | Full name |
|----------------------|--|
| ABF | Australian Border Force |
| ACIC | Australian Criminal Intelligence Commission |
| AFP | Australian Federal Police |
| AGD | Attorney-General's Department |
| AIC | Australian Institute of Criminology |
| ARP Pilot | Additional Referral Pathway Pilot |
| CALD | Culturally and linguistically diverse |
| CDPP | Commonwealth Director of Public Prosecutions |
| CEDAW | Convention on the Elimination of all Discrimination Against Women |
| CRC | Convention on the Rights of the Child |
| Department/DSS | Department of Social Services |
| DEWR | Department of Employment and Workplace Relations |
| DFAT | Department of Foreign Affairs and Trade |
| FDSV | Family domestic and sexual violence |
| FM | Forced Marriage |
| FMSSP | Forced Marriage Specialist Support Program |
| FWO | Fair Work Ombudsman |
| GBV | Gender-based violence |
| Home Affairs | Department of Home Affairs |
| HREC | Human Research Ethics Committee |
| HTMS | Human trafficking and modern slavery |
| HTVF | Human Trafficking Visa Framework |
| ICCPR | International Covenant on Civil and Political Rights |
| ISS | Intensive Support Stream |
| JSS | Justice Support Stream |
| LGBTIQ+ | People who identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and include a broad spectrum of other sexual or gender identities |
| National Action Plan | The <i>National Action Plan to Combat Human Trafficking and Modern Slavery 2020-25</i> |
| OHCHR | Office of the United Nations High Commissioner for Human Rights |
| Participant | Refers to a person currently or previously enrolled on the STPP |
| PM&C | Department of the Prime Minister and Cabinet |
| STPP | Support for Trafficked People Program |

Executive summary

Support for Trafficked People Program and Additional Referral Pathway

Slavery and slavery-like practices, including human trafficking and modern slavery (HTMS), affect millions of people globally. According to the 2021 Global Estimates report, 50 million people (or one in every 150 people in the world) are victims and survivors of modern slavery on any given day.¹ Women and girls are disproportionately affected and are estimated to make up more than 70 percent of victims and survivors.²

Australia's commitment to combatting HTMS encompasses prevention, protection, and prosecution; aimed at disrupting trafficking networks while providing robust support systems for survivors.³ The Support for Trafficked People Program (STPP) has been an integral part of the Australian Government's strategy to combat HTMS since its inception in 2004. The program, administered by the Department of Social Services (DSS) and delivered by the Australian Red Cross since 2009, offers comprehensive support and assistance to victims and survivors of human trafficking, slavery, and related practices who meet specific eligibility criteria. The Additional Referral Pathway (ARP) pilot, delivered by a consortium led by The Salvation Army, commenced in July 2024 and will run until November 2025. The pilot enables referrals to the STPP without having to engage with the Australian Federal Police (AFP).

This evaluation

In 2024 DSS commissioned Where to undertake an evaluation of the STPP and ARP, assessing effectiveness, efficiency and appropriateness for the STPP and implementation and outcomes effectiveness for the ARP. The mixed-methods evaluation collected and analysed qualitative data (with feedback provided by 42 program participants, 32 program provider/delivery partner staff, 17 organisations who receive referrals from, or refer to, the STPP/ARP and 22 government officials), administrative data and documentation and publicly available statistical collections. The evaluation was conducted between June 2024 and May 2025, and evaluation findings relate to implementation to end March 2025 (when data collection was finalised).

Key findings

Table 2. Key findings (1 of 5): Access

| Key messages | Findings |
|---|--|
| Key message 1. The STPP is supporting increased numbers of people with HTMS experiences | <ul style="list-style-type: none">The STPP has supported significantly more participants in recent years, with an 85% increase in caseload from FY19 to FY24. Lack of prevalence data means the evaluation can't comment on the gap between people supported and population of people with HTMS experiences, however estimates suggest this is likely to be significant. |
| Key message 2. Lack of understanding of HTMS in the community limits referral to the STPP | <ul style="list-style-type: none">Stakeholders report that increased capacity to identify and respond to people with HTMS experiences in the community and adjacent service sectors would strengthen referrals to the STPP, including via the ARP. There are opportunities to improve promotion of the STPP and community understanding of HTMS and relevant supports. |

¹International Labour Organization, Walk Free Foundation, & International Organization for Migration (Eds.). (2022). Global estimates of modern slavery: Forced labour and forced marriage. International Labour Office

²United Nations Office on Drugs and Crime. (2020). Global Report on Trafficking in Persons 2020. https://www.unodc.org/documents/data-and-analysis/tip/2021/GLOTIP_2020_15jan_web.pdf

³Attorney-General's Department (AGD). (2020). National Action Plan to combat modern slavery 2020-25. <https://www.ag.gov.au/crime/publications/national-action-plan-combat-modern-slavery-2020-25>

| Key messages | Findings |
|---|--|
| <p>Key message 3.</p> <p>The ARP is strengthening equitable access to the STPP and the alternative service sector for people with HTMS experiences</p> | <ul style="list-style-type: none"> • Early evidence suggests that the ARP will be effective in increasing equitable access because this removes the requirement for initial engagement with the AFP and because of the service expertise and community networks held by the consortium. Where people are not eligible for the STPP, the ARP provides a pathway to alternative support. Providing ongoing funding for this referral channel is advised.⁴ |
| <p>Key message 4.</p> <p>There is not a clear trendline for future demand</p> | <ul style="list-style-type: none"> • The introduction of a specialist Australian Government forced marriage support program from January 2025 will likely divert some future referrals from the STPP to that program. In addition, demand for the STPP appears at least partly reliant on community awareness of HTMS and operational activities by government law enforcement authorities – it is unclear what this will be in the future. This makes it hard to predict future demand for the STPP despite growing referrals via the ARP. |

Table 3. Key findings (2 of 5): Outcomes

| Key messages | Findings |
|--|---|
| <p>Key message 5.</p> <p>The STPP is most suited to meeting short-term stabilisation needs</p> | <ul style="list-style-type: none"> • The STPP plays a much-needed role in the Australian HTMS ecosystem, enabling people with HTMS experiences to access a variety of supports. |
| <p>Key message 5.</p> <p>The STPP is most suited to meeting short-term stabilisation needs</p> | <ul style="list-style-type: none"> • STPP participants reported a number of positive, and even transformative outcomes. There is some evidence to suggest that the STPP supports immediate stabilisation needs, including direct social support, help navigating social security, healthcare and other support systems and helping to generate a sense of confidence/optimism about next steps. Other outcomes associated with the STPP include increased access to income streams, stable accommodation, and social connection. |
| <p>Key message 5.</p> <p>The STPP is most suited to meeting short-term stabilisation needs</p> | <ul style="list-style-type: none"> • The STPP can face challenges supporting access to community services such as mental health and social housing due to system scarcity, as well as meeting healing needs over time. |
| <p>Key message 6.</p> <p>Data measuring STPP outcomes can be strengthened</p> | <ul style="list-style-type: none"> • Evidence for participant outcomes relies on participant and caseworker self-report and is largely limited to in-program outcomes. More robust measurement, and measurement over time would result in an improved understanding of outcomes. Relevant metrics for monitoring outcomes are discussed in the body of the report. |
| <p>Key message 7.</p> <p>Whilst the STPP provides effective support to participants pursuing criminal justice outcomes, it is also associated with varied criminal justice outcomes</p> | <ul style="list-style-type: none"> • Stakeholders report that the STPP helps achieve criminal justice outcomes by supporting participants to engage with the AFP and criminal justice matters. |

⁴Specific recommendations for improving the ARP are provided below and in the body of the report.

| Key messages | Findings |
|--|--|
| <p>Key message 7.</p> <p>Whilst the STPP provides effective support to participants pursuing criminal justice outcomes, it is also associated with varied criminal justice outcomes</p> | <ul style="list-style-type: none"> A very small number of STPP participants have been involved in criminal justice processes that result in a court case. A total of nine participants from July 2018 to Dec 2024 (3%) had their criminal justice matter proceed to court and finalised (it is not clear from the program data how many resulted in convictions). Case attrition can be attributed to the difficulties of prosecuting HTMS cases rather than any failing of the STPP but has consequences for STPP participants seeking healing through this.⁵ |
| <p>Key message 7.</p> <p>Whilst the STPP provides effective support to participants pursuing criminal justice outcomes, it is also associated with varied criminal justice outcomes</p> | <ul style="list-style-type: none"> Stakeholders note that completed court cases are only one measure of success with respect to criminal justice outcomes, and that a wider range of healing, disruption and deterrence outcomes are supported through STPP involvement. |

Table 4. Key findings (3 of 5): Efficiency

| Key messages | Findings |
|---|---|
| <p>Key message 8.</p> <p>Improved budget planning is required to continue to deliver tailored support in the face of rising costs to deliver and a changing participant cohort</p> | <ul style="list-style-type: none"> Administrative and participant related cost to deliver the STPP are increasing, at least partly driven by inflation and increased use of temporary accommodation. Improved linkage between funding data, outgoing referral data, casework data (e.g. frequency and purpose of sessions) and entry, exit and post exit reports is recommended to support decision-making efficiency and forecasting capability. |

Table 5. Key findings (4 of 5): Alignment with better practice

| Key messages | Findings |
|--|---|
| <p>Key message 9.</p> <p>The STPP is partially aligned with international better practice</p> | <ul style="list-style-type: none"> The STPP's holistic casework model, and wide range of supports compare favourably with international practice. Opportunities for increased alignment with international better practice include providing more enduring support that isn't conditional on participation in the criminal justice process, needs rather than time-based criteria for allocating funding, support for children as victims and survivors in their own right, and increased lived experience involvement in design and delivery. |
| <p>Key message 9.</p> <p>The STPP is partially aligned with international better practice</p> | <ul style="list-style-type: none"> Changing program eligibility criteria to reduce the requirement for criminal justice system involvement for longer-term needs-based support may have significant implications for resourcing as well as equity and effectiveness. This may also have ramifications for Australia's visa framework. Modelling scenarios (considering variations in changing demand and need) and consideration of program sustainability will be required. |

⁵ Lyneham, S. (2021). Attrition of human trafficking and slavery cases through the Australian criminal justice system. Trends & issues in crime and criminal justice no. 640. Canberra: Australian Institute of Criminology. <https://doi.org/10.52922/ti78443>

Table 6. Key findings (5 of 5): Cross cutting learnings

| Key messages | Findings |
|--|--|
| <p>Key message 10.</p> <p>Many of the barriers and opportunities identified for the STPP also apply to other DSS policy/program areas</p> | <ul style="list-style-type: none"> Issues discussed for the STPP are relevant to many other DSS programs. There are opportunities for cross-cutting learning with respect to promoting agency in programs for people with trauma experiences, measuring outcomes for person-centred programs, lived-experience and peer support led delivery amongst other items. |

Summary of recommendations

Below we summarise recommendations to improve the: STPP as it is currently designed, STPP design and broader system for improved STPP performance.

All the recommendations have potential for high impact, however, depending on whether changes are to the current program, to redesign the program, or to reshape the broader context, they will likely affect different numbers of people. In addition, some recommendations will support delivery of others (i.e. data improvements will support program re-design), and program strengthening can occur in tandem with co-design.

Given multifaceted responsibility for addressing HTMS, this will require concerted action from DSS, as well as other Australian and state government agencies. Addressing the recommendations will have cost and, in some instances, significant implications for current policy settings, including Australia’s visa framework. This will require further investigation and modelling by government. Further, different views on utility and value means that additional co-design with stakeholders to inform change will be important. The interdependencies and contested environment involved in addressing recommendations suggest a stepped change process will be required. An example is articulated below.

Table 7. Example stepped change process timeline

| Year 1 - FY26-27 | Year 2 - FY27-28 | Year 3 - FY28 onwards |
|---|--|---|
| <p>Program improvement</p> <p>Includes data strengthening to support re-design</p> <p>Agencies with HTMS policy and delivery responsibility provide further consideration for key recommendations</p> <p>Co-design future program, including changes to eligibility, and sustainability</p> | <p>Seek interagency consensus on future design and investigate and inform possible changes to relevant frameworks.</p> | <p>Implement re-designed program (from 1 July 2027)</p> |

Improve the STPP as it is currently designed

Table 8. Caseworker practice

| Recommendation | Organisations involved ⁶ |
|---|-------------------------------------|
| <ul style="list-style-type: none"> Include component training for caseworker/management on how to effectively support participants to understand their safety risks, rights and support options. | STPP provider |
| <ul style="list-style-type: none"> Continue to build capability of caseworkers to better meet the needs of participants with complex mental health and addiction needs. | STPP provider |
| <ul style="list-style-type: none"> Ensure that the needs of the changing caseload are reflected in practice frameworks, | STPP provider |

⁶These organisations have delivery and/or policy responsibility related to the recommendations and hence a role in addressing these.

| Recommendation | Organisations involved ⁶ |
|--|-------------------------------------|
| policies and training. | |
| <ul style="list-style-type: none"> Develop strategies for managing participant dependency on caseworkers and safe exit from exploitation. | STPP provider |

Table 9. Quality assurance

| Recommendation | Organisations involved ⁷ |
|---|-------------------------------------|
| <ul style="list-style-type: none"> Continue and strengthen routine/random quality audit of caseworker interaction with participants as part of quality assurance. | STPP provider |
| <ul style="list-style-type: none"> Explore more cost-efficient alternatives for high spend items such as accommodation. | STPP provider/DSS |
| <ul style="list-style-type: none"> Model funding required for different complexity participants and use this as a basis for business planning and supporting the STPP to flexibly meet the needs of a changing cohort. | STPP provider/DSS |

Table 10. Measuring outcomes

| Recommendation | Organisations involved ⁸ |
|--|-------------------------------------|
| <ul style="list-style-type: none"> Test (with participants and caseworkers) and establish data points in the participant journey that indicate the participant's level of understanding of their safety risks, rights and support options. | STPP provider/DSS |
| <ul style="list-style-type: none"> Collect quantitative data for the outcomes hypothesised in this evaluation (e.g. stabilisation, healing) at entry, point in time and exit in addition to the post-program survey. | STPP provider/DSS |
| <ul style="list-style-type: none"> Consider administrative data linkage (e.g. DOMINO) for impact measurement. | STPP provider/DSS |
| <ul style="list-style-type: none"> Seek structured, quantitative feedback on effects on participants arising from criminal justice system involvement and satisfaction with STPP provider support. | STPP provider/DSS |
| <ul style="list-style-type: none"> Facilitate more powerful analysis of the impact of service provision through systematically linking the following data points: referrals to external organisations, dates and details of casework sessions, expenditure data and participant administrative records. | STPP provider/DSS |
| <ul style="list-style-type: none"> DSS coordinate with the STPP and ARP providers to standardise data collection and link records for shared clients. | STPP and ARP providers /DSS |

⁷These organisations have delivery and/or policy responsibility related to the recommendations and hence a role in addressing these.

⁸These organisations have delivery and/or policy responsibility related to the recommendations and hence a role in addressing these.

Improve the STPP (ARP) design

Table 11. Design process

| Opportunity | Organisations involved |
|--|------------------------|
| <ul style="list-style-type: none"> Co-design program improvements with people with HTMS experiences | DSS/STPP provider |

Table 12. Alignment with better practice

| Opportunity | Organisations involved |
|--|--|
| <ul style="list-style-type: none"> Explore the feasibility of decoupling program access from cooperation with criminal cases considering the full range of policy implications, including for program cost, the visa framework and support for criminal justice outcomes.⁹ | DSS/AFP/Attorney-General's Department/Home Affairs |
| <ul style="list-style-type: none"> Consider moving away from a duration-based model of support.¹⁰ | DSS |
| <ul style="list-style-type: none"> Explore mechanisms to expand access to legal and migration advice to improve access to the justice and the broader support system. | DSS/STPP and ARP providers |
| <ul style="list-style-type: none"> Address opportunities already identified by the STPP provider to meet the needs of children. | DSS/STPP and ARP providers |
| <ul style="list-style-type: none"> Embed the voices of people with HTMS experiences more directly in program delivery, including through peer support delivery. | DSS/STPP provider |

Table 13. Implementation effectiveness

| Opportunity | Organisations involved |
|---|---|
| <ul style="list-style-type: none"> Increase community and service sector awareness of the ARP and STPP to support improved identification and referral. | STPP provider/ARP provider/ DSS/AGD/AFP/ Home Affairs |
| <ul style="list-style-type: none"> Continue funding the ARP following the pilot, recognising that it is showing promising signs. | DSS |
| <ul style="list-style-type: none"> Consider opportunities for broader outreach through the ARP, including through funding additional frontline workers. | DSS |
| <ul style="list-style-type: none"> Seek funding for the validation of the ARP assessment tool (potentially through partnering with the Australian Institute of Criminology (AIC) or through an additional National Action Plan grant). | DSS/AGD/ARP provider |

Table 14. Design process

| Opportunity | Organisations involved |
|---|------------------------|
| <ul style="list-style-type: none"> Investigate a 'triage' assessment model to guide investment relative to need. | DSS/STPP provider |

⁹ Several recommendations in this report seek to address ways in which perceived and practical barriers related to visas reduce access to the STPP for foreign nationals who have experiences of HTMS. Any action taken to reduce or remove these barriers must also ensure that robust mechanisms are in place to uphold the integrity of Australia's visa system and consider and mitigate perverse outcomes from any reform. All work to this end must seek consensus amongst relevant agencies.

¹⁰ Noting that the current model already provides tailored and needs assessed support within the constraints imposed by time limits.

Improve the system

Table 15. Improved access and accountability

| Opportunity | Organisations involved |
|--|---|
| <ul style="list-style-type: none"> Implement a 24-hour national access point (such as a hotline) for people seeking information and support relating to HTMS. | Interdepartmental Committee on Human Trafficking and Slavery (IDC) agencies |
| <ul style="list-style-type: none"> Increase community and service sector awareness of HTMS to support improved identification and referral. | IDC agencies |
| <ul style="list-style-type: none"> Fund improved measurement of prevalence for people with HTMS experiences. | IDC agencies |

Table 16. Joined up service delivery

| Opportunity | Organisations involved |
|---|--|
| <ul style="list-style-type: none"> Develop a national framework for HTMS service delivery outlining aspirations and mechanisms for improving joined-up service delivery. | IDC agencies /State and Territory Governments (including child protection services), |

Introduction

Addressing HTMS in Australia

The Australian Government has a comprehensive, whole-of-government approach to tackling human trafficking, slavery, and slavery-like practices. This involves collaboration with various stakeholders, including government agencies, businesses, civil society organisations, and international partners. Multiple actors across government are responsible for addressing HTMS in Australia:

- Attorney-General's Department (AGD): responsible for overseeing whole-of-government implementation and evaluation of the National Action Plan to Combat Modern Slavery 2020-25, administering the *Modern Slavery Act 2018 (Cth)* and the modern slavery offences in the *Criminal Code Act 1995 (Cth)*. Assistant Secretary, Modern Slavery and Human Trafficking Branch, AGD chairs the Interdepartmental Committee on Human Trafficking and Slavery (IDC), which provides oversight of Australia's whole-of-government response to human trafficking and modern slavery.
- Australian Anti-Slavery Commissioner: An independent position created to work across government, business, and civil society to prevent and respond to modern slavery. Mr. Chris Evans was appointed as Australia's first federal Anti-Slavery Commissioner in November 2024 and commenced his 5-year term on December 2, 2024.
- Australian Federal Police (AFP): The lead agency for investigating human trafficking and other modern slavery crimes in Australia. They have dedicated human trafficking investigation teams and work with state, territory, and international partners. AFP also refer victims and survivors to the STPP.
- Department of Social Services (DSS): Responsible for the STPP, ARP and FMSSP.
- Department of Home Affairs: Administers the Human Trafficking Visa Framework (HTVF) and includes Australian Border Force (ABF). ABF Human Trafficking Contact Officers (HTCOs) are onshore specialist officers who identify possible indicators of human trafficking and report matters to AFP.
- Fair Work Ombudsman (FWO): an independent regulator responsible for enforcing Australia's workplace laws, providing education, assistance, advice, and guidance to employers and employees, including vulnerable workers.
- Office of the Commonwealth Director of Public Prosecutions (CDPP): Prosecutes offenses against Commonwealth law, including modern slavery offenses, based on referrals from AFP and other investigative agencies.
- Department of Foreign Affairs and Trade (DFAT): Leads Australia's whole-of-government international engagement to counter human trafficking and other forms of modern slavery; responsible for the development, implementation and evaluation of the *International Engagement Strategy on Human Trafficking and Modern Slavery: Delivering in Partnership*. (As part of DFAT) Australian Ambassador to Counter Modern Slavery, People Smuggling and Human Trafficking: Plays a leading role in driving international cooperation and working with regional partners to strengthen responses to modern slavery.
- Interdepartmental Committee on Human Trafficking and Slavery (IDC): provides oversight of Australia's whole-of-government response to human trafficking and modern slavery. The IDC comprises representation by AGD (Assistant Secretary, Modern Slavery and Human Trafficking Branch is Chair), AFP, AIC, Australian Criminal Intelligence Commission (ACIC), Commonwealth Director of Public Prosecutions (CDPP), DFAT, Department of Home Affairs and ABF, DSS, FWO, Department of Employment and Workplace Relations (DEWR), Department of Education, Department of the Prime Minister and Cabinet (PM&C).
- Operational Working Group (OWG): The OWG is a subcommittee of the IDC and chaired by AGD. The OWG focuses on broad operational matters, including victim support processes and resolving individual case issues, and escalates policy concerns to the IDC. Agencies represented on the OWG are AGD, AFP, CDPP, DFAT, Home Affairs and ABF, and DSS.

State and territory governments in Australia have responsibilities related to addressing HTMS, including through:

- child protection: protecting children within their jurisdictions, which includes safeguarding them from trafficking and exploitation.
- family and domestic violence: which can be a factor in modern slavery cases.

- financial assistance to victims of crime, including for people with HTMS experience.
- frontline health, legal, housing etc. agencies are key partners in identifying and supporting victims and survivors of modern slavery.
- New South Wales Anti-slavery commissioner: identifying and supporting survivors, monitoring the effectiveness of state anti-slavery laws and policies and advising on and supporting NSW public entities to address modern slavery risks within their operations and supply chains.

STPP

The STPP is the only national comprehensive support program for people with HTMS experiences in Australia and, combined with the national footprint of the recently implemented ARP, represents a very significant component of Australia's victim support response to HTMS. The STPP provides support to individuals who have experienced HTMS in Australia. The STPP was established in 2004, with the Australian Red Cross delivering the program nationally since 2009.

The **key objectives** of the STPP are to:

1. To support those who have experienced HTMS to recover from their experiences
2. To enable participation in the criminal justice process
3. To help individuals rebuild their lives

To be eligible for the STPP, individuals must be reasonably suspected of being a victim-survivor of modern slavery offenses under Australian law, be located in Australia, and hold a valid visa or be an Australian citizen. People eligible for the STPP are referred either by AFP or the ARP after being assessed for indicators of HTMS. If potential STPP participants do not have a visa and are referred to the STPP by AFP (not the ARP), AFP can apply for a Bridging F Visa to be granted by the Department of Home Affairs to enable a person to remain lawfully in Australia to facilitate participation in the criminal justice process. A Bridging F Visa is granted for 45 days initially, and a subsequent 45 days can be granted upon request and approval. The STPP provides support through several 'streams' of activity, depending on the participant's circumstances and whether they are assisting AFP with criminal investigations and what stage the investigation is at:

1. Intensive Support Stream: This is the entry stream, providing support for 90 days for all program participants.
2. Justice Support Stream: Provides support for those assisting the AFP until the investigation reaches a conclusion (either proceeding to trial or not).
3. Transition Stream: Provides an additional 20 working days of intensive support as people leave the program.
4. Forced Marriage Support Stream: Provides intensive support for up to 90 days for people who are in, or at risk of, a forced marriage regardless of participation in criminal justice processes.
5. Temporary Trial Support Stream: Provides intensive support for trafficked people who return to Australia to give evidence in a human trafficking prosecution.

The STPP provides a **range of supports**, including:

1. Case management support: A dedicated case manager works with the client to assess their needs and develop a tailored support plan.
2. Financial assistance: The STPP provides financial assistance to clients via a framework that stipulates amounts and eligibility criteria to support with costs such as emergency items, accommodation, education and training needs, medical costs not covered by Medicare, psychology and counselling and costs associated with dependants.
3. Support and access to other services: The STPP also facilitates access to a range of external services, including accommodation, medical treatment (clients are eligible to access Medicare), counselling, legal and migration advice, skills development, including English language and vocational guidance and social support.

ARP

The ARP launched as a pilot in July 2024 and will run until November 2025. It provides an alternative entry point to the STPP, recognising that some people with HTMS experiences are unwilling or unable to engage with AFP at this time. The ARP was developed, and is delivered by, a consortium of experienced civil society organisations. Prior to establishing the ARP, these organisations had been involved in longstanding advocacy for an expanded range of pathways into the STPP.

The consortium model of delivery is designed to leverage the frontline knowledge, community and sector embeddedness, of organisations specialising in distinct populations, forms of HTMS and legal contexts:

- The Salvation Army leads the consortium and is a large, nationally established non-government social service organisation with case coordination, social work and administrative functions. The Salvation Army has provided specialist support to survivors of modern slavery in Australia since 2008, when its Trafficking and Slavery Safe House was established.
- Anti-Slavery Australia (ASA) contributes legal advice and representation, with specific expertise in migration and complex legal pathways.
- Project Respect (PR) specialises in frontline social work, case management, counselling and community engagement, supporting women and gender-diverse people with experience in the sex industry, and supporting women and gender diverse people with experience of sexual exploitation (including trafficking).
- The Australian Muslim Women's Centre for Human Rights (AMWCHR) provides specialised support to Muslim and migrant women who may be at risk of or experiencing forced marriage and complex settlement needs.
- Scarlet Alliance (SA) is the national peak body for sex workers, with specialist knowledge regarding exploitation indicators affecting migrant sex workers.

The ARP functions as a coordinated intake, screening, and assessment service. Core services provided by the consortium include safety planning, initial legal advice, short-term casework, and immediate assistance with welfare needs. STPP eligibility assessments are performed by any of the consortium organisations, with ASA providing legal oversight and review of decisions where requested. As the lead, The Salvation Army coordinates the operational relationships among the partner organisations and acts as the central administrative and clearinghouse organisation. Individuals may either self-refer or be referred by mainstream services directly to the ARP. The program can be accessed by people aged 16 and above (and children under 16 who need support and have a safe legal guardian). For non-citizens, there are no visa requirements for accessing the ARP, however people do require a visa to be referred to the STPP. The **key elements of the ARP** include:

1. **Assessment for and referral to the STPP.**¹¹ Assessment, using a tool designed by the consortium to determine if the individual has experienced HTMS, and meets the STPP eligibility criteria.
2. **Delivery of immediate supports**, including safety planning, legal advice, two weeks of casework, and help with urgent needs.
3. **Connection with other community-based support services** for those people ineligible for (or do not consent to participate in) the STPP.

This evaluation

In 2024 the DSS commissioned Where to undertake an evaluation of the STPP (since 2018) and the ARP (since its inception in July 2024). This evaluation has assessed effectiveness, efficiency and appropriateness for the STPP and explored implementation and outcomes effectiveness for the ARP. Recommendations on whether the current STPP and ARP providers should continue to be contracted to deliver the programs, or whether they should be retendered were not part of the scope of this evaluation. The evaluation was conducted between June 2024 and May 2025, and evaluation findings relate to implementation up until end of March 2025 (when data collection was finalised). Some additional qualitative data were provided in finalising the report.

Key evaluation questions (KEQs)

The KEQs were:

STPP

Effectiveness

1. To what extent have the intended outcomes of the STPP been achieved?
 - a. Have participants' needs been met by the STPP, and to what extent?

¹¹ From the 28th of January 2025 the ARP can also refer to the FMSSP.

- b. What needs were not able to be met by the STPP?
- c. Has there been any variation in outcomes across different participant groups?

Efficiency

2. Has the STPP been delivered efficiently?
 - a. To what extent does the funding model of the STPP efficiently meet program operational and delivery needs?
 - b. Are there areas to improve administrative efficiency for the STPP?

Appropriateness

3. Is the design of the STPP appropriately aligned with best practice?
 - a. To what extent is the STPP aligned with principles under the National Action Plan to Combat Human Trafficking and Slavery 2020-25?
 - b. To what extent is the STPP consistent with the international principles and evidence regarding support for people with experience of HTMS?

ARP

Implementation effectiveness

4. To what extent is the ARP achieving intended activities and outputs?
 - a. To what extent are relevant organisations aware of the ARP and referring people likely to meet the eligibility criteria?
 - b. How effective is the STPP eligibility assessment process?
 - c. How do the ARP processes address safety, security and visa status issues for people with HTMS experiences?

Outcomes effectiveness

5. To what extent is the ARP achieving outcomes for people with HTMS experiences?
 - a. Could the service delivery model be improved to deliver better outcomes for people with HTMS experiences?

Summary of the methodology

This evaluation used a mixed-methods approach, incorporating both qualitative and quantitative data from a variety of secondary and primary sources to ensure a comprehensive picture of the programs from multiple sources and perspectives. The project began in June 2024, when the objectives of the evaluation and the approach required to meet these objectives were defined. Data collection occurred between September 2024 and March 2025, following Human Ethics Research Committee approval (Victoria University Human Research Ethics Committee Reference Number: EXT_HRE24-004) and the signing of a data sharing agreement between the STPP service provider (Australian Red Cross) and WhereTo. An interim report focusing on the ARP implementation was delivered in December 2024. The current report, delivered in May 2025, represents the synthesis of all data sources and analysis.

Secondary data sources include program and administrative data provided by the DSS, ARP and STPP service providers as well as policy, and other relevant documentation. Quantitative data provided by the STPP and ARP service providers were analysed using descriptive statistics and the Q statistical software package.

Primary data was collected through semi-structured interviews with stakeholders and STPP participants. A total of 72 individual stakeholders were engaged, including 33 program providers and delivery partners (Australian Red Cross, The Salvation Army, consortium organisations and AFP) 22 government stakeholders (DSS, AIC, AGD, Home Affairs, ABF) and 17 individuals from organisations that are referred to by the STPP, and other agencies supporting or advocating for people with HTMS experiences.

A total of 42 individuals who had lived experience of the STPP program were engaged, with 36 participating in an interview and six providing written feedback. 39 of these individuals were recruited via the STPP service provider and three were recruited through snowballing sampling from stakeholder interviews. Of the participants recruited via the

STPP provider, 34 were currently on the STPP and six had exited the program; five had been referred via the ARP and 35 via AFP. See Appendix 2 for a detailed methodology description.

Summary of methodological limitations

Each of the data sources used in this evaluation has limitations. Program and administrative data are well suited to their primary purpose of program delivery at an individual participant level, but poorly suited for analysis impact or effectiveness due to the lack of participant-reported outcome measures, amongst other issues. Qualitative data are limited primarily in terms of a small sample size and potential sampling bias.

See Appendix 2. Methodology in detail for a full description of methodological limitations.

Development of the program logic

The STPP program logic, which was previously developed by the department, was reviewed and updated as part of this evaluation. An evaluation planning workshop was held on 25 June 2024 and attended by departmental staff. This workshop included a review of the STPP program logic and ARP theory of change, with discussion of potential updates. The workshop covered:

- program need and objectives
- inputs (financial, human resource, governance, other)
- activities (the actions to be taken as a result of the program)
- outputs (quantitative and qualitative measures, assessments, reports, referrals)
- outcomes (changes within and without the timeframe of participation in the program)

Insights from this workshop, along with further review of material provided by the department and key stakeholders informed the development of a revised program logic and evaluation frameworks for the STPP and the ARP. The evaluation frameworks also included the key evaluation questions stipulated by the department, designed to address the scope of the evaluation for both the STPP and the ARP. The program logic and evaluation frameworks were further reviewed and refined in consultation with the department and informed by lived experience and further stakeholder input later in the evaluation. The finalised program logic is included in Appendix 1. Program logics and evaluation framework of this report.

Findings

This section details findings against the key evaluation questions for the STPP and ARP, including for:

STPP

1. Effectiveness (outcomes)
2. Efficiency
3. Appropriateness

ARP

4. Effectiveness (implementation)
5. Effectiveness (outcomes)

Each section addresses:

- KEQs
- summary assessment
- discussion
- recommendations for strengthening.¹²

Three case studies are presented in this section of the report. These are derived from STPP participant interviews. To ensure anonymity and confidentiality, specific details have been replaced and, in some cases, descriptions from multiple participants have been merged to create generalised representations. The names used are pseudonyms and the images are stock photos.

1. STPP - Effectiveness

KEQ1. To what extent have the intended outcomes of the STPP been achieved?

Sub-questions:

KEQ1a. Have participants' needs been met by the STPP, and to what extent?

KEQ1b. What needs were not able to be met by the STPP?

KEQ1c. Has there been any variation in outcomes across different participant groups?

Summary findings

The STPP has supported significantly more participants in recent years than in the years prior to the COVID pandemic, with an 85% increase in caseload from FY2019 to FY2024.

Participants reported highly positive, and even transformative outcomes. There is some evidence to suggest that the STPP supports immediate stabilisation needs, including direct social support, help navigating social security, healthcare and other support systems and helping to generate a sense of confidence/optimism about next steps. Other outcomes associated with the STPP include increased access to income streams, stable accommodation, and social connection. However, data to support outcomes are largely qualitative, and there are opportunities to improve

¹²Some of the recommendations for strengthening are the remit of DSS as the agency responsible for the STPP and ARP. Other recommendations are intended for other Australian Government agencies. The recommendations section of this report specifies responsibility for addressing each.

impact measurement at scale.

Observed limits with respect to achieving outcomes include:

- The STPP can face challenges supporting access to community services (e.g. refugees and other supported accommodation) and general needs (e.g. housing), reflecting generalised system constraints.
- It appears that the STPP is less able to meet the needs of children and young people and people with complex mental health and addiction needs (this is primarily due to design and systemic constraints).
- Healing is a complex, non-linear process, and there are instances where STPP doesn't meet participants' needs, including due to time-limits on support driven by timeframes for criminal justice matters and for participants who choose not to or are not able to pursue a criminal justice matter.¹³
- Delivery of the program does not always meet trauma-informed principles with respect to transparency and choice, including due to delivery settings on communicating options to participants, the time-limited nature of the program and capacity issues in the broader service system. There are opportunities to improve service provision within the current design and to optimise the STPP design so that it reflects variation in participant needs, including for timeframes for healing.

Lack of prevalence data means the evaluation cannot comment on the gap between people supported and population of people with HTMS experience, however estimates suggest this is likely to be significant. Stakeholders emphasised the need to improve prevention of, and identification and referral pathways for people with, HTMS experiences to support increased STPP participation.

Findings

This section addresses the extent to which the STPP has achieved outcomes¹⁴, including:

Participant outcomes:

- people with HTMS experiences
 - are informed of and understand their safety risks, rights, and support options
 - access appropriate support through STPP to meet their identified needs (e.g. living in safe and stable accommodation, feeling empowered to heal and rebuild their lives and developing trusted relationships and supportive family and community connections with services provided through the STPP)

Justice outcomes:

- people with HTMS experiences who elect to do so, are supported to participate in the criminal justice process

Program outcomes:

- STPP and ARP providers support collaborative responses to modern slavery that are inclusive, trauma-informed and lived experience centred

Community outcomes:

- people are aware of the ARP and STPP
- people know how to recognise risks, safely respond or seek support when they witness or experience HTMS
- civil society and other HTMS/FDV community providers comprehend the STPP, and the scope of services provided, or not, through it

¹³ Program eligibility criteria limit medium-term support to people who are assisting the AFP with an investigation. To stay on the STPP beyond the 90-day Intensive Support Stream (ISS) and 20-working-day Transition Stream, individuals generally must be participating in the criminal justice process. Those unwilling to assist in the criminal justice process, or whose criminal justice process is complete or cannot continue, are exited from the program. Those on the Forced Marriage Support Stream (which will cease once all participants are transitioned to FMSSP) can access support up to 180 calendar days, including their time on ISS.

¹⁴ See Appendix 1. Program logics and evaluation framework for full list of outcomes. Long-term participant outcomes were not addressed in this evaluation due to a lack of evidence.

Participant outcomes

The evaluation assessed two participant outcomes¹⁴:

1a: People with HTMS experiences are informed of and understand their rights and support options

1b: People with HTMS experiences access appropriate support through the STPP to meet their needs

Outcome 1a: People with HTMS experiences are informed of and understand their rights and support options

Outcome 1a, Indicator 1: Increase understanding for participants of their rights and support options

Table 17. Outcome 1a, Outcomes identified in evaluation, Discussion of supporting evidence & Recommendations to strengthen

| Area | Detail |
|-----------------------------------|--|
| Outcomes identified in evaluation | <ul style="list-style-type: none"> Qualitative data suggest a variable understanding of rights and options. Limits on understanding are associated with life complexity and language barriers. |
| Discussion of supporting evidence | <ul style="list-style-type: none"> Stakeholder feedback indicated variability in participant understanding of their rights and support options. This is due to several factors, including that some participants enter the program in a state of crisis, the program itself is complex and difficult to understand, and limits in program transparency (the level of information shared by caseworkers with participants about what they can access). Participant life complexity and English language/literacy skills (and the need to use interpreters) reportedly also play a role in this. Whilst program documentation indicates that safety planning is undertaken for all participants, there isn't sufficient quantitative data to measure the extent to which participants are informed of, or understand, their safety risks and subsequent options. These findings rely on data from qualitative interviews with caseworkers and participants and case notes. Although the program provider's current Strengths and Needs Assessment (SANA) tool captures quantitative data points related to participants' access to legal and migration advice and understanding of their rights, these data were only available for a minority of participants and could not be assumed to be representative. |
| Recommendations to strengthen | <p>Program improvement</p> <ul style="list-style-type: none"> Test (with participants and caseworkers) and establish data points in the participant journey (initially after participant has been informed, and at exit) to establish participant understanding of their safety risks, rights and support options. To be successful, the mapping process would require independent validation that involved input from STPP provider management, caseworkers and program participants and their advocates. Include component training for caseworker/management on how to effectively support participants to understand their safety risks, rights and support options. |

Outcome 1b: People with HTMS experiences access appropriate support through STPP to meet their needs

Outcome 1b, Indicator 1: Increase in people referred to STPP

Table 18. Outcome 1b, Indicator 2, Outcomes identified, Discussion of supporting evidence & Recommendations to strengthen

| Area | Detail |
|-----------------------------------|---|
| Outcomes identified in evaluation | <ul style="list-style-type: none"> STPP administrative data show that the program has seen steady growth in both referrals and active caseload since 2018. |

| Area | Detail |
|-----------------------------------|--|
| Discussion of supporting evidence | <ul style="list-style-type: none"> The average number of STPP participants has more than doubled since 2018-19. Factors that have driven an increase in program numbers may include implementation of the ARP, an increase in reporting/identification for HTMS (which may or may not correspond to an increase in prevalence), government regulatory activities such as strengthening worker protections in the Pacific Australia Labour Mobility scheme, and the roll out of the Look a Little Deeper campaign.¹⁵ Future impacts on STPP numbers (increase/decrease) may arise from: <ul style="list-style-type: none"> – implementation of the Forced Marriage Specialist Support Program (decrease) – increase in community awareness arising from the National Action Plan (increase) – advocate actions and compliance and enforcement activity (increase) – a potential extension of the ARP (increase). |
| Recommendations to strengthen | <p>Program improvement</p> <ul style="list-style-type: none"> Conduct STPP business planning to ensuring that the service model is sustainable and can pivot to meet demand and a changing participant base. <p>Design improvement</p> <ul style="list-style-type: none"> Investigate a ‘triage’ assessment model (like that adopted for the Escaping Violence Payment), to help guide investment relative to need and improve program efficiency and therefore sustainability. A triage assessment model would still need to be person-centred, trauma-informed and allow for re-triaging of participants as their circumstances change. <p>System improvement</p> <ul style="list-style-type: none"> Explore social marketing opportunities to lift understanding of HTMS and capability to address it amongst organisations and communities where interactions with people with HTMS experiences are expected. |

System learning:

Demand for the STPP is influenced by a range of government activity including compliance and enforcement. Forward planning and demand modelling could be better informed by early intelligence from agencies such as the Department of Workplace Relations (proposed migrant worker schemes or changes to existing scheme) as well as the AFP and Department of Home Affairs (compliance and investigation).

Cross cutting learning:

DSS funds a range of programs involving case work, and in some instances, brokerage. The issue of transparency (including providing participants with full knowledge of what they can have access to) arises in instances other than the STPP. For example, this was also raised in the progress evaluation report for the Escaping Violence Payment also conducted by Where to. In the evaluators’ experience, the argument against providing full information is usually that this will have negative, unintended consequences for participants. In contrast, trauma-informed approaches emphasise the importance of agency and empowerment. This highlights the importance of explicitly addressing these factors in program design and articulating a vision for how they will be implemented to guide service provision.

Outcome 1b, Indicator 2: Decrease in people with HTMS experiences who do not access STPP

Table 19. Outcome 1b, Indicator 2, Outcomes identified in evaluation, Discussion of supporting evidence & Recommendations to strengthen

| Area | Detail |
|-----------------------------------|---|
| Outcomes identified in evaluation | <ul style="list-style-type: none"> Not determined. |

¹⁵ (AFP 2023, 2024b; UN Human Rights Council, 2012; Walk Free, 2023)

| Area | Detail |
|-----------------------------------|--|
| Discussion of supporting evidence | <ul style="list-style-type: none"> It is not possible to determine whether the STPP is meeting the full extent of need for people with HTMS experiences. Therefore, this indicator cannot be assessed. The precise prevalence of HTMS in Australia is unknown. This reflects the clandestine nature of modern slavery offences, distrust of authorities and fear of deportation amongst people with HTMS experiences and this cohort not always identifying these situations, and lack of capability amongst the service sector to recognise and report offences. Estimates of HTMS prevalence in Australia vary significantly depending on the source. Differences in reported figures reflect variations in categorisation (e.g. the terminology used to refer to HTMS and data collection methods.¹⁶ Because of the barriers to accurate statistics noted above, it is not possible to say to what extent the consistent increases in AFP statistics reflect changes in the underlying prevalence of modern slavery in Australia and to what extent they reflect ameliorations of the known barriers to accurate reporting. |
| Recommendations to strengthen | <p>System improvement</p> <ul style="list-style-type: none"> Fund improved measurement of prevalence for people with HTMS experiences. |

Cross cutting learning:

Lack of prevalence data and estimates of need also characterises the domestic, family and sexual violence sector. Agreed methodologies for decision-making without certainty on evidence would support policy makers. This could be as simple as rules of thumb or more sophisticated but should be explicit. Guidance on how to develop such methodologies could be sought from Australian Public Service Commission (APSC) and/or the Australia and New Zealand School of Government (ANZSOG).

System learning:

Lack of robust prevalence data prevents outcomes measurement for the STPP and also other actions under the *National Action Plan to Combat Modern Slavery 2020-25*. Acknowledging the difficulties in developing a prevalence methodology, this is a valuable future focus to support accountability for the broader system under the *National Action Plan*.

Outcome 1b, Indicator 3: Increase in needs met by the STPP

Table 20. Outcome 1b, Indicator 3, Outcomes identified in evaluation, Discussion of supporting evidence & Recommendations to strengthen

| Area | Detail |
|-----------------------------------|---|
| Outcomes identified in evaluation | <ul style="list-style-type: none"> There is some evidence to suggest that the STPP meets needs with respect to stabilisation, accommodation, social connection and access to an income stream. |

¹⁶The Walk Free Foundation's (2023) Global Slavery Index, based on a population-based survey and modelling, estimates that in 2021 there were 41,000 people in modern slavery situations in Australia. The AIC's 2019 (Lyneham et al., 2019) Multiple Systems Estimation estimated the number of human trafficking and modern slavery victims in Australia between 2015-2017 as between 1,300 and 1,900, including 414 'observed' victims (that had been identified by one of several agencies). Reports made to AFP of possible HTMS offences between 2013-2024 have grown from 70 in 2013-2014 financial year to 382 in the 2023-2024 financial year, with the incidence having increased steadily between 2021-2024 (AFP, 2023, 2024a, 2024b)(Figure 5). The increase in overall reports since 2018-19 has been driven by increases in most offence categories (with the notable exception of forced marriage) and especially by increases in human trafficking, sexual servitude and forced labour (Figure 6).

| Area | Detail |
|---|---|
| <p>Discussion of supporting evidence</p> | <ul style="list-style-type: none"> • The STPP does not generate impact measures of the extent to which the needs of people with HTMS experiences have been met by the program. The evaluation has relied on data on participant goals, as measured by caseworkers upon entry to and exit from the program, financial data on support-related expenditure and interviews with program participants, staff and other stakeholders. Goal-setting data has also provided some indication of the extent to which the program is meeting participants' needs. This allows the evaluation to comment on the range of supports being supplied and reported benefits of these, but not on impact. • There were positive reports in the qualitative interviews on provision of short-term material and safety supports. This STPP offer is believed by provider staff to be generous compared to those available through comparable programs for people with experiences of family domestic and sexual violence in Australia. Goal-setting data has suggested a correlation between participation in the STPP and outcomes for accessing an income stream, accommodation and social support. • STPP support was reported to be especially valued if participants had access to fewer resources outside of the STPP (e.g. a source of income, emotional supports, connections to community, knowledge of the Australian system, access to healthcare). • For some participants, the impact of these supports was reported to be transformative. Our sample included people who credited the STPP with saving their lives. They said that without the material supports and help they received to navigate systems, they would have likely ended up homeless or having no choice but to return to the abuser/abusive situation. |
| <p>Recommendations to strengthen</p> | <p>Program improvement</p> <ul style="list-style-type: none"> • Collect quantitative data for the outcomes hypothesised above (stabilisation, healing) at entry, point in time and exit as well as through the post-program survey. Acknowledging the limits of the goals data, outcomes data should be collected with a view to measuring the impact of the program to better facilitate continuous improvement. • Consider administrative data linkage (e.g. with the Data Over Multiple Individual Occurrences (DOMINO) dataset) for impact measures, particularly long-term impacts that are unlikely to be measured through program data alone. • Develop strategies for managing participant dependency on caseworkers and safe exit. |

Cross cutting learning

Developing impact measures, and collecting evidence, for programs that support people with (complex) trauma can be challenging. However, this is a regular focus for programs administered by the DSS. We suggest that a departmental-wide view on appropriate methodologies would support strengthened program design and accountability. We note that the current SCORE measurement process, is not well suited to ascertaining impact (which should consider how well participant outcomes sustain beyond the program and the extent to which the program has supported the broader population of people with HTMS experiences, amongst other considerations), and that alternatives to this could be investigated. It is likely that any alternative would need to be developed rather than adopted. A successful methodology would likely involve development of a logic model that clearly, articulates a theory of change and Performance Management Framework that includes objective measures of participant impact. These would ideally be collected through routine program delivery by the STPP provider; however, the latter would likely require technical support to do this.

Reported benefits

This section provides a thematic analysis of key reported benefits for the STPP:

- access to an income stream
- access to safe and stable accommodation

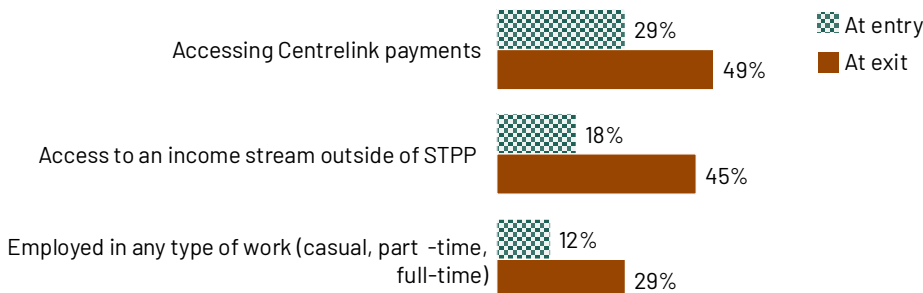
- healing and feeling empowered to rebuild lives
- improved social connection.

We use goal-setting data collected by the program provider during entry and exit status assessments to measure improvements in participants' circumstances. For clarity, each analysis uses only participants for whom we have both entry status and exit status data points.

Access to an income stream

Goal-setting data suggest gains in financial stability for many STPP participants between entry and exit. The proportion of participants accessing Centrelink payments suggests improved connection to mainstream income support systems.

Figure 1: Access to an income stream (at entry and exit of STPP)



Source: Exit status reports (Participants who entered and exited the STPP between Jul 2018 and Dec 2024)
Base: Total Sample, n=302.

Source: Exit status reports (Participants who entered and exited the STPP between Jul 2018 and Dec 2024)
Base: Total Sample, n=302.

The proportion of participants who entered and exited the STPP between July 2018 and December 2024:

- Were accessing Centrelink payments: 29% At entry, 49% At exit.
- Had access to an income stream outside of STPP: 18% At entry, 45% At exit.
- Were employed in any type of work (casual, part-time, full-time): 12% At entry, 29% At exit.

Source: Exit status reports (Participants who entered and exited the STPP between Jul 2018 and Dec 2024)

Access to safe and stable accommodation

The STPP has a focus on ensuring that people with HTMS experiences referred to the program have a safe place to stay. The allowance framework includes a range of financial assistance for accommodation including for short-term stays in hotels or serviced apartments, a once-off payment to cover the cost of bond and initial rent for longer-term accommodation, for support to find accommodation in refuges and homelessness services, for items needed to set up a new home and for maintaining existing accommodation arrangements when they are deemed safe and suitable. Transitions between temporary and longer-term housing could be challenging. Caseworkers reported that they faced challenges in supporting participants to access sustainable long-term housing. This was due to several factors, including:

- a shortage of affordable housing in areas where participants wish to live
- participants on temporary visas struggling to compete with Australian residents for long-term rentals
- waits of 18 months or more to access social housing
- a lack of suitable accommodation and housing services for unaccompanied minors and people with complex mental health issues.

Figure 2: Access to safe and stable accommodation (at entry and exit of STPP)



Source: Exit status reports (Participants who entered and exited the STPP between Jul 2018 and Dec 2024)
Base: Total Sample, n=302.

Source: Exit status reports (Participants who entered and exited the STPP between Jul 2018 and Dec 2024)
Base: Total Sample, n=302.

The proportion of participants who entered and exited the STPP between July 2018 and December 2024 were:

- In stable accommodation: 51% At entry; 91% At exit.

Participants reported that the practical and financial support they received from the STPP to find or remain in safe and stable accommodation played an important role in establishing both physical and psychological safety. Some said that without this support they may have had no choice but to return to the situation where they were being exploited. Looking back, some described it as a major turning point in their lives, giving them a sense of hope and optimism about their future, and a belief that recovery from their ordeal might be possible.

Healing and feeling empowered to rebuild lives

Assessment of this outcome is based largely on qualitative interviews and written feedback from participants, supplemented by caseworkers' observations. There are no quantitative measures of participants' sense of empowerment.

Healing and rebuilding life was described by program participants as a holistic process, where feeling empowered through safety, support, respect and the development of practical skills enabled them to take control, build confidence and take steps to achieve their goals.

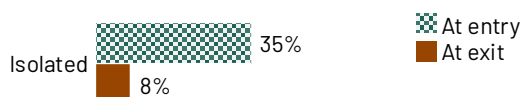
Although recovery is not linear, having basic needs met for food, shelter and accommodation also helped create the foundation for healing and recovery and was often described as an important first step towards re-building their lives. This was a particularly strong finding amongst those who had no social supports and a limited understanding of how to navigate services and systems prior to entering the program. The validation and reassurance they received from STPP staff also helped to create a sense of psychological safety and hope.

STPP participants often reported that being part of the program helped them to gain a sense of safety and control over their lives. According to many participants, being part of the STPP has helped to create a safe, stable environment and rebuild their trust in relationships, which were seen as essential for healing to take place. Reported enablers included being treated with respect and compassion by staff, not having to retell their stories, and being supported by caseworkers to identify their needs, goals and next steps.

Improved social connection

Goal-setting data show a significant reduction in the proportion of participants experiencing isolation between entry to and exit from the program.

Figure 3: Experiencing isolation (at entry and exit from STPP)



Source: Exit status reports (Participants who entered and exited the STPP between Jul 2018 and Dec 2024)
Base: Total Sample, n=302

Source: Exit status reports (Participants who entered and exited the STPP between Jul 2018 and Dec 2024)
Base: Total Sample, n=302.

The proportion of participants who entered and exited the STPP between July 2018 and December 2024 that were experiencing isolation between entry and exit from the program: 35% At entry; 8% At exit.

Qualitative feedback from participants and caseworkers suggest that participant goals for social connection vary widely. For instance, some actively seek to reconnect with cultural or spiritual communities, while others avoid this due to past harm.

Whilst reduction in isolation cannot be directly attributed to the STPP based on the available data, qualitative evidence suggests that the program plays an active and often central role in facilitating social connection. Participants described caseworkers as key sources of emotional support, trusted confidants. They reported that being part of the program made them feel less alone. This feeling of connection was attributed to regular contact and check-ins with their caseworkers.

Participants valued knowing that there was someone they could reach out to for advice, help or emotional support if they were feeling down. In some cases, having a strong and trusted relationship with their caseworker helped increase participants' confidence in dealing with other people, including other services.

Post-program outcomes

The data on post-program outcomes are somewhat limited. This includes a small sample of post-exit check-in data (n=47), four qualitative interviews with, and one written feedback form from, former participants as well as feedback from STPP caseworkers. These indicative data suggest mixed outcomes post-program, including challenges such as unmet expectations for housing and education, and distress during program transition.

From 1 July 2023, the Australian Red Cross introduced a new process where participants (if they consent and remain in Australia after exiting the program) are contacted at 3-, 6- and 12-months following exit from the support program to check in on their progress and outcomes. The intention of this follow-up contact is to ensure outcomes are being maintained and to address any risks of re-trafficking that may be identified. As this process commenced part way through the evaluation timeframe, data are only available for a minority of participants whose data informed this evaluation. However, it is notable that 40% of eligible participants participated in the post-exit process since its inception, suggesting that it will be a rich data source for analysis of sustained outcomes in the future.

Quote (Former STPP participant): "The federal police dropped the case. Then Red Cross finished. I had to walk out [of the hotel where I was staying]. I took a bag of clothes and a bed cover and slept on the streets... They said they could continue renting a place for \$200 a month [but I don't have work rights and am not eligible for Centrelink]. They provided an address for housing providers, I went to see them, but they only provide homes for people on permanent visa, and I was on a temporary visa."

Initial findings from the check-ins suggest a generally positive short-term trajectory for many participants, particularly in housing stability, mental health and community connection. However, financial independence remains a more difficult goal to achieve and sustain. Outcomes varied significantly, and it is not possible to determine from available data how much of the post-exit progress can be attributed directly to the program.

Caseworkers and participants further suggested that language barriers, complex health needs or insecure visa status can contribute to vulnerability post-exit, particularly if support ends before people are equipped to navigate systems independently or have challenges finding work or adequate or stable accommodation.

Of the four former participants who took part in qualitative interviews for this evaluation, two were financially independent and either studying or employed. However, the other two were facing crisis situations. In one case, a former participant was homeless after spending several months in a serviced hotel paid for by the STPP. They were no longer eligible to receive supports because the AFP had ceased the investigation into their case, their bridging visa was cancelled, and their immigration status was unresolved¹⁷. Addressing this circumstance within the STPP requires a change in program eligibility and the Australian visa framework, and will likely have considerable cost considerations. Modelling this change is outside the scope of this evaluation, and has been recommended as an area of future action for government.

There may also be support options outside the STPP.

Quote (STPP participant): "They made me feel I was not alone and that really made me feel secure and safe. (STPP participant)

They made sure I never felt alone throughout the process, constantly checking in and offering a safe space for me to share my feelings... They were there when I needed someone to talk to, and it gave me the confidence to keep going. (STPP participant)

The thing that I found helpful is that I got connected to other lived experience survivors... so I didn't feel isolated. We can understand each other... we all come from a place of pain... I love our facilitator as well... [What would be good is to] have some sort of peer support outside of the program, like people we can call on to come with to appointments. It should be able to go on beyond the life of STPP."

Case study 1: Priya

Priya* (*pseudonym) returned to Australia after a call from the AFP—bringing only her three-year-old son and a suitcase. She had no support network, no bank account, and little idea how to navigate life here.

¹⁷ The participant did not disclose during the interview whether they had been referred to a legal service for immigration matters while on the STPP.

The STPP helped with the basics—shelter, food, safety—but she quickly realised support was limited, especially for her son. A turning point came when another mother asked which preschool he attended. Until then, she hadn't known that was even an option. Although her caseworker referred her to Centrelink, it was other mums at the playground who helped her enrol him. She struggled to balance his medical needs with casual work and limited childcare. Despite being a qualified medical professional, her degree wasn't recognised in Australia. Early support gaps left her scrambling for information and fighting for access to care.

Today, her son is thriving. She's grateful for the caseworker's guidance and Australia's healthcare, but the ongoing AFP case and uncertain visa status still weigh heavily. The fear of being forced to leave, of uprooting her son from the life he's built, is constant. She's more confident now, but the future remains uncertain.

Quote: "I'm grateful for the support, but the uncertainty of how long this will last and what happens after is always hanging over me. I have to keep fighting for my son's future, but it's exhausting."

Pathway to STPP:

1. Returned to home overseas following experience of exploitation.
2. Contacted by AFP about an investigation into the exploitation.
3. Returned to Australia to assist with the investigation, with support of the STPP.

Feelings:

- On entry: Overwhelmed but relief at having immediate needs met; Supported by caseworker; Motivated by prospect of justice.
- After ISS: Sense of normalcy/routine with part-time work; Joy in seeing son thrive at childcare and then school; Frustration with navigating complex systems .
- Current: Anxiety about potential program exit and its impact on her and her son's stability; Frustration at not being able to make long term plans; Stability feels precarious.

Program goals & support

- Goals: Stability for herself and her son; Return to professional career; Son's long term medical and education needs met; Seeking justice.
- Support received: Initial accommodation; Letter of support for long-term lease agreement; Medicare card; Bank account set up; Referral to counsellor; Emotional and service navigation support.
- Monetary allowance: Short and Long Term Accommodation Allowances; Household Set-up Allowance; Counselling/Psychology Allowance; Dependents Allowance; Emergency items allowance.

Justice outcomes

The evaluation assessed one justice system outcome: People with HTMS experiences who elect to do so are supported to participate in the criminal justice process. Long term justice system outcomes were not able to be addressed with the participant dataset used in this evaluation (i.e. 2018 onwards).

Outcome 1c: People with HTMS experiences who elect to do so are supported to participate in the criminal justice process

Outcome 1c, Indicator 1: Number and proportion of people with HTMS experiences who participate in criminal justice processes

Table 21. Outcome 1c, Indicator 1, Outcomes identified in evaluation, Discussion of supporting evidence & Recommendations to strengthen

| Area | Detail |
|-----------------------------------|--|
| Outcomes identified in evaluation | <ul style="list-style-type: none"> A total of nine participants from July 2018 to Dec 2024 (3%) had their criminal justice process finalised (it is not clear from the program data how many resulted in convictions, and this evaluation did not receive these data from AFP), with their HTMS case proceeding to court. The STPP provider has noted that in addition to finalised criminal justice processes other criminal justice outcomes aided by the STPP include healing for people with HTMS experiences (via support to participant in criminal matters) and disruption and deterrence (via support to AFP activities). |
| Discussion of supporting evidence | <ul style="list-style-type: none"> The above data were supplied by the Red Cross. A 2021 report by the AIC provides further evidence of the high attrition rate of HTMS cases.¹⁸ |
| Recommendations to strengthen | <p>Design improvement</p> <ul style="list-style-type: none"> The low number of finalised criminal justice cases arising from the STPP participant cohort provides further support for arguments to reconsider criminal justice outcomes as the primary program rationale (i.e. condition for medium to long term support). Suggestions for decoupling of criminal justice outcomes and program eligibility do not infer that supporting criminal justice outcomes should not be an ongoing program function. This would also require a significant adjustment to Australia's visa framework and potentially has significant cost implications, and hence require governments to invest in a future policy process before determining a way forward. |

Outcome 1c, Indicator 2: Number and proportion of participants reporting positive experience with the criminal justice process

Table 22. Outcome 1c, Indicator 2, Outcomes identified in evaluation, Discussion of supporting evidence & Recommendations to strengthen

| Area | Detail |
|-----------------------------------|---|
| Outcomes identified in evaluation | <ul style="list-style-type: none"> Not determined. |

¹⁸ Lyneham S 2021. Attrition of human trafficking and slavery cases through the Australian criminal justice system. *Trends & issues in crime and criminal justice* no. 640. Canberra: Australian Institute of Criminology. <https://doi.org/10.52922/ti78443>

| Area | Detail |
|-----------------------------------|--|
| Discussion of supporting evidence | <ul style="list-style-type: none"> There are no quantitative data on whether STPP participants view criminal justice processes as an overall positive or negative experience. Qualitative data suggest that while achieving justice outcomes can be viewed as healing, positive experiences can be undermined by a sense of coercion (participating in justice outcomes is required if people are to have more than 90 days of support via the STPP), the combative nature of the process and uncertain timeframes. Among STPP participants who were consulted for the evaluation, some saw the attainment of criminal justice as a fundamental part of their healing journey. They stressed the responsibility they felt to do everything they could to prevent other people being exploited. However, the uncertainty and length of time associated with criminal matters often eroded positive experiences. Not knowing how long they would be able to access support for was a source of considerable stress for some participants, particularly if they were on a Bridging F Visa. Some described being in a state of 'limbo' while waiting for court dates and said it was hard to plan when their future depended on events they could not control. Participants also reported that concerns that being removed from the program before all their needs are met could adversely impact on their mental health. Some STPP participants felt that they needed to proceed with a criminal matter to access support (e.g. infers that the process is coercive). This was particularly true where visa status was contingent on cooperation. In contrast, criminal justice system involvement has reportedly been a deterrent to participation for people with experiences of forced marriage, especially minors, due to the relational nature of the harm and fear of family or community retaliation. Being removed from the STPP once a decision had been made not to progress with their case could leave people feeling that they were not worthy of support and that police and/or courts didn't believe what happened to them. This could be deeply re-traumatising. |
| Recommendations to strengthen | <p>Design improvement</p> <ul style="list-style-type: none"> Consider de-linking involvement in the criminal justice system and support provision due to the potential for this element to lead to the program doing harm. |

Outcome 1c, Indicator 3: Extent to which participants are supported to manage effects of the criminal justice system

Table 23. Outcome 1c, Indicator 3, Outcomes identified in evaluation, Discussion of supporting evidence & Recommendations to strengthen

| Area | Detail |
|-----------------------------------|---|
| Outcomes identified in evaluation | <ul style="list-style-type: none"> There is qualitative evidence to suggest that participants appreciated their caseworkers' support to participate in the justice process.¹⁹ |

¹⁹Assistance includes providing direct support during legal interactions, including caseworker presence in court and in meetings with AFP, caseworkers providing ongoing emotional support as needed when participants are navigating challenging issues related to the justice process, liaising and facilitating contact with AFP and Commonwealth Director of Public Prosecutions Witness Assistance Service, helping participants seek legal advice (service provider is not to provide legal advice to participants themselves), reiterating information about participant responsibilities and entitlements regarding the criminal justice process, providing financial support for justice engagement through an allowance to cover specific costs related to court proceedings, such as travel for the participant and childcare while they attend court or meetings with the Director of Public Prosecutions.

| Area | Detail |
|--|--|
| Discussion of supporting evidence | <ul style="list-style-type: none"> • There is no quantitative data on STPP participant experience with the criminal justice process, their level of trust in the process, or the extent to which they are supported to manage the effects. • Qualitative feedback from STPP participants suggests that they appreciate the emotional and practical support they receive from the program to engage with the AFP investigation and court process. However, there isn't quantitative data to suggest the extent to which this reduces the mental and physical effects of participating in the criminal justice system longer term. |
| Recommendations to strengthen | <p>Program improvement</p> <ul style="list-style-type: none"> • Seek structured, quantitative feedback on effects arising from criminal justice system involvement and satisfaction with STPP provider support for this. See discussion of this above. |

System learning:

The STPP reflects a program that is trying to achieve multiple aims within the system – criminal justice and healing outcomes. This evaluation has suggested that the two aims can align (seeking justice and preventing harm to others can be healing) but also be in conflict and do harm (where criminal justice system involvement is perceived as coercive or where the uncertainty associated with this detracts from healing). This issue should be considered holistically in the STPP design, and also in the evaluation of the National Action Plan to Combat Modern Slavery 2020-25

Cross cutting learning:

The impacts of criminal justice system involvement for people with trauma experiences is an emerging field of study, and relevant to several DSS policy areas. There are opportunities to better consider both problem and solution across the department.

Case study 2: Sam

Sam* (*pseudonym) arrived in Australia in 2021, seeking farm work to support his family back home. Instead, he endured a year of exploitation before the AFP brought him and friends to safety. Immensely grateful for the STPP, he was housed in a hotel and later a shared rental, with the program aiding in securing the lease and furnishings. Sam found community at a local church, volunteering in their fundraising efforts.

Now employed full-time as a kitchen hand and holding a driver's license, Sam proudly sends money home, to support his three children. He values his busy life and ability to provide. He doesn't want to dwell on the past and wants to make sure that the opportunities provided by the STPP and Australia aren't wasted.

The investigation is still going. It's taking a long time, but Sam has faith in the criminal justice system. He knows that when it finishes his visa will end. He's heard that some people can get another visa that allows them to stay and eventually have their kids come over too. Sam isn't sure that he'll get that, but he has to hope that he will. He doesn't like to think about what will happen if he has to leave Australia.

Quote: "The program has been incredible. Just having someone who listened and helped navigate everything made a huge difference. I don't feel so alone anymore."

Pathway to STPP:

1. Came to Australia to work on a farm.
2. AFP raided the farm and began investigation into exploitation.
3. AFP referred Sam to STPP.

Feelings:

- On entry: Surprised at the level of support; Worried about his friends who were in the same situation; Relieved; Rested.
- After ISS: Sense of duty to 'give back' to the community; Enjoys work; Grateful.

- Current: Pride in being able to send money home; Pride in assisting the AFP; Hopeful he'll be able to stay in Australia and bring his kids over.

Program goals & support

- Goals: Secure a pathway to remain in Australia; Reunite with children, give them a better life in Australia; Give back to the community.
- Support received: Initial hotel accommodation; Assistance securing long-term rental with friends; Referral to lawyer; English classes; Driver's licence; Support to find work.
- Monetary allowance: Short Term Accommodation Allowance

Program outcomes

The evaluation assessed one program outcome: DSS and the STPP and ARP providers support collaborative responses to modern slavery that are inclusive, trauma-informed and lived experience centred.

Outcome 1d: DSS and the STPP and ARP providers support collaborative responses to modern slavery that are inclusive, trauma-informed and lived experience centred

Outcome 1d, Indicator 1: The STPP response is trauma-informed and lived experience centred

Table 24. Outcome 1d, Indicator 1, Outcomes identified in evaluation, Discussion of supporting evidence & Recommendations to strengthen

| Area | Detail |
|-----------------------------------|---|
| Outcomes identified in evaluation | <ul style="list-style-type: none"> Stakeholder feedback suggests that the delivery of the current program is largely trauma-informed and lived experience centred – as far as it can be within its design. However, the design itself does not meet this standard. |
| Discussion of supporting evidence | <ul style="list-style-type: none"> The evidence for this indicator is qualitative, reflecting caseworker and participant feedback, as well as stakeholder input. Key aspects of STPP operations and casework practice are trauma-informed and lived experience centred. Participants reported that the program helped them to develop a sense of self-belief and agency, and that they were provided with choice regarding referral to other services (within the structural limits on service availability). They described feeling 'heard' and 'believed' by caseworkers which was linked to empowerment. However, the extent to which these aims are realised in practice varies. Instances where the program was reported not to be trauma-informed include where: caseworkers appeared to participants to lack understanding about their experiences and the impact of trauma on their lives, participants felt pressure to engage in the criminal justice process to maintain a visa and support, uncertainty about the duration of support created significant stress for participants and negatively impacted their mental health and recovery, cessation of support being re-traumatising, leaving participants feeling unworthy and disbelieved. A key issue for the program is transparency and choice (key trauma-informed principles) with respect to funding allocation. STPP funds are allocated by caseworkers, and the framework for this is not made available to participants. Participants reported that this can be a barrier to asking for help or receiving the right assistance and reinforce feelings of powerlessness. Stakeholders also argued that the time-limited structure of the STPP does not adequately align with meeting complex, long-term needs and fails to recognise the potentially non-linear, complex nature of healing. Beyond the initial 90-day ISS and the subsequent 20-working-day Transition Stream, continued participation in the STPP (via the JSS) typically requires active involvement in criminal justice matters. Individuals unwilling to engage with the justice system, or whose criminal proceedings have concluded or cannot proceed, will be exited from the program. A trauma-informed approach recognises that recovery is a complex, individual process that may not align with the pace or demands of a criminal investigation. |

| Area | Detail |
|-------------------------------|---|
| Recommendations to strengthen | <p>Program improvement</p> <ul style="list-style-type: none"> • Increase coaching and supervision as well as quality assurance for trauma-informed practice for caseworkers. • Increase transparency and agency for what funding is available to participants. • Monitor the impact of the post-exit surveys on the overall opportunities for participant feedback in ongoing program improvement. Initial signs are promising. • Include program administrative data in activity work plans to monitor whether early referrals are made to migration agents and/or legal officers to outline migration/visa options whether participating in criminal justice processes or not. Ensure that these interactions are tailored and include the appropriate assistance (e.g., interpreters) to ensure understanding of options and pathways. <p>Design improvement</p> <ul style="list-style-type: none"> • Remove criminal justice involvement as a requirement for eligibility (given the contribution of this to doing harm). Related to this, transition from a time-limited model to a needs-based model. • Consider adoption of a peer support delivery model, in addition to case management. Peer support delivered during the program also has the potential to sustain after participants have left the program. • Increase opportunities for lived experience to guide program design and delivery, including through best practice peer support models. |

Cross cutting learning:

In the experience of the evaluator, the role of peer support delivery models and lived experience involvement in policy and program design and delivery is increasingly expected. A departmental position on best practice would support a uniform approach across diverse policy areas such as the NDIS, support for people with forced adoption or intercountry adoption experiences, Transition to Independent Living Allowance (TILA) program, the National Redress Scheme, to name just a few.

Implementation advice:

A key stakeholder criticism of the STPP is that it has not effectively incorporated lived experience voices in design and delivery. In addition, future design will need to prioritise a number of policy aims sitting in different government agencies (e.g. criminal justice in the AFP, immigration in the Department of Home Affairs, overall HTMS in the Attorney-General's Department). We suggest that whilst this evaluation has identified opportunities for program strengthening, these are unlikely to have buy-in if they are not deliberated as part of a transparent co-design process.

System / cross cutting learning:

The STPP is an example of a program where achieving outcomes for participants is complicated by the need to work across multiple service settings and a federated service delivery system. Considering mechanisms for coordination such as a national framework that sets expectations and service delivery standards may support progress. However, this challenge relates to many DSS policy areas, and testing solutions in different contexts and applying the learnings across the department may fast track improvement.

Outcome 1d, Indicator 2: There is effective collaboration between stakeholders

Table 25. Outcome 1d, Indicator 2, Outcomes identified in evaluation, Discussion of supporting evidence & Recommendations to strengthen

| Area | Detail |
|-----------------------------------|---|
| Outcomes identified in evaluation | <ul style="list-style-type: none"> • There is qualitative evidence for effective collaboration between organisations who deliver the STPP and ARP. Stakeholder reporting suggested that there isn't effective collaboration in the broader service sector with respect to HTMS, in terms of referring into the STPP and referring from the STPP. |

| Area | Detail |
|---|---|
| <p>Discussion of supporting evidence</p> | <ul style="list-style-type: none"> • Findings for this outcome reflect qualitative reports by stakeholders. Stakeholders recognised the importance of strong networks and collaboration between multiple organisations for the STPP to work effectively. Conscious efforts have been made to build partnerships between the AFP, the STPP service provider, the ARP lead and consortium partners. The parties reported that for the most part these relationships work well, although there are some inefficiencies and instances of duplication/lack of role clarity. The latter are further discussed in the efficiency section below. • The STPP provider reported having a good network of organisations to whom they can refer, although reported that there are system limits, particularly with respect to service availability, including for accommodation, mental health support and legal advice. • The STPP and ARP providers promote their programs through jurisdictional Modern Slavery and Forced Marriage Network meetings, emails and community events. However, they also reported that lack of understanding of HTMS and their programs in the broader system limit the extent to which identification and referral can occur. |
| <p>Recommendations to strengthen</p> | <p>Program strengthening</p> <ul style="list-style-type: none"> • Efficiency questions are dealt with in the next section. <p>System strengthening</p> <ul style="list-style-type: none"> • Develop a national framework for HTMS service delivery outlining aspirations and mechanisms for improving joined-up service delivery. This could fall under the auspice of the <i>National Action Plan</i> but would require a governance structure that included all governmental jurisdictions. |

Quote (Current/former program participant): "I think they do a really good job of addressing people's immediate needs but they shouldn't release people from the program until they have reached stability."

Quote (Current/former program participant): "People's needs are different...but the support is very uniform...some people might need support for legal, but don't need the education. But you can't spend the \$1,000 on education or lawyer. There isn't the flexibility."

Quote (Current/former program participant): "When I arrived in Australia, I didn't have the word for trafficking... I didn't have a name for it. I knew I was in a very bad situation, but I didn't know it was trafficking until later. I wasn't ready to pursue the case at first because I didn't know how the law works in Australia...took several months to get the courage to report the case to police. They called in The Salvation Army, who identified it as trafficking, and they referred me to AFP and Red Cross."

Quote (Current/former program participant): "For the first time in my life, I felt like I was believed and that what had happened to me was true. This was a life-changing moment for me."

Quote (Current/former program participant): "The other thing I really like about it is that they are really empathetic and understanding. Whatever is included in the program, they never make it difficult to access."

Quote (Current/former program participant): "Case managers at Red Cross operate a bit differently to [other services that] want to know your story. At Red Cross they don't know your story or understand your needs very well. Some of the things they say are triggering. It feels like they say things that are a bit judgemental. It would be helpful if they know more about your story."

Quote (Current/former program participant): "I have no idea how the case is progressing. This is very stressful. I don't know what is happening...If the AFP drops my case, I'll be out of the program. This is scary for me. This is the reason I get anxious very often...there's a lot of uncertainty in my life and I can't move on."



Outcome 1d, Indicator 3: The needs of all participants are met

In assessing this indicator, we are interested in variation in the experiences of STPP participants based on their different circumstances or demographic characteristics. See *Outcome 1b, Indicator 3: Increase in needs met by the STPP* for assessment of the extent to which the needs of the overall cohort of participants have been met.

Table 26. Outcome 1d. Indicator 3: Outcomes identified in evaluation, Discussion of supporting evidence & Recommendations to strengthen

| Area | Detail |
|--|--|
| Outcomes identified in evaluation | <ul style="list-style-type: none"> Qualitative evidence suggests that the program is less well suited to meeting complex mental health and addiction needs, needs over time, and the needs of children. |
| Discussion of supporting evidence | <ul style="list-style-type: none"> Complex mental health/addiction needs. The ARP has reportedly increased the extent to which people with complex or undiagnosed mental health needs are referred to the STPP, with implications for service design and providing informed consent to enter criminal justice pathways. We discuss this further in the ARP section below. Needs over time. Not all participants readily engage with the STPP and can take time to build trust. There can be psychological barriers to participants asking for and accepting help (e.g. due to shame and low self-esteem associated with the trauma experience). In addition, healing is a complex process, and needs can change over time. The time-limited nature of the Intensive Support Stream may inadvertently pressure participants to progress faster than they are emotionally prepared for, potentially hindering their healing process. Needs of children. The current design of the STPP does not sufficiently recognise children as people with HTMS experiences in their own right (either as dependents, or as program participants). The program eligibility criteria, its focus on meeting the needs of the protective parent rather than child, the inability of dependent children to access casework, the unsuitability of the allowance framework to children's needs and with caseworker skills/experience not reflecting the needs of children and lack of appropriate data collection. Additional complexities include difficulties referring to external services without parental consent and the practical difficulties of engaging overstretched agencies such as child protection services in multiple jurisdictions. The STPP provider has invested in independent research and made recommendations for addressing the needs of children.²⁰ |
| Recommendations to strengthen | <p>Program improvement</p> <ul style="list-style-type: none"> Adapt caseworker practice support and skills mix (e.g. considering hiring psychologists and other mental health practitioners) to meet the needs of participants with complex mental health and addiction needs. <p>Design improvement</p> <ul style="list-style-type: none"> Explore adoption of a needs-based program model as an alternative to eligibility based on criminal justice system involvement. The evaluators note that if this is the case, another 'rationing' mechanism may need to be considered to support program sustainability. Several recommendations to improve support to children were made in a 2023 detailed report on support of the dependants of victim-survivors of modern slavery in Australia. Government has responded to some of those recommendations (e.g. changes to the STPP allowance framework) but other elements of government's response are unknown to this evaluation. We recommend that the government formally respond to this report in full. |

²⁰ These issues and others are discussed in detail in: Chazal, N. (2023). *Hidden Victims, Intergenerational Trauma: Supporting the Dependents of Modern Slavery Victim-survivors in Australia*. University of South Australia.

System learning:

Lack of knowledge about HTMS in the community and service sector has been identified as a consistent barrier to identifying and responding to people with HTMS experiences. Lack of capacity in the broader service sector (notably for mental health and accommodation) is a barrier to meeting the needs of STPP participants.

Cross cutting learnings:

1. Limits in system ability to meet the needs of children and young people due to questions of consent, intersections with child protection services, and lack of tailored available services in the broader system is a pressing issue across DSS policy topics and program areas. A department-wide position for addressing this and a joined-up focus for addressing the issue will likely support more effective action.
2. Issues of access related to visa status apply to other DSS programs. Similarly to the above, a cross-departmental and cross-government position on addressing this would help promote improved service access and equity

Outcome 1d, Indicator 4: Extent to which STPP is evidence-based and contributes to HTMS system data

Table 27. Outcome 1d, Indicator 4: Outcomes identified in evaluation, Discussion of supporting evidence & Recommendations to strengthen

| Area | Detail |
|-----------------------------------|---|
| Outcomes identified in evaluation | <ul style="list-style-type: none">• Analysis of the STPP's design against the evidence for effectiveness suggests that the program can largely claim to be evidence-based. |
| Discussion of supporting evidence | <ul style="list-style-type: none">• Many aspects of the STPP's design reflect the evidence for best or better practice.²¹ This includes its case management approach. However, other aspects of program design show less evidence for effectiveness – this includes alignment of program access to criminal justice system involvement, and lack of a specific program for children.• The STPP's contribution to data for program measurement and understanding of HTMS in Australia has been limited. This includes: a program dataset that supports casework but not measurement of participant outcomes, service utilisation, enquiry outcomes, cost-effectiveness and impact; limited opportunities for STPP participants to provide feedback on their experiences. These areas represent opportunities for improvement.• The STPP <i>contributes to datasets</i> related to HTMS in Australia. De-identified participant information is shared with government agencies and external organisations for reporting, evaluation, research and service improvement, including:<ul style="list-style-type: none">– contribution to the Human Trafficking and Modern Slavery National Minimum Dataset– 2024 United Nations Office on Drugs and Crime Trafficking in Persons Report– quarterly reports provided to DSS, the Operational Working Group and the Interdepartmental Committee inform policy and program improvement discussion and ad hoc reports to Senate committees. These reports contain data about demographic factors, critical incidents, issues impacting program management, funding and policy. |

²¹ See KEQ3b. To what extent is the STPP consistent with the international principles and evidence regarding support for people with experience of HTMS and international programs?

| Area | Detail |
|-------------------------------|---|
| Recommendations to strengthen | <p>Program improvement</p> <ul style="list-style-type: none"> Improvements in STPP data collection with respect to impact measurement and participant feedback would further be expected to improve the STPP's contribution to HTMS system data collection. Potential improvements include: <ul style="list-style-type: none"> collecting feedback and impact measurement data from the perspectives of participants adapting data collection at program exit to better support program improvement (e.g. measure participants' satisfaction with specific supports provided, perceptions of the appropriateness and quality of service they received and the extent to which the program met their needs in each domain of support). Improve program data linkage to facilitate more powerful analysis of the impact of service provision. Specific data to link includes: <ul style="list-style-type: none"> referrals to external organisations dates and details of casework sessions expenditure data entry and exit reports post exit surveys participant feedback participant administrative records. Coordinate with the department and ARP lead and consortium partners to standardise expectations of data collection and develop shared data dictionaries and a shared outcomes measurement framework. Establish data linkage between the STPP and ARP providers to connect data on enquiries to STPP administrative records to facilitate analysis of enquiries mechanisms. |

Community outcomes

Outcome 1e: People are aware of the STPP

Outcome 1e, Indicator 1. A high proportion of community organisations are aware of the STPP

Table 28. Outcome 1e, Indicator 1: Outcomes identified in evaluation, Discussion of supporting evidence & Recommendations to strengthen

| Area | Detail |
|-----------------------------------|---|
| Outcomes identified in evaluation | <ul style="list-style-type: none"> There is low awareness of STPP. There is no quantitative evidence for awareness of the ARP. |
| Discussion of supporting evidence | <ul style="list-style-type: none"> Results of the 2023 Australian Institute of Criminology survey on community awareness of modern slavery in Australia²² and insights provided by stakeholders interviewed for this evaluation indicate that while there is some evidence of increasing general awareness of HTMS indicators in Australia, awareness of the STPP and ARP remain low. According to the 2023 survey: <ul style="list-style-type: none"> 6% of the total weighted sample of 4,997 respondents reported being aware of the STPP younger respondents were significantly more likely to be aware of the STPP compared to older respondents CALD respondents were significantly more likely to have heard of the STPP compared to non-CALD respondents. The Australian Institute of Criminology community awareness survey did not include the ARP in the list of government initiatives put to respondents (the ARP had not commenced at the time). |

²² (Australian Institute of Criminology, 2024) – not yet published; provided in confidence for this evaluation

| Area | Detail |
|-------------------------------|--|
| Recommendations to strengthen | <p>System improvement</p> <ul style="list-style-type: none"> Increase community awareness of the STPP and ARP through targeted social marketing. This work could fall under the auspices of the <i>National Action Plan</i> and responsibility could lie with AGD. |

Outcome 1f: People know how to recognise risks, safely respond or seek support when they witness or experience HTMS

Outcome 1f, Indicator 1. Increased community awareness of HTMS

Table 29. Outcome 1f, Indicator 1: Outcomes identified in evaluation, Discussion of supporting evidence & Recommendations to strengthen

| Area | Detail |
|-----------------------------------|---|
| Outcomes identified in evaluation | <ul style="list-style-type: none"> There is low awareness of how to recognise risks, safely respond or seek support when they witness or experience HTMS. |
| Discussion of supporting evidence | <ul style="list-style-type: none"> The 2023 Australian Institute of Criminology community awareness survey found that respondents were generally aware of common types of HTMS offences and high-risk industries. Awareness and understanding of labour exploitation indicators were most identified by respondents. Detailed awareness of specific risks, behaviours, practices (beyond general understanding) and available response mechanisms remains low. |
| Recommendations to strengthen | <p>System improvement</p> <ul style="list-style-type: none"> Increase community awareness of the STPP and ARP and how to access the programs to support improved referral to the STPP. |

Outcome 1g: Civil society and other HTMS/FDSV community providers comprehend the STPP and the scope of services

Outcome 1g, Indicator 1 Increased civil society and other HTMS/FDSV community provider understanding of STPP scope of services

Table 30. Outcome 1g, Indicator 1: Outcomes identified in evaluation, Discussion of supporting evidence & Recommendations to strengthen

| Area | Detail |
|-----------------------------------|--|
| Outcomes identified in evaluation | <ul style="list-style-type: none"> Stakeholders reported generally poor understanding of the STPP outside organisations immediately involved in the HTMS sector or with the STPP provider. |
| Discussion of supporting evidence | <ul style="list-style-type: none"> Quantitative data regarding the extent to which civil society and other HTMS/FDSV community providers understand the STPP does not exist. Stakeholders reported that awareness of the STPP is generally low among community providers in related sectors. Funding mechanisms for state-based universal services typically do not facilitate specific budgets or frameworks for modern slavery. This hinders identification and referral |
| Recommendations to strengthen | <ul style="list-style-type: none"> Explore opportunities to improve training and awareness-raising initiatives across the service landscape using existing infrastructure. Potential opportunities may mirror those being used to improve responses to family, domestic and sexual violence.²³ |

²³ For example: [Training and resources for health professionals in responding to family, domestic and sexual violence](#) | Australian Government Department of Health and Aged Care

2. STPP – Efficiency

KEQ2. Has the STPP been delivered efficiently?

Sub-questions:

KEQ2a. To what extent does the funding model of the STPP efficiently meet program operational and delivery needs?

KEQ2b. Are there areas to improve administrative efficiency for the STPP?

Summary findings

The current STPP funding model is opaque, limiting the ability of the evaluation to make judgements on efficiency. Whilst the DSS financial contribution and funding for the STPP and ARP providers is clear, there is no evidence for the AFP and Department of Home Affairs' financial contribution (in terms of fulfilling their roles in referring people to STPP / undertaking the criminal justice process and administering the visa arrangements for STPP clients, respectively).

STPP expenditure per participant varies significantly depending on duration on program, needs, visa type, family composition, and impact of trauma among other factors. The funding structure of STPP is not currently modelled in a way that reflects this complexity or is responsive to changes in needs etc. of the caseload. Whilst the STPP provider collects detailed data on participant expenditure, these data cannot currently be linked to other participant data, such as entry and exit reports, and without better data linkage, it is not possible to model resource requirements for program delivery to different cohorts. The absence of modelling does not support forward business planning and a focus on efficient delivery.

In recent years, spending per participant has increased significantly due to the changes to the delivery model (increase from 45 days of intensive support to 90 days for all participants with access to short term accommodation and living allowance), amendments to the allowances framework (including dependents allowance, ongoing living allowance in certain circumstances, increase of the cost per night for short term accommodation, flexibility in using some of the allowances that originally were established for clients on the Justice Support Stream only) and increased needs for dental work, detox programs and mental health treatments in private facilities. Given the data suggest a potentially changing profile for the STPP participant profile, it will be important to have good financial data for flexibility and to develop needs-based models.

With respect to improving efficiency, there are three key opportunities: develop role clarity and reduce duplication between the STPP provider, DSS and AFP; streamline the participant funding allocation process through promoting a more detailed decision-making framework, increased flexibility to tailor the allocation framework to meet the needs of different participants; and improve data collection to promote business planning as well as outcomes.

Findings

KEQ2a. To what extent does the funding model of the STPP efficiently meet program operational and delivery needs?

The STPP is a demand-driven model, with the Australian Red Cross required to support all participants referred by the AFP and via the ARP.

The overall current level of funding for the STPP was not available to the evaluation team. The STPP requires resources across several organisations: DSS, the AFP, the Department of Home Affairs and STPP provider. Only DSS inputs and level of funding to the STPP provider were made available to the evaluation (this is detailed below). The resources required by the AFP and Home Affairs to fulfil their relevant duties are unknown to this evaluation.

DSS have four full-time equivalent staff who contribute to the management of the STPP, ARP and Forced Marriage Specialist Support Program. This is in addition to funding of approximately \$7 million for the STPP and ARP providers in the most recent financial year, as per the grant agreement for those programs.

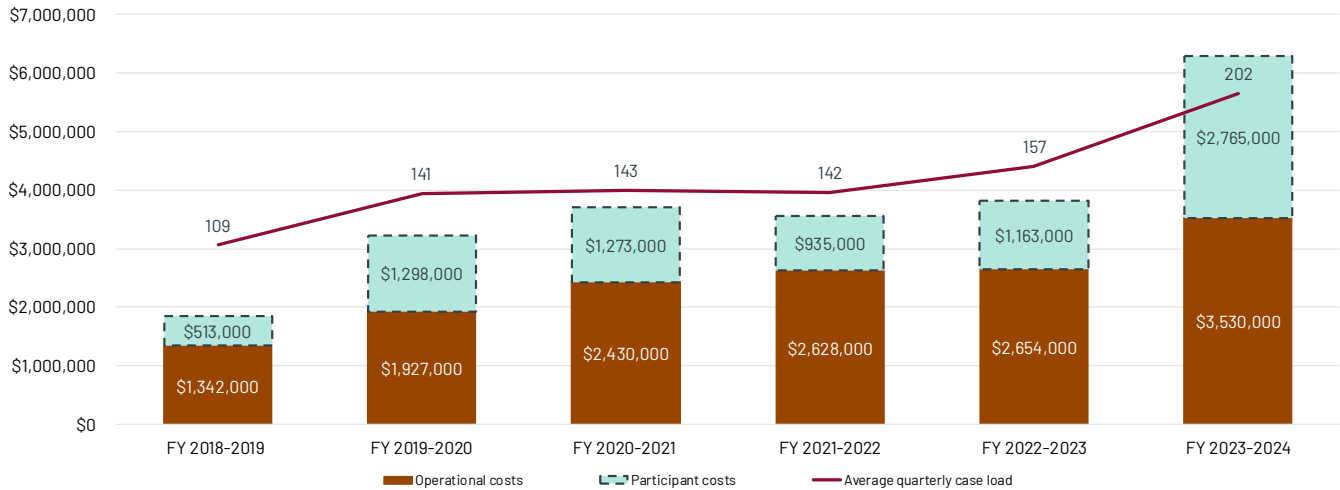
In 2023-24, funding to the STPP provider increased to \$6.506 million for the financial year. Of note:

- both participant and operational costs have grown over time
- operational costs have increased approximately in proportion to the caseload, whereas participant costs have

grown more substantially in the most recent financial year (and now represent 44% of total expenditure)

- the recent growth in participant costs has been driven by several factors (including changes to program design):
 - the move from the assessment stream to the ISS doubled the duration of support for some participants
 - the program now provides ongoing living allowance for people that are not eligible for Centrelink and with no working rights on their visa
 - adjustments to the allowance framework
 - large increases in financial support for short-term accommodation and living allowances

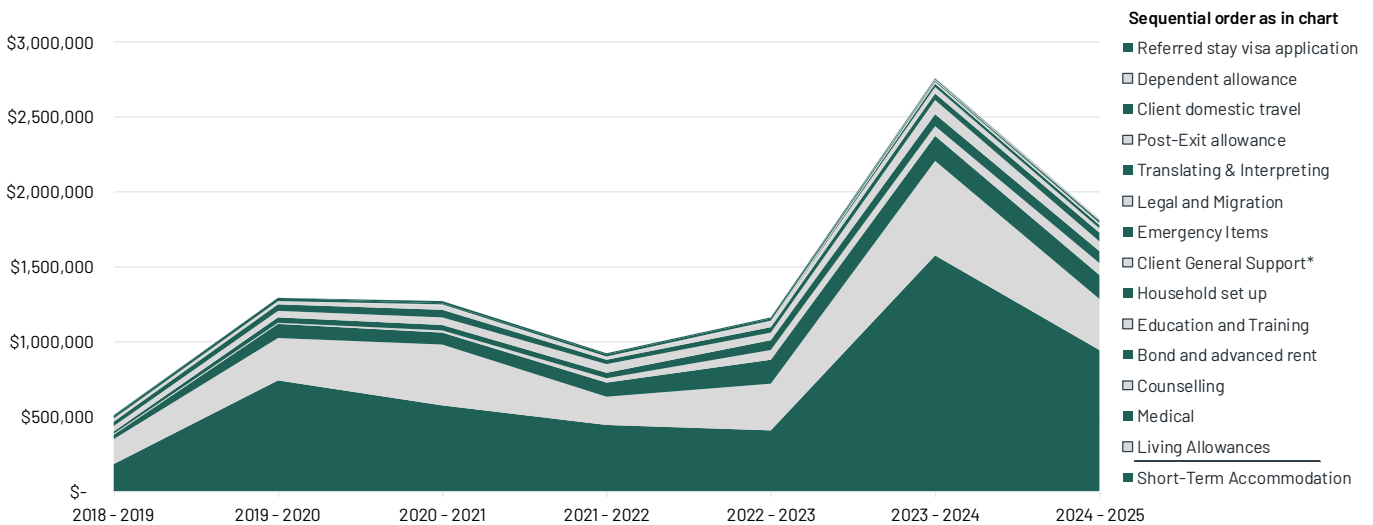
Figure 4: Operational and participant expenditure and average caseload, FY2018-19 to FY2023-24



Source: STPP data. Operational and participant expenditure and average caseload, FY2018-19 to FY2023-24

Source: STPP data. Operational and participant expenditure and average caseload, FY2018-19 to FY2023-24

Figure 5: Participant expenditure by category, FY2018-19 to FY2023-24



Source: STPP data. Participant expenditure by category, FY2018-19 to FY2023-24

Source: STPP data. Participant expenditure by category, FY2018-19 to FY2023-24

The financial data for individual participant cases provided by the STPP provider was unable to be linked to other participant data. This, combined with the very individual needs of the STPP participant population, means that the evaluation is limited in the extent to which it can judge whether delivery has been efficient.

Lack of modelling poses a risk for program flexibility. The introduction of the ARP has led to a changing participant cohort that the current program has (reportedly) struggled to adapt to, given constraints imposed by the program design (for example, some of the clients that have been referred through the ARP have presented with significant and complex needs that require more time to stabilise, even with support, than is available on the Intensive Support Stream. The introduction of the Forced Marriage Specialist Support Program and the evolving HTMS sector may lead to further changes in the

volume of referrals and the support needs of the overall participant caseload. In addition, a shift away from criminal justice system involvement as a 'gateway' to determining eligibility means that careful planning will be required for program sustainability. A data-driven approach to modelling the investment needed to meet different participant profiles and needs will likely be required to build an investment case for change. In addition, good business practice suggests that average spend per participant should be tracked in quarterly reporting.

KEQ2b. Are there areas to improve administrative efficiency for the STPP?

Stakeholders reported several areas of administrative inefficiency for the STPP associated with lack of role clarity and managing relationships between the different agencies involved in delivery, including:

- managing the uncertainty associated with cases where participants are on the Intensive Support Stream, and it is not clear whether a criminal investigation or access to the Justice Support Stream (and potentially ongoing visa access) will eventuate. Uncertainty of program tenure limits caseworkers' ability to plan support delivery in an efficient manner (for example, a requirement for short-term accommodation that sustains for a long period of time increases costs).
- making decisions on expenditure, which can require escalation from STPP caseworkers to the National Office and DSS and where meeting participant needs is undermined by a funding allocation model that is not geared towards needs-based support.²⁴

Each of these instances reportedly leads to unnecessary friction, however, each has a different solution:

- consensus should be reached regarding safety planning for people accessing the STPP via the ARP
- streamlining processes that have built up over time with respect to the STPP and criminal justice system involvement
- shifting to a funding allocation model for participants based on tiers of need with clear rules for making decisions, reducing the inefficiencies associated with current decision-making.²⁵

Cross cutting learning

DSS funds numerous programs and grants involving delivery of case work to vulnerable people. A norms database of cost to deliver would support the department to better monitor efficiency on an ongoing basis.

3. STPP - Appropriateness

KEQ3. Is the design of the STPP appropriately aligned with best practice?

Sub-questions:

KEQ3a. To what extent is the STPP aligned with victim support principles under the *National Action Plan to Combat Human Trafficking and Slavery 2020-25*?

KEQ3b. To what extent is the STPP consistent with the international principles and evidence regarding support for people with experience of HTMS and international programs?

²⁴Stakeholders described a process characterised by micro decisions, for example, around requests for additional expenditure that requires action from multiple agencies (although it is important to note that additional funding is provided solely at the discretion of DSS).

²⁵The financial needs of participants within the STPP are highly variable due to factors such as mental and physical health needs, financial and other resources available to the participant beyond the STPP, the presence and needs of dependants, visa status and access to other support services, level of engagement with the program, capacity and willingness to voice needs and length of time on the program. Caseworkers report that they have some participants who primarily require systems navigation and social and emotional support throughout their time on the program, with little need to utilise monetary allowances or request additional funding. On the other hand, they report having others who have intensive urgent needs with costs attached (e.g. accommodation, disability-related needs) and often no access to government funding due to visa status, which means heavier reliance on STPP allowances to meet their needs. This suggests that set amounts per person per category of need (e.g. accommodation or medical) may not be the optimal way of distributing funds to areas of diverse need within a highly diverse population.

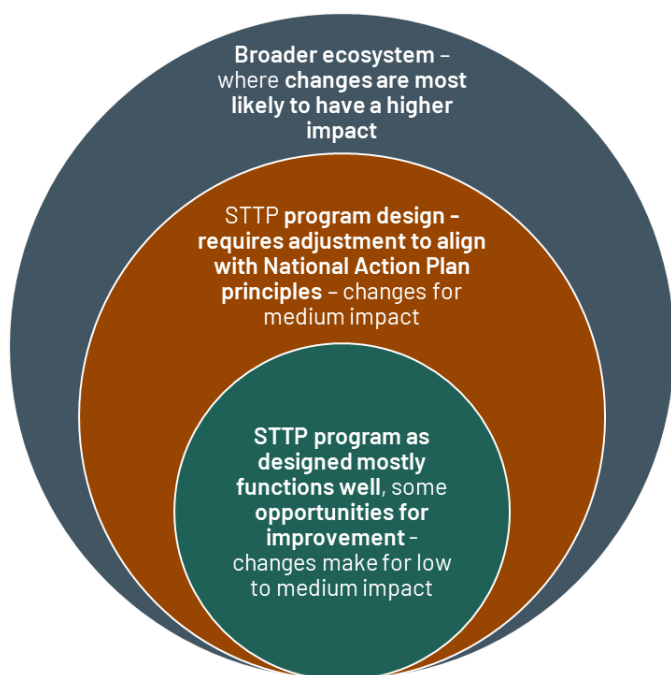
Summary findings

The STPP is only partly aligned with the victim support principles in the National Action Plan. Change is needed across STPP operation and design, and to the broader HTMS system to support better alignment. The STPP is partly aligned with international good practice. Australia does not perform as well as some other countries with respect to the requirement for criminal justice involvement to receive medium-long term support and a coordinated approach to addressing HTMS experiences. (The UK, for instance offers a 'better practice' model for person-centred design.)

Overall, while the STPP demonstrates positive evolution and partial alignment with domestic and international good practice, further policy and structural reform is needed for full consistency with Australia's stated commitments to victim-centred, trauma-informed and rights-based approaches. The evaluation has identified several opportunities for strengthening:

- redefining and operationalising victim support principles in the National Action Plan to support clearer alignment and accountability
- reforming STPP eligibility criteria and support duration to reflect a participant-centred needs-based model
- removing reliance on criminal justice cooperation for ongoing support and visa access
- addressing gaps in the broader service system, including lack of child-specific services, long-term case management, and recovery-oriented care (service availability) as well as barriers due to the current visa framework
- embedding the voices of people with HTMS experiences more directly in both program delivery and system design.

Figure 6: Internal and external opportunities for improvement



Whilst adjusting program delivery is likely to improve performance against the principles, design and system environmental levers are likely to achieve most change. However, magnitude of change impact also reflects the ease and investment required to achieve this.

This evaluation has suggested that a co-design process with government and people with HTMS experiences is required to resolve the issues. This should consider other person-centred models of support (for instance, offering a 'budget over time' rather than constraining type of spending or timeframe for spending, or a triage model that supports more funding being directed to those in need).

Findings

KEQ3a. To what extent is the STPP aligned with victim support principles under the *National Action Plan to Combat Human Trafficking and Slavery 2020-25*?²⁶

The STPP model was originally developed to support criminal justice outcomes and has been adapted over time to better meet the needs of people with HTMS experiences. Changes have included developing the ARP and increasing the time allowed on the Intensive Support Stream without criminal justice involvement, and introduction of a separate forced marriage program reflecting the specialist needs of this cohort.

However, when judged against the guiding principles laid out in the *National Action Plan to Combat Human Trafficking and Modern Slavery 2020-25*, the program achieves low-medium alignment.²⁷ This assessment reflects:

- gaps in the broader service system
- opportunities to improve program design (especially with respect to eligibility and timeframes for support).

The section below addresses the extent to which the STPP is aligned to each principle. The following assessment scale was used:

Table 31.

| Low alignment | Medium alignment | High alignment |
|---|---|---|
| Indicates significant gaps or inconsistencies between the STPP and the principle. The program may address the principle in a limited way or not at all. There may be substantial barriers or challenges hindering alignment. The program likely requires significant changes to achieve better alignment. | Suggests partial alignment with the principle. The program addresses the principle to some extent, but there are notable gaps or areas for improvement. There may be a mix of strengths and weaknesses in how the program reflects the principle. Moderate changes or adjustments are likely needed to enhance alignment. | Indicates strong alignment between the STPP and the principle. The program effectively addresses the principle in a comprehensive and consistent manner. There may be minor gaps or areas for refinement, but overall, the program demonstrates a strong implementation of the principle. |

When reading this, it should be remembered that the STPP is only one aspect of Australia's response to HTMS, and that this section addresses the STPP, rather than Australia's overall effort.

²⁶ (Attorney-General's Department, 2020)

²⁷ We note that a key issue for making assessments against the principles is that they are not discrete or well defined.

Table 32. Alignment with National Action Plan

| Principles | To what extent it is provided in the STPP |
|---|--|
| <p>Principle 1. Australia responds to modern slavery in a manner that is comprehensive, effective, timely, coordinated and consistent with our international obligations</p> | <p>Principle 1 - medium alignment</p> <ul style="list-style-type: none"> • The STPP contributes to Australia’s response to modern slavery by providing direct short- to medium-term support to some people with HTMS experiences. It is primarily a crisis response service with some support for healing and recovery. • Comprehensive: The STPP is comprehensive in that it addresses many forms of HTMS²⁸ and provides support to access a range of services, including physical and mental health, education and employment and migration. However, the narrow eligibility criteria for the program, the extent to which mainstream services are available to STPP participants, and timeframes for support limit comprehensiveness. • Timely: The STPP is timely in that once a potential participant has been defined as eligible, they are very quickly connected to the program and provided with support (median time of two days). However, claims as to timeliness also need to be considered within the broader system response and need for improved prevention and early intervention (identifying and supporting people with potential or actual HTMS experiences before they require a crisis response). • Coordinated: The STPP is coordinated in that it involves collective efforts from DSS (national policy responsibility and program funding), the AFP (responsible for the investigation of HTMS-related criminal offences), the Department of Home Affairs (migration policy responsibility and granting visas) and the STPP service provider. At service delivery level, there are practice-based relationships between the STPP provider and other sectors, including child protection services and police. However, challenges were reported in coordinating services between the STPP and state/territory-based services including variability across jurisdictions. The STPP provider works closely with civil society organisations including community legal centres, non-government organisation victim support programs, and national charities delivering material and social support. Whilst there are opportunities to improve the efficiency of inter-organisation interactions and resolve competing policy tensions, these organisations were for the most part observed to have high-functioning relationships around delivering the STPP, characterised by shared values in supporting people with HTMS experiences. The STPP is further coordinated in that it is a focus for the intergovernmental Operational Working Group on Human Trafficking and Slavery. • International obligations are addressed below. |
| <p>Principle 2: Australia addresses the unique needs of women and children, who are disproportionately affected by modern slavery</p> | <p>Principle 2 - medium alignment</p> <ul style="list-style-type: none"> • The STPP policy framework recognises the gendered nature of modern slavery. This is reflected in the development of a specialised separate program addressing the needs of people with forced marriage experiences, and STPP participant demographic profiles, which skew towards women and girls. • However, there are limits on the extent to which the STPP has the ability to target gendered forms of HTMS (e.g. sexual exploitation, domestic servitude, forced marriage). This focus is determined outside the program, and by the enforcement focus of the AFP and Australian Border Force, and the policy and legislative focus of the Australian Government. For instance, this is reflected in the recent increase in participants with experience of the Pacific Australia Labour Mobility visa scheme. • In addition, the program does not currently meet the needs of children as people with HTMS experiences in their own right, with potentially severe impacts for this cohort and their protective parents. This shortcoming is intended to be partly addressed through implementation of the Forced Marriage Specialist Support Program but remains a focus for future program strengthening. |

²⁸As defined in Divisions 270 and 271 of the Criminal Code (Criminal Code Act, 1995)

| Principles | To what extent it is provided in the STPP |
|--|--|
| <p>Principle 3: Australia maintains a strong deterrence framework which promotes investigations, prosecutions and the enforcement of civil sanctions, and penalises offenders to the full extent of the law</p> | <p>Principle 3 – low alignment</p> <ul style="list-style-type: none"> • The STPP contributes to the aims of Principle 3 by providing support that enables people with HTMS experiences to participate in the criminal justice process. However, program data suggest that criminal justice outcomes are infrequent. Research undertaken by the AIC suggests that attrition of HTMS cases is largely unrelated to the STPP. • Other systems elements (e.g. prevention, early intervention and other justice system responses) would be expected to have a greater impact on alignment. |

| Principles | To what extent it is provided in the STPP |
|--|--|
| <p>Principle 4: Australia provides holistic, gender-sensitive, culturally responsive, trauma-informed, victim-centred protection and support to all victims and survivors of modern slavery</p> | <p>Principle 4 – low alignment</p> <ul style="list-style-type: none"> • Aligning the STPP with Principle 4 currently presents a tension, as (in the main) limiting access to the STPP to people with HTMS experiences who are involved in criminal matters also limits the extent to which this can provide ‘holistic, gender-sensitive, culturally responsive, trauma-informed, victim-centred protection and support to all victims and survivors of modern slavery’. The need to address this tension is a key finding of this evaluation. • Holistic: The STPP is holistic in that the resources it provides are relatively wide-ranging. This includes immediate crisis support as well as addressing participant overall wellbeing, and physical, emotional, social, economic, justice/legal and cultural needs. However, as mentioned above against comprehensiveness, there are limits related to prevention and early intervention, eligibility and service availability, and the extent to which the program promotes self-determination. An issue requiring resolution is supports for people who do not wish to be involved in criminal matters, and who have low system trust (this appears to only partly being met via the ARP). In addition, evaluation findings suggest that the program is better at meeting rapid response needs than other needs and has key limitations in cases where a participant’s visa status is uncertain. • Gender-sensitive addressed above in Principle 2. • Culturally responsive: The STPP is broadly culturally responsive in that the STPP practice framework and staff training and resources support this, as well as having a high proportion of caseworkers with multicultural backgrounds. Caseworkers present as curious and non-judgemental in meeting participant needs. However, there can be limitations in accessing interpreter services (due to limitations in the availability of interpreters). There are also opportunities to further improve the extent to which the STPP model reflects where systemic bias and discrimination may impact on access. This includes the role of stigma and language/digital divide barriers in identification and referral, shame as a barrier to help-seeking, and further recognising the diversity of individuals who have experienced exploitation. • Victim-centred: The STPP is victim-centred in that caseworkers tailor supports to the needs of participants. The types of supports that are made available through the STPP are based on participants’ individual needs and goals, as determined by the STPP Strengths And Needs Assessment tool as well as ongoing conversations between caseworkers and participants. This approach meets the needs of some, but not all, participants. Gaps include where participants are not in a good position to articulate their needs, or where they wish for more self-determination in allocating funds. As flagged above, the eligibility criteria of the program, which restricts access based on involvement in criminal matters, is a strong barrier to the STPP’s ability to be victim-centred. • Trauma-informed: The STPP is aligned with trauma-informed principles to an extent. The practice framework places high importance on engaging with program participants in a way that seeks to minimise further trauma. This is reflected in many aspects of practice; however, STPP participants also reported instances where caseworker practice did not reflect trauma-informed principles. In addition, the eligibility criteria and timeframes for access do not reflect contemporary understandings of the impacts of trauma and subsequent needs. • All victims and survivors of modern slavery: As mentioned above, the STPP does not provide support to all people with HTMS experiences. Many more people with HTMS experiences are unidentified or face barriers to referral (e.g. reluctance to engage with the AFP, no connection to the ARP, unable to safely exit the situation of exploitation). As the only national crisis response program, except for the new Forced Marriage Specialist Support Program, this creates a gap in supports nationally. |

| Principles | To what extent it is provided in the STPP |
|--|--|
| <p>Principle 5: Affords victims and survivors of modern slavery access to effective remedies</p> | <p>Principle 5 – low alignment</p> <ul style="list-style-type: none"> As mentioned above, the STPP provides some remedies for people with HTMS experiences, including supporting participants to seek reparations through the justice system by meeting their needs, providing emotional support and referring to legal services.²⁹ However, it is not a compensation scheme. Whilst there has been advocacy for a national redress scheme for people with HTMS experiences, there is nothing to suggest that this should be a role for the STPP as opposed to the establishment of a separate program. |
| <p>Principle 6: Requires strong partnerships between all levels of government, non-governmental organisations, businesses, unions, academic institutions, and the general public</p> | <p>Principle 6 – medium alignment</p> <ul style="list-style-type: none"> As mentioned above, the STPP involves a partnership approach between government and the Australian Red Cross, and this is broadly effective, with some areas for improvement. However, more critically, there does not appear to be a well-functioning HTMS ‘system’ in Australia that would support prevention and early intervention. Related to this, there isn’t good data available on prevalence and service need that would enable judgements on whether the STPP has effectively addressed the needs of the target cohort and on proper resourcing of future outcomes. |
| <p>Principle 7: Strives to be an international and regional leader and partner in deterring and combating modern slavery, and works cooperatively with other governments both internationally and regionally towards this end</p> | <p>No relevance</p> |
| <p>Principle 8: Promotes an evidence-based response to modern slavery, and its root causes and drivers, to build our understanding of modern slavery and how to prevent it</p> | <p>Principle 8 – medium alignment</p> <ul style="list-style-type: none"> The STPP has contributed to the evidence base through program evaluation and collaboration with the Australian Institute of Criminology to develop a National Minimum Dataset for HTMS. However, data quality issues are limiting the extent to which the STPP can make an effective contribution. The service provider is involved in advocacy for policy change through briefings and submissions to government, using evidence from the program to inform this work while upholding impartiality. The service provider is represented on the National Roundtable and the advisory panel of the NSW Anti-Slavery Commissioner, and co-chairs the human trafficking and forced marriage networks across Australia. The STPP plays a role in addressing root causes and drivers of HTMS through contributing to the National Minimum Dataset (a limitation of scope, rather than execution), providing evidence informing victim support responses and advocacy work. |
| <p>Principle 9: Ensures the voices of victims and survivors, particularly women and children, inform responses to modern slavery</p> | <p>Principle 9 – low alignment</p> <ul style="list-style-type: none"> Whilst the STPP provider aspires to be led by lived experience and is putting more resources towards this, some stakeholders have raised concerns about lack of transparency within the program and lack of leadership from people with experiences of HTMS in program design. Both can be strengthened. |

²⁹ Depending on circumstances, people with HTMS experiences may be eligible for assistance through court ordered reparations, state and territory victims of crime assistance schemes, recovery of unpaid wages and entitlements via the Fair Work Ombudsman and business remediation

KEQ3b. To what extent is the STPP consistent with the international principles and evidence regarding support for people with experience of HTMS and international programs?

The international context to evaluating the program includes international frameworks, comparable programs being implemented in other countries and the research and evidence base. The STPP is partially aligned with internationally recognised victim support principles and broadly reflects the structural features of many comparable international programs. However, across these commitments and comparable international jurisdictions, Australia is an outlier in several respects:

- participation in the program (beyond the ARP and 90 days in the Intensive Support Stream) is dependent on criminal justice system involvement
- lack of a coordinated national entry point to access supports for people with HTMS experiences.

This section presents a comparison of the STPP against key elements of ‘better practice’ (sourced and summarised from across the empirical evidence, international frameworks and international approaches).

When reading this, it should be remembered that the STPP is only one aspect of Australia’s response to HTMS, and that this section addresses the STPP, rather than Australia’s overall effort. It is not an assessment of whether Australia is meeting its international obligations.

Principles drawn from international frameworks

The rubric below is a thematic summary of principles articulated in relevant international legal instruments ratified by Australia, and an assessment of the extent to which the STPP aligns with these. The following assessment scale was used:

Table 33: Assessment scale rubric

| Alignment | Detail |
|-------------------------|---|
| Low alignment | Indicates significant gaps or inconsistencies between the STPP and the international principle. The program may address the principle in a limited way or not at all. There may be substantial barriers or challenges hindering alignment. The program likely requires significant changes to achieve better alignment. |
| Medium alignment | Suggests partial alignment with the international principle. The program addresses the principle to some extent, but there are notable gaps or areas for improvement. There may be a mix of strengths and weaknesses in how the program reflects the principle. Moderate changes or adjustments are likely needed to enhance alignment. |
| High alignment | Indicates strong alignment between the STPP and the international principle. The program effectively addresses the principle in a comprehensive and consistent manner. There may be minor gaps or areas for refinement, but overall, the program demonstrates a strong implementation of the principle. |

Table 34: Summary of STPP alignment with international victim support principles

| Principle | Relevant international frameworks | Articulation | Assessment of STPP against this |
|--|---|---|---|
| Human rights and victim-centred approach | <ul style="list-style-type: none"> UN Palermo Protocol UN Convention on the Rights of the Child (CRC) Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) International Covenant on Civil and Political Rights (ICCPR) | Trafficking violates human rights, requiring victim-centred, trauma-informed, and culturally appropriate responses. | <p>Low alignment</p> <ul style="list-style-type: none"> The STPP is designed to provide broad needs-based, trauma-informed, culturally appropriate support but gaps exist in service delivery, transparency and consistent inclusion of a lived experience voice in design and operation. Linking support to criminal justice system involvement is at odds with a human rights and victim-centred approach. |
| Supports are provided on an informed basis | <ul style="list-style-type: none"> Palermo Protocol CRC | <p>Support measures should be provided on an informed basis.</p> <p>Victims have the right to make decisions about support and make informed decisions.</p> | <p>Medium alignment</p> <ul style="list-style-type: none"> Informed consent and choice are key components of the STPP model. There are opportunities to increase transparency in how support is allocated and improve tailoring of information. |
| Non-discrimination and inclusivity | <ul style="list-style-type: none"> Palermo Protocol CRC ICCPR CEDAW | Safeguards to protect victims of trafficking should be extended to all victims, without discrimination. | <p>Low alignment</p> <ul style="list-style-type: none"> The STPP is not available to people who do not wish to engage with the AFP beyond the Intensive Support Stream and do not hold a valid visa. The STPP is not available to people in Australia whose exploitation does not have a nexus to Australia³⁰. There is evidence of low awareness of the ARP/STPP in Australia, which hinders the inclusivity of the STPP. |

³⁰ To be eligible for the STPP the person must be reasonably suspected of being a victim-survivor of an offense set out in Divisions 270 and 271 of the Criminal Code. There also must be a nexus to Australia. This nexus means the situation must have happened in Australia, or the exploitation was performed by an Australian citizen or permanent resident, or in collaboration with an Australian citizen or permanent resident.

| Principle | Relevant international frameworks | Articulation | Assessment of STPP against this |
|---|---|---|--|
| Individualised, flexible, and needs-based | <ul style="list-style-type: none"> Palermo Protocol CRC UN Human Rights Council Resolution concerning trafficking in persons | Support should be tailored to the individual needs of each victim and adapt as needs and situations change over time. | <p>Medium alignment</p> <ul style="list-style-type: none"> The STPP offers tailored support based on assessment of needs. There are reports that the allocation of monetary supports is not flexible enough to meet all needs. The needs of dependants of participants appear to be met only to a limited degree by the STPP. Long-term needs may not be met depending on the length of criminal justice processes, which determines the duration of support. |
| Safety and security | <ul style="list-style-type: none"> Palermo Protocol CRC | Due account should be taken of the victim's safety and protection needs including re-victimisation. | <p>Medium alignment</p> <ul style="list-style-type: none"> Safety and security needs appear generally met during time on the STPP. However, safe exit from situations of exploitation for those referred via ARP reportedly involves practice challenges. There are reports of individuals exiting the STPP into situations at high risk of further exploitation, in some cases due to lack of access to services and financial assistance because of visa status. |
| Confidentiality and privacy | <ul style="list-style-type: none"> Palermo Protocol CRC UN Human Rights Council Resolution concerning trafficking in persons | Information should only be shared when a victim gives consent and should be confined to as few people as possible. | <p>High alignment</p> <ul style="list-style-type: none"> The STPP and ARP have stringent confidentiality and privacy protocols which include consent mechanisms and only sharing information when necessary. |

| Principle | Relevant international frameworks | Articulation | Assessment of STPP against this |
|---|---|---|---|
| Special protection and assistance for child victims | <ul style="list-style-type: none"> Palermo Protocol CRC | Child victims are entitled to specific measures for their protection, recovery and reintegration, including appropriate housing, education and care. The best interests of the child must be a primary consideration. | <p>Low alignment</p> <ul style="list-style-type: none"> STPP does not consistently and comprehensively address the needs of participants' children in their own right. Monetary allowances are reported to be insufficient to meet children's needs – either as dependents or as program participants. The dependents' allowance is insufficient to cover ancillary schooling costs (uniform, laptop etc.) and the allowances framework is not suited to child participants (e.g. small education allowance) STPP is limited in supports it can provide to ensure that the best interests of the child are a primary consideration. |
| Cooperation and coordination | <ul style="list-style-type: none"> Palermo Protocol | Cooperation with non-governmental organisations, other relevant organisations, and civil society is crucial and should be formalised where possible. | <p>Medium alignment</p> <ul style="list-style-type: none"> The STPP cooperates with a range of government, social service and civil society organisations, with generally high-functioning relationships. There are reports that coordination between federal and state-based agencies could be strengthened and concern was expressed regarding a perceived absence of a well-functioning, national HTMS 'system' in Australia to support prevention and early intervention. |

Program features from international approaches to support for people with HTMS experiences

International approaches to supporting people with HTMS experiences vary significantly regarding who identifies victims, how victim status is determined and linked to legal processes, and how services are delivered and funded.

The rubric below provides a summary of comparative analysis of international better practice approaches to supporting people with HTMS experiences and how Australia's effort compares to this.

Table 35: Assessment scale rubric

| Alignment | Detail |
|-------------------------|---|
| Low alignment | Indicates significant gaps or inconsistencies between the STPP and international approaches to supporting people with HTMS experiences. The program may address international best practice in a limited way or not at all. There may be substantial barriers or challenges hindering alignment. The program likely requires significant changes to achieve better alignment. |
| Medium alignment | Suggest partial alignment with international best practice in approaches to supporting people with HTMS experiences, but there are notable gaps in areas for improvement. There may be a mix of strengths and weaknesses in how Australia’s program reflects best practice. Moderate changes or adjustments are likely needed to enhance alignment. |
| High alignment | Indicates strong alignment between the STPP and international approaches, where Australia is showing progress toward best practice. The program effectively addresses the principle in a comprehensive and consistent manner. There may be minor gaps or areas for refinement, but overall, the program demonstrates a strong commitment to the principle. |

Below is an assessment of the STPP compared to international approaches. The United Kingdom (UK), United States (US), and Canada were selected as comparator countries because they share similar democratic systems with Australia and are relevant to aspects of the STPP highlighted in this evaluation, either by alignment or divergence. The assessment is organised by key support dimensions identified through a thematic review of relevant literature, with consideration for this evaluation’s focus. This analysis is based purely on publicly available data, meaning that comparisons don’t take every consideration into account.

Table 36: Extent to which Australia aligns with international approaches to supporting people with HTMS experiences

| Component | International approaches | Assessment of STPP against this |
|--|---|---|
| <p>Identification processes</p> | <p>International approaches to identifying people with HTMS experiences are characterised by multiple channels and single national entry points.</p> <p>UK:</p> <p>Potential victims are identified and referred through the National Referral Mechanism (NRM) by designated "First Responder" organisations (FROs), including police, immigration authorities (UKVI, Border Force), local authorities, and certain NGOs. Verification of victim status is a two-step process. A Reasonable Grounds (RG) decision aims to determine if there are "reasonable grounds" to believe an individual is a potential victim. This is considered a "low" threshold. A positive RG decision entitles the survivor to immediate support. A Conclusive Grounds (CG) Decision determines, "on the balance of probabilities," whether a person is or was a victim of modern slavery. The Single Competent Authority (SCA) is a decision-making body, composed of trained specialists, responsible for making RG and CG decisions and, based on support worker recommendations, deciding the need and duration of ongoing support through the Modern Slavery Victim Care Contract (MSVCC) Victims are automatically considered for a Temporary Permission to Stay (VTS) after a positive CG.</p> <p>US:</p> <p>Victim identification can be made by law enforcement, other agencies, or individuals. In order to access services, non-citizens need to have a Continued Presence (CP) designation. CP is provided to individuals identified by law enforcement as victims who may be potential witnesses. While law enforcement must lodge the application for CP, cooperation with law enforcement is not required for CP to be granted. CP is appropriate if the totality of the circumstances indicate the individual is a trafficking victim and may be a potential witness. CP is granted initially for up to 2 years and can be renewed. Longer-term visas include the T Visa and the U Visa.</p> <p>Canada:</p> <p>Victims can self-identify to Immigration, Refugees and Citizenship Canada (IRCC) or be referred by law enforcement or non-governmental organisations. Verification of victim status to access the Temporary Resident Permit (TRP) is made by IRCC based on whether there are reasonable grounds to believe the applicant is a victim of trafficking and whether issuing the permit is justified in the circumstances. Immigration officials can issue short-term TRPs for up to 180 days or long-term TRPs for three years. These permits allow victims to remain legally, access healthcare, and in some cases, work permits.</p> | <p>Medium alignment</p> <p>The introduction of the ARP widens entry pathways to the STPP and supports equity and access. Limited awareness of this leads to limited effectiveness.</p> <p>The ARP phone line operates only during business hours, limiting immediate accessibility compared to international better practice models that offer continuous, centralised access and multi-step entry pathways.</p> |

| Component | International approaches | Assessment of STPP against this |
|--|---|--|
| <p>Conditionality of assistance and link to law enforcement</p> | <p>Most other countries do not require cooperation in criminal matters as a condition of support. The exception is France.</p> <p>UK:</p> <p>Victims do not have to give evidence in court unless they choose to. VTS can be granted to enable cooperation with an investigation or criminal proceedings, but also for recovery or seeking compensation. Support is not conditional on engagement with law enforcement.</p> <p>US:</p> <p>Initial CP status does not require cooperation with law enforcement (though the application must be lodged by them). T Visa applications are typically granted to those assisting or having assisted law enforcement unless an exemption is granted due to inability to assist police due to trauma from the trafficking experience or due to age (<18 years). CP or T Visa status allows eligibility for federally funded benefits and services to the same extent as refugees, including cash and medical assistance, the Matching Grant Program, the Public Housing Program, and Job Corps</p> <p>Canada:</p> <p>TRP and access to support is not dependent on any engagement with law enforcement. These permits allow victims to remain legally, access healthcare, and in some cases, work permits.</p> | <p>Low alignment</p> <p>Australia is an outlier in linking ongoing access to the STPP (beyond the Intensive Support Stream) and the duration of support to participation in the criminal justice process.</p> |

| Component | International approaches | Assessment of STPP against this |
|--|---|---|
| <p>Duration of support</p> | <p>The length of support offered by comparator countries typically depends on time periods set either by duration of temporary visa (e.g. initial 180 days in Canada) or by individual program structures (France and Italy).</p> <p>UK:</p> <p>Initial support post RG decision for a minimum of 30 days or until a CG decision is made. Post-CG decision, a Recovery Needs Assessment (RNA) is conducted to determine ongoing needs and is reassessed 6 monthly with support provided until it is no longer required or until the person transitions to other supports.</p> <p>Support is provided by an NGO who holds the Modern Slavery Victim Care Contract (Salvation Army since 2011) and other agencies such as the NHS and local government. Support includes accommodation, psychological assistance, financial support, emergency medical treatment, translation, counselling, assistance in criminal proceedings and reintegration programs.</p> <p>US:</p> <p>CP status is typically granted for an initial 2 years. T Visa status is typically granted for an initial 4 years. Support for trafficking survivors in the US is delivered through a multi-agency framework. The government provides funding and sets standards (via grant requirements), while NGOs, local agencies, and international organisations implement front-line services. HHS/OTIP administers the Trafficking Victim Assistance Program (TVAP) via grants to NGOs. DOJ/OVC also provides grants to victim service organisations (governmental and nonprofit).</p> <p>Canada:</p> <p>Immigration officials can issue short-term TRPs for up to 180 days or long-term TRPs for three years. Services delivered primarily by NGOs and community agencies. The approach is decentralised but guided by a National Strategy. Specialist NGO's run shelters, counselling and outreach services.</p> | <p>Medium alignment</p> <p>Australia broadly aligns with comparator countries, noting the UK offers a better practice, needs-based, rather than time-limited, support.</p> |
| <p>Collaboration & partnerships</p> | <p>International approaches presented here all involve government and non-government organisation partnerships. Some are centralised (Italy, UK) whilst others are more fragmented (US, Canada).</p> | <p>Medium alignment</p> <p>Core STPP delivery agencies have strong relationships, and the STPP provider has good relationships with agencies that refer to and are referred to from the service.</p> <p>However, the Australian HTMS sector is immature, limiting the effectiveness of collaboration and partnerships.</p> |

| Component | International approaches | Assessment of STPP against this |
|-------------------------|--|---|
| Types of support | <p>Types of support offered by international programs include safe shelter, legal and medical assistance, and psychological care. They also facilitate social integration through language and vocational training, and provide help with employment, childcare, and navigating legal and administrative systems.</p> <p>UK, US and Canada reportedly face long waiting lists for some services and the UK's NRM can involve significant delay in CG decisions being made. The STPP is notable for being a specialist national and holistic service.</p> | <p>High alignment</p> <p>The STPP offers a similar range of services to international organisations.</p> |

Practice evidence: learnings from research and evaluation

This section reports on empirical evidence demonstrating what key elements of support are required for effectiveness. Methodological issues in determining better practice for supporting people with HTMS experiences are significant³¹. However, there are key elements of effective victim support which are supported by evidence from research and evaluation.

Outlined in the rubric to the right is an assessment of key elements and the extent to which these are included in the STPP.

Table 37: Assessment scale rubric

| Alignment | Detail |
|-------------------------|---|
| Low alignment | Indicates significant gaps or inconsistencies between the STPP and the key elements of program effectiveness. The STPP may include the key element in a limited way or not at all. There may be substantial barriers or challenges hindering alignment. The program likely requires significant changes to achieve better alignment. |
| Medium alignment | Suggests partial alignment with key elements of program effectiveness. The STPP includes the key element to some extent, but there are notable gaps or areas for improvement. There may be a mix of strengths and weaknesses in how the program reflects the key element. Moderate changes or adjustments are likely needed to enhance alignment. |
| High alignment | Indicates strong alignment between the STPP and the key element of program effectiveness. The program effectively includes the key element in a comprehensive and consistent manner. There may be minor gaps or areas for refinement, but overall, the program demonstrates a strong commitment to the principle. |

³¹ (Davy, 2015; Dell et al., 2019; Graham et al., 2019; Jannesari et al., 2024; Bryant & Landman, 2020; Davy, 2015; Dell et al., 2019; Macy et al., 2022)

Table 38: Extent to which key elements of support identified by empirical evidence are provided in the STPP

| Key elements of program effectiveness identified in the evidence | To what extent it is provided in the STPP |
|--|---|
| <p>Individualised and needs-based support^{32, 33, 34}</p> <p>Effective approaches towards support are tailored to an individual's specific needs and circumstances, including for differences such as gender, age, type of trafficking, cultural background and complex needs.</p> <p>Support should be flexible and adjustable as needs change.</p> | <p>Medium alignment</p> <p>The STPP provides a good range of supports, however with insufficient tailoring (for needs over time, children, people with complex needs, people who are not eligible).</p> |
| <p>Trauma-informed care^{35, 36, 37}</p> <p>This approach prioritises safety, trust, empowerment and choice. This includes compassionate staff who treat survivors as human beings, listen to their needs and build trusting relationships.</p> | <p>Medium alignment</p> <p>As far as possible within the current program design, the STPP mostly aligns to trauma-informed care. The design itself does not.</p> |
| <p>Case management^{20,38}</p> <p>Most evaluations also emphasise the importance of intensive case management in providing effective support. This includes having a single knowledgeable advocate (caseworker) who helps to build trust and coordinate the many services they require.</p> | <p>High alignment</p> <p>The STPP aligns to this model.</p> |
| <p>Long-term and consistent support^{39, 37, 40, 38}</p> <p>Providing extended support beyond an initial stabilisation period is considered crucial for achieving longer-term outcomes, along with working to overcome systemic barriers such as housing shortages and legal/immigration issues. A UK evaluation of the STEP pilot project explicitly recommends at least 12 months of continued support post-identification.</p> | <p>Low-medium alignment</p> <p>The STPP offers longer term support for those who participate in criminal justice processes, but otherwise support is limited to two weeks (ARP only) or three months (Intensive Support Stream).</p> |

³² Boxall et al., (2023)

³³ Bhavsar & Oram (2024)

³⁴ Idris (2017)

³⁵ Cordisco Tsai et al., (2025)

³⁶ Andoh (2025)

³⁷ Labriola et al., (2024)

³⁸ OSCE (2024)

³⁹ Modern Slavery and Human Rights Policy and Evidence Centre (2023)

⁴⁰ Preble et al., (2022)

| Key elements of program effectiveness identified in the evidence | To what extent it is provided in the STPP |
|---|---|
| <p>Survivor involvement and empowerment^{41,39, 37}</p> <p>Lived experience led design, implementation and evaluation of support services is considered better practice and improves the relevance and trustworthiness of services.</p> | <p>Medium alignment</p> <p>The STPP model is characterised by mixed empowerment for participants (some agency sits with caseworkers) and little broader lived experience involvement.</p> |
| <p>Multi-agency collaboration^{42, 43, 44}</p> <p>Multi-sector partnership approaches are seen as important for avoiding service gaps, and for providing integrated and comprehensive support required to meet needs. Partnerships must be coordinated and include cross-border cooperation.</p> | <p>Medium alignment</p> <p>Collaboration for the STPP is good, but narrow (despite significant efforts by the STPP provider, there is still limited understanding of the program in the adjacent services sector). A stronger range of civil sector and lived experience advocate collaborators would strengthen this.</p> |
| <p>Culturally responsive services^{37,39}</p> <p>This includes tailoring support to specific populations like First Nations communities, those newly arrived in a country, and those from culturally and linguistically diverse backgrounds.</p> | <p>Low alignment</p> <p>The STPP aims to be culturally responsive but there's room to better address systemic bias, stigma and other culturally relevant barriers to support and healing.</p> |

4. ARP - Effectiveness (implementation)

KEQ4. To what extent is the ARP achieving intended activities and outputs?

Sub-questions:

KEQ4a. To what extent are relevant organisations aware of the ARP and referring people likely to meet the eligibility criteria?

KEQ4b. How effective is the STPP eligibility assessment process?

KEQ4c. How do the ARP processes address safety, security and visa status issues for people with HTMS experiences?

Summary findings

The findings presented in this evaluation should be interpreted within the context of the ARP operating as a pilot program. The timing of the evaluation meant that initial caseload, assessment and referral numbers were small, awareness-raising efforts were nascent, and hence the available data for making robust early assessments were restricted.

Early findings suggest that the ARP has strong potential to improve equitable access to a range of support services, including the STPP. This is partly through removing the requirement to engage with the AFP at entry, however also

⁴¹ Modern Slavery and Human Rights Policy and Evidence Centre (2022)

⁴² Pajón & Walsh (2023)

⁴³ International Association of Police Chiefs (2023)

⁴⁴ van Rooy et al., (2025)

reflects the quality of the ARP lead and consortium partners. The latter bring the relationships of trust and legal and casework expertise required to successfully engage and support an emerging, additional cohort.

Awareness of the ARP amongst organisations likely to refer is still emergent, which is appropriate given program maturity (the pilot commenced in July 2024) and low understanding of the issue of HTMS in the community. Further communication, combining national (top-down) with ground-up (place-based, via trusted services) resourcing. The ARP consortium partners are well placed to support outreach, however it must be recognised that community awareness raising is not the sole responsibility of the consortium.

ARP assessment tools and collaborative assessment, including involving the ASA, are reported to support quality assessment, although further reassurance would be provided through formal validation of these. However, complexity of need can complicate eligibility assessment and on-referral options where people are not eligible for the STPP. Risk assessment and safety planning are reported to be well embedded in ARP processes, including assistance with practical safety.⁴⁵

Introduction of the ARP has not removed visa status as a barrier to accessing the STPP for people who don't have access to a visa that allows them to remain in Australia, or who don't wish to, or can't, access the Bridging Visa F through engagement with the AFP. Long-term support via the STPP is still reliant on engagement with the AFP. Addressing this requires broader consideration of the STPP eligibility criteria and visa framework.

Findings

KEQ4a. To what extent are relevant organisations aware of the ARP and referring people likely to meet the eligibility criteria?

Indicator: Widespread awareness amongst potential referring organisations of the ARP

Table 39. KEQ4a indicator findings, discussion of supporting evidence & recommendations to strengthen

| Area | Detail |
|--------------------|--|
| Indicator findings | <ul style="list-style-type: none"> <li data-bbox="507 1077 1497 1167">• Awareness of the ARP amongst referring organisations appears to be due to an existing interest in HTMS experiences and opportunistic awareness via Google search. <li data-bbox="507 1178 1497 1256">• The ARP consortium record that 52 organisations who have enquired about or referred to the pilot. This includes domestic and family violence, legal, and multicultural and refugee support organisations. |

⁴⁵ Operational Requirements (ARP) and Communications Manual stipulate that the ARP Service Provider should confirm that the client has left the situation of exploitation (excluding forced marriage risk) and has immediate safety and security needs met prior to referral to the STPP. If the person has not left, the ARP Service Provider may provide information or contact AFP/state and territory police if there are serious concerns. The ARP service provider must cooperate with law enforcement and are encouraged to establish and maintain cooperative local practices with state and territory police and also to maintain regular contact with AFP. Stakeholders reported that there hadn't yet been a strong collaborative relationship formed between the ARP and AFP; that there was lack of clarity regarding AFP's responsibility in this process; and that there was a need for improved communication of roles. Clearer communication of roles and responsibilities in this process should be provided to all agencies involved (e.g. ARP lead and consortium partners, state and territory police, AFP, STPP). Stakeholders noted that individuals may not wish to engage with any law enforcement agency, even for the purpose of facilitating safe exit from exploitation and entry to the STPP. It was suggested that the role of AFP beyond prosecution, including their role in disrupting harmful situations, should be communicated more clearly to victims and survivors to address fear of utilising law enforcement for safe exit. It was also noted that the definition of having left the situation of exploitation was unclear in the operational requirements and communications manual.

| Area | Detail |
|-----------------------------------|--|
| Discussion of supporting evidence | <ul style="list-style-type: none"> Since July 2024, the ARP consortium has conducted 94 engagement events, involving at least 1,675 attendees. HTMS advocacy organisations are adapting their outreach materials to include ARP information, conducting targeted outreach (e.g. hospitals, schools) and hosting webinars due to perceived awareness gaps. In addition, the ARP consortium have developed, and are in the process of executing and monitoring, a detailed communication and awareness raising plan. The NSW Anti-slavery Commissioner also facilitates awareness through programs such as <i>It's Healthy to Fight Modern Slavery</i>⁴⁶ that support awareness-raising of the ARP with healthcare providers. Since the launch of the updated ARP webpages in late June 2024, the site has recorded 469 clicks and 3,410 impressions in Google Search. Clicks have remained steady, with occasional spikes, while impressions have gradually increased. The most common search terms leading to the site include "additional referral pathway", "salvation army referral form", and "salvation army ARP". These are specific, high-intent queries, suggesting that users (likely from relevant services) are actively seeking information about referrals or the ARP Pilot. Stakeholders reported misconceptions amongst potential referring services about ARP eligibility and supports and a lack of accessible detailed information available online. This includes that a visa is needed to access any support from the ARP, and that the ARP only does STPP assessments. In addition, there is confusion about when referrals should more appropriately be made to the ARP, AFP or the Forced Marriage Specialist Support Program. Both ARP and STPP providers reported current misunderstanding among potential points of referral regarding the STPP 'nexus to Australia' eligibility requirement. This nexus exists if the exploitation happened in Australia, was performed by an Australian citizen or permanent resident, or was in collaboration with an Australian citizen or permanent resident. It was reported that communities were receiving information about the ARP/STPP without this point being mentioned, potentially leading to false hope and assessments resulting in ineligibility. |
| Recommendations to strengthen | <p>Program improvement</p> <ul style="list-style-type: none"> The ARP provider continue to strengthen communication, in line with growing program maturity. Improve data collection on community awareness. |

Measure: Appropriate number and type of referrals are made

Table 40. KEQ4a measure: indicator findings, discussion of supporting evidence & recommendations to strengthen

| Area | Detail |
|--------------------|---|
| Indicator findings | <ul style="list-style-type: none"> Between the commencement of the pilot and 31 March 2025, a total of 257 enquiries were received by consortium members, resulting in 68 referrals to the STPP. |

⁴⁶ (NSW Anti-slavery Commissioner, 2024)

| Area | Detail |
|---|---|
| <p>Discussion of supporting evidence</p> | <ul style="list-style-type: none"> 35 of the referrals to the STPP (51%) came from organisations or agencies assisting or acting on behalf of people with HTMS experiences. Data provided by The Salvation Army show that most assessments (65%) led to a referral to the STPP. Non referral can reflect enquiries at an early information-seeking stage, enquirers without indicators of modern slavery and unwillingness for the enquirer to leave a situation of exploitation. The ARP lead and consortium partners report that moving from enquiry to referral can be an extended process, reflecting the need to build trust with potential STPP participants, limited physical safety and the need for careful safety planning, and potential participants having to carefully weigh options for leaving a situation of exploitation (particularly if only limited options for meeting needs such as housing, food and medication are available). Data on referrals outside the STPP were not available to the evaluation. This reflects that during the evaluation, and recognising the value of consistent assessment and recording practices to ensure clarity on participant pathways and reach, the ARP lead has worked with consortium partners to standardise data collection. |
| <p>Recommendations to strengthen</p> | <p>Program improvement</p> <ul style="list-style-type: none"> Consider increasing local/state-based frontline worker frontline workers or increasing the numbers of community organisations tasked with outreach and recruitment. Confirm that data strengthening meets program learning needs. |

Case study 3: Alex

Alex* (*pseudonym), an Australian citizen in their mid-twenties, endured significant exploitation at the hands of an ex-partner and their associates. Returning to the family home offered physical safety, but the psychological and physical impact of the experience shattered Alex's trust in people. Fear of family repercussions silenced any police report, and Alex was unaware that any support existed. A recent hospital stay for exploitation-related medical issues led to a social worker's intervention, connecting Alex with the STPP.

Alex calls the program "incredible," highlighting their caseworker's non-judgmental guidance and frequent check-ins. Navigating overwhelming systems became manageable with this support. Material aid, including payment of psychology appointments, meant Alex could start to heal. Support letters helped get Alex on the waiting list for community housing. While healing will be a long-term process, Alex feels as though there is a way through. The STPP has felt like someone walking alongside Alex on the early parts of their healing and rebuilding journey. Alex now feels able to tackle the next part of their journey.

Quote: "The program has been incredible. Just having someone who listened and helped navigate everything made a huge difference. I don't feel so alone anymore."

Pathway to STPP:

1. Hospital stay for medical consequences of exploitation.
2. Didn't know support existed, fearful of going to police.
3. Referred to ARP by hospital social worker and assessed by TSA then referred to STPP.

Feelings:

- On entry: Fearful; Physically unwell; Shattered trust and confidence.
- After ISS: Grateful; Supported; Less alone.
- Current: Rebuilding confidence and trust; Hopeful; Cautiously optimistic.

Program goals & support

- Goals: Heal from psychological and physical impacts of exploitation; Regain trust; Secure stable long-term housing; Greater independence.
- Support received: Non-judgemental caseworker support and guidance; Support to access medical specialists; Referral to counsellor with expertise in HTMS; Support letters to get on waiting list for social housing.
- Monetary allowance: Counselling/Psychology Allowance.

KEQ4b. How effective is the ARP eligibility assessment process?

Indicators: The ARP eligibility assessment process results in accurate referrals to the STPP/The ARP eligibility process supports a good access experience

Table 41. KEQ4b measure findings, discussion of supporting evidence & recommendations to strengthen

| Area | Detail |
|-----------------------------------|--|
| Measure findings | <ul style="list-style-type: none"> • The assessment tool is believed to be accurate (although not yet validated). |
| Discussion of supporting evidence | <ul style="list-style-type: none"> • The assessment tool is reported to be effective in determining STPP eligibility by the ARP consortium lead and partners who hold key expertise in HTMS. • The ARP has implemented practices to promote consistency in assessment and eligibility decisions across all ARP organisations including: co-development of the assessment tools utilising the diverse expertise of members, collaborative discussions of case examples including through regular community of practice meetings, the provision of consistent training, and the provision of legal advice on HTMS indicators by ASA to other partners where clarification on potential indicators is needed. • Some consortium partners reported that the requirement for people to have left the situation of exploitation before accessing the STPP can be difficult to implement in practice. Combined with the single-entry per experience rule for the STPP, this can deter access. They also reported difficulty assessing people with very complex mental ill health and cognitive impairment. • Consortium partners reported that some potential STPP participants disengage at assessment because of concerns about sharing data with government. |
| Recommendations to strengthen | <p>Program improvement</p> <ul style="list-style-type: none"> • Seek funding for the validation of the ARP assessment tool(s), potentially through partnering with the AIC or through an additional National Action Plan grant. Further development of the tool is needed for effective use with varied populations including children and those with cognitive impairment. • Continue to improve data collection related to enquiries and referrals to appropriate alternative services. • Explore mechanism to enable the ARP/STPP providers to collaboratively better support people to feel informed enough to make decisions about leaving their situation of exploitation . |

KEQ4c. How do the ARP processes address safety, security and visa status issues for people with HTMS experiences?

Measure: Extent to which barriers to safety and security are reported

Table 42. KEQ4c measure findings, discussion of supporting evidence & recommendations to strengthen

| Area | Detail |
|-----------------------------------|--|
| Measure findings | <ul style="list-style-type: none"> The ARP provider is believed to provide a good level of safety planning and risk assessments and safety planning are part of referrals from the ARP provider to the STPP provider. The STPP provider has noted instances of their caseworkers identifying safety issues in cases referred from the ARP, but these are believed to be instances where a participant has returned to a situation of exploitation after referral from the ARP (e.g. where the perpetrator is an intimate partner). There is a lack of support for some potential ARP/STPP participants who need to leave a situation of exploitation before accessing the STPP. Whilst the ARP provider has worked with people who were in situations of exploitation, their ability to meet the individual's safety needs in leaving such a situation vary based on the individual's case. Some individuals may be supported to leave safely without other intervention, some may require additional services and resources in place and others may only be safe with law enforcement engagement, which has been difficult for the provider to engage appropriately. |
| Discussion of supporting evidence | <ul style="list-style-type: none"> Assessment of this measure has largely relied on qualitative findings. |
| Recommendations to strengthen | <p>Program improvement</p> <ul style="list-style-type: none"> Seek funding for the validation of the ARP assessment tool. Strengthen resources with respect to safe exit. <p>Design improvement</p> <ul style="list-style-type: none"> As noted previously, potential program participants without a visa must still deal with the AFP in order to participate in the STPP due to their need to attain a Bridging F Visa, negating some of the benefits of the ARP as an alternative pathway. Our recommendation is to explore avenues for resolving this contradiction. This would require whole of government discussion |

System learning

Regularised immigration status as a barrier to system access (and help seeking) is also commonly raised with respect to addressing family, domestic and sexual violence. Addressing this issue at a system, rather than program level will likely help ensure stronger and more consistent outcomes across both policy areas.

ARP Implementation – recommendations for strengthening

Program improvement

Table 43. Opportunity: Alignment with better practice international standards

| Opportunity | Organisations involved | Priority |
|---|------------------------|----------|
| Seek funding for the validation of the ARP assessment tool. | DSS/AGD/ARP provider | Medium |
| Improve extent and coordination of ARP promotions. | ARP provider | Medium |

| Opportunity | Organisations involved | Priority |
|--|--|----------|
| Improve access to police assistance with safe exit from the situation of exploitation. | DSS/AFP/State and Territory police forces/ARP and STPP providers | Medium |
| Review definition of 'leaving' a situation of exploitation with respect to this being an access barrier. | DSS/ARP and STPP providers | Medium |

Design improvement

Table 44. Opportunity: Alignment with better practice/international standards

| Opportunity | Organisations involved | Priority |
|---|------------------------|----------|
| Consider extend the model to include a wider range of frontline workers or community partners to reach more people with HTMS experiences. | DSS/ARP provider | Medium |

System improvement

Table 45. Opportunity: Alignment with better practice/international standards

| Opportunity | Organisations involved | Priority |
|---|------------------------|----------|
| Consider widening access to visas (visa type and access to support) for people with HTMS experiences. | DSS/Home Affairs | Medium |

5. ARP - Effectiveness (outcomes)

KEQ5. To what extent is the ARP achieving outcomes for people with HTMS experiences?

Sub-question:

KEQ5a. Could the service delivery model be improved to deliver better outcomes for people with HTMS experiences?

Summary findings

- The ARP has provided direct support to people with HTMS experiences, as well as access to the STPP and to other external services. At the time of writing the report, the ARP was the main referral pathway to the STPP. Whilst the program shows promising signs with respect to extending the reach of the STPP (fulfilling its design intent), because the evaluation occurred at an early stage of the pilot this has pointed to the need to further develop the evidence for outcomes.
- The ARP lead and consortium partners report that the potential of the ARP is that it strengthens not only the STPP, but also supports earlier intervention (preventing vulnerable people entering into situations of HTMS) and providing an access point for more marginalised people, and a system access point for people not eligible for the STPP.
- This evaluation has suggested that there are delivery and design elements that require further consideration, including the need for participants to retell stories to the AFP, and barriers to access posed by lack of access to visas and AFP processes, and resourcing safe exit from situations of exploitation. These issues reflect the interaction between the ARP and broader service system, rather than issues internal to the ARP.

Findings

Outcome 5a: People with HTMS experiences are informed of and understand their rights and support options during ARP referral processes

Indicator: Increase in participants who understand their rights and support options

Table 46. Outcome 5a outcomes identified, discussion of supporting evidence & recommendations to strengthen

| Area | Detail |
|-----------------------------------|--|
| Outcomes identified in evaluation | <ul style="list-style-type: none"> Qualitative evidence suggests participants can have mixed information at the time of referral. |
| Discussion of supporting evidence | <ul style="list-style-type: none"> Qualitative reports suggest that participant understanding of the STPP when referred via the ARP can vary depending on factors such as levels of distress, English language and literacy, and hence, is mixed. One consortium partner reported a tension between participant need for certainty and information available on the STPP given the person centred nature of the latter. Because the support provided by the STPP is tailored to the individual's needs, the consortium partner felt constrained in what concrete information could be provided about the STPP. It was suggested that involvement of STPP caseworker would be best placed to provide this information. STPP caseworkers reported that in some instances there could be lack of alignment in expectations regarding the level of support the STPP can provide. For instance, there was a report of some ARP referred participants expecting specific allowances that that may not be on offer for all individuals. The STPP service provider suggested that these expectations may partly be due to word-of-mouth information-sharing among people with HTMS experiences. It may seem that all participants can access a certain amount of funding but, in practice, the allowances received by participants are only in response to an individual's needs, which may be assessed as different to their peers. We note broader concerns around the limits of transparency regarding available monetary allowances and the length of support offered for STPP participants in general (beyond those coming from the ARP). |
| Recommendations to strengthen | <p>Program improvement</p> <ul style="list-style-type: none"> Strengthen provision of information by the ARP and STPP providers. This includes written information about the ARP and STPP, including clear pathways, support options and eligibility criteria, designed for accessibility and clarity, and help people make informed decisions. Specific guidelines is required on what constitutes legal advice, and where this should be provided by a lawyer to ensure informed consent with respect to visa and justice options. |

Outcome 5b: ARP improves access to the STPP

Indicator 1: Increase in people with HTMS experiences accessing appropriate supports

Table 47. Outcome 5b, Indicator 1 outcomes identified, discussion of supporting evidence & recommendations to strengthen

| Area | Detail |
|-----------------------------------|--|
| Outcomes identified in evaluation | <ul style="list-style-type: none"> At the time of writing the report, the ARP was the main referral pathway to the STPP, suggesting that this has provided an additional pathway to the program. STPP caseworkers reported that participants who access the program via the ARP appear to have a quite different needs profile, indicating that the ARP may be engaging a different cohort from the AFP. |

| Area | Detail |
|-----------------------------------|---|
| Discussion of supporting evidence | <ul style="list-style-type: none"> 60 individuals accessed the STPP via the ARP between July 2024 and March 2025. Entry status reports show that between January and March 2025, the ARP overtook the AFP as the primary source of participant referrals into the STPP, accounting for 65% of referrals during that period (up from 38% between July and September 2024). The prevailing view among stakeholders was that the ARP is successfully fulfilling its design intent to increase access to the STPP, especially for individuals who may be fearful or distrustful of the AFP. Administrative data show that ARP participants are more likely to have diagnosed mental health issues (30.9% compared to 11.3% of AFP referrals) and are more likely to experience unstable or unsuitable housing (51.7% compared to 37.7%). |
| Recommendations to strengthen | <p>Design improvement</p> <ul style="list-style-type: none"> Continue funding the ARP following the pilot, recognising that it is showing promising signs. |

Indicator 2: People with HTMS experiences have access to a range of services and supports that meet their identified needs

Table 48. Outcome 5b, Indicator 2 outcomes identified, discussion of supporting evidence & recommendations to strengthen

| Area | Detail |
|-----------------------------------|---|
| Outcomes identified in evaluation | <ul style="list-style-type: none"> The ARP is showing initial promising signs with respect to supporting access to a range of services and supports. |

| Area | Detail |
|---|--|
| <p>Discussion of supporting evidence</p> | <ul style="list-style-type: none"> • Needs are being met in three ways via the ARP: referrals to external services, through the ARP two-week service delivery window, and through referral to the STPP. • A range of supports are being directly delivered by the ARP. This includes welfare support, risk assessment and safety planning, assistance leaving situations of exploitation, referral and information-sharing, facilitating access to accommodation, and to legal services for migration and visa issues. ARP lead and consortium partners reported that being able to leverage the ARP provider's national network of support services has been beneficial in facilitating timely referral to short-term crisis accommodation services. • The ARP provider believes that warm referrals to those external services and the STPP are being made in a more timely and appropriate manner than if contact were being made through the AFP National Operations State Service Centre (NOSSC). However, once enrolled in the STPP, there are reportedly still difficulties in contacting the appropriate AFP staff through NOSSC, for the purposes of establishing eligibility for the STPP Justice Support Stream. • There were some reports of inconsistent access and handover processes between the ARP and STPP, leading to delays and uncertainty for potential participants. The STPP service provider, caseworkers and team leaders reported that the ARP cohort presents with higher complexity, including mental health, alcohol and drug issues, family and domestic violence, co-occurring disabilities. STPP caseworkers reported that meeting these needs within 90 days (for those who do not want to proceed with criminal justice system involvement) can be challenging. • Concern has been identified regarding the current process for STPP participants initially referred via the ARP who then wish to engage with the AFP. For these individuals, the process of reporting to the AFP is the same as it is for members of the public (filling out an online form then being contacted by the AFP). In these cases, individuals are required to tell their story initially to the ARP (in order to determine STPP eligibility), then when filling out the online AFP report, and then when AFP contacts them for further information. For those referred to the STPP via the AFP the assessment of eligibility for STPP and for investigative purposes is done between the individual and one agency (AFP). For participants who do want criminal justice system involvement, there are issues around having to repeat one's story. This can re-traumatise and can reportedly be a barrier to achieving justice outcomes. • The STPP generally requires individuals not initially referred by the AFP to obtain legal advice before engaging with the AFP because engagement with the AFP could reveal unmet legal issues or other information detrimental to the individual. Interviewees suggested that early engagement with specialist legal advice provided through the ASA can promote effective access. |
| <p>Recommendations to strengthen</p> | <p>Program improvement</p> <ul style="list-style-type: none"> • Address earlier access to legal advice. <p>Design improvement</p> <ul style="list-style-type: none"> • Reflect provider strengths in future iterations of the ARP, including by increasing referral capacity in frontline partners through outreach. • Scope potential improvements to communication and information sharing protocols between the ARP provider and the AFP. |

ARP Effectiveness – recommendations for strengthening Program improvement

Table 49. Opportunity: Supporting equitable access

| Opportunity detail | Organisations involved | Priority |
|---|------------------------|----------|
| Address barriers to meeting complex needs, including considering practice leadership and recruiting specialist staff (mental health professionals). | ARP and STPP providers | Medium |

Design improvement

Table 50. Opportunity: Alignment with better practice/international standards

| Opportunity detail | Organisations involved | Priority |
|--|------------------------|----------|
| Reflect provider strengths in future iterations of the ARP, including increasing referral capacity in frontline partners through outreach. | DSS | Medium |

System improvement

Table 51. Opportunity: Alignment with better practice/international standards

| Opportunity detail | Organisations involved | Priority |
|--|---------------------------|----------|
| Continue funding the ARP following the pilot, recognising that it is showing promising signs. | DSS | Medium |
| Scope potential improvements to communication and information sharing protocols between the STPP and ARP providers and the AFP | STPP and ARP provider/AFP | Medium |

Conclusion

This mixed-methods evaluation of the STPP and ARP has suggested that the STPP is improving access to supports with STPP experiences. It is doing this best for people willing and able to be involved in AFP criminal justice matters, however, is less successful with respect to meeting the needs of others. The introduction of the ARP has partly mitigated this access issue, through offering short-term support for people who do not wish to/cannot access AFP pathways to support. The ARP is recommended for ongoing funding.

This evaluation has suggested that the STPP is most suited to meeting short-term stabilisation needs, including direct social support, help navigating social security, healthcare and other support systems and helping to generate a sense of confidence/optimism about next steps. Other outcomes associated with the STPP include increased access to income streams, stable accommodation, and social connection.

The evaluation has identified a number of opportunities to improve the delivery and design the STPP. Changes have implications for multi-agency policy and will require a coordinated approach, and co-design with people with HTMS experiences if they are to be successfully addressed.

Appendix 1. Program logics and evaluation framework

Program logics

Table 52. Program Need and Objectives

| Area | Detail |
|----------------------------|---|
| Program need: | Demand for support from people with HTMS experiences of human trafficking, slavery and slavery-like practices (modern slavery), including forced marriage and forced labour |
| Program objectives: | To assist people with HTMS experiences in meeting their safety, security, health, and well-being needs, and to develop options for life after they leave the STPP |

Table 53. Inputs

| INPUTS | Detail |
|--|---|
| Funding | \$24.3M over 4 years from 2023-24 to 2026-27 to deliver the STPP and ARP |
| Delivery Stakeholders | Department of Social Services (DSS) – Administrator |
| Delivery Stakeholders | Australian Red Cross (ARC) – STPP Service Provider |
| Referral Pathway Stakeholders | Australian Federal Police (AFP) |
| Referral Pathway Stakeholders | The Salvation Army consortium (ARP) |
| Other Government Stakeholders | Attorney General’s Department (AGD) |
| Australian Border Force (ABF) | Australian Federal Police (AFP) |
| Australian Border Force (ABF) | Commonwealth Director of Public Prosecutions (CDPP) |
| Australian Border Force (ABF) | Department of Foreign Affairs and Trade (DFAT) |
| Department of Home Affairs (Home Affairs) | Australian Institute of Criminology (AIC) |
| Department of Home Affairs (Home Affairs) | State and Territory Child Protection, Housing and Support Services |
| Governance Framework | National Roundtable on Human Trafficking and Slavery and its sub-committees, Senior Officials Meeting of the National Roundtable on Human Trafficking and Slavery (SOM) |

| INPUTS | Detail |
|-----------------------------|--|
| Governance Framework | Interdepartmental Committee on Human Trafficking and Slavery (IDC) and its sub-committee, Operational Working Group (OWG) |
| Participants | People with HTMS experiences as outlined in s270 and s271 of the Criminal Code and referred to the STPP by the Additional Referral Pathway Stakeholders. |

Table 54. Activities

| Stakeholder | Activities |
|-------------------------------|--|
| Administrator (DSS) | Support the National Action Plan to Combat Modern Slavery 2020-25 (National Action Plan) and assist the National Plan to End Violence against Women and Children 2022-2032 (National Plan) |
| Administrator (DSS) | Design, implement and operate the STPP and ARP and any enhancements |
| Administrator (DSS) | Stakeholder engagement |
| Administrator (DSS) | Data collection and reporting |
| Administrator (DSS) | Manage grant agreements with service providers |
| Administrator (DSS) | Continue to enhance the program and the body of knowledge on human trafficking and modern slavery (HTMS) in Australia |
| Administrator (DSS) | Awareness raising of ARP and STPP |
| Service Provider (ARC) | Conduct safety risk assessments and implement Safety Plans for each individual |
| Service Provider (ARC) | Provide financial support through the allowances framework |
| Service Provider (ARC) | Provide referral and support to access other services as per individual needs |
| Service Provider (ARC) | <p>Deliver intensive case management and social support through 5 streams:</p> <ul style="list-style-type: none"> • Intensive Support Stream (ISS) – 90 days of support • Forced Marriage Support Stream (FMSS) – further 90 days of support • Justice Support Stream (JSS) – support until the investigation and any prosecution is finalised • Temporary Trial Support Stream – support for people who return to Australia to give evidence to a prosecution case • Transition Stream – 20 working day period for participants leaving the STPP |

| Stakeholder | Activities |
|---------------------------------------|---|
| Service Provider (ARC) | Post Exit Check-in – caseworker may contact participants in 3, 6, and 12 months to provide some additional assistance to embed positive recovery outcomes |
| Service Provider (ARC) | Data collection and reporting |
| Service Provider (ARC) | Awareness raising of ARP and STPP |
| Service Provider (The Salvation Army) | Deliver the ARP through assessing eligibility of people with potential experiences of HTMS and making referrals to the STPP |
| Service Provider (The Salvation Army) | Identify other appropriate support options or information for people assessed as not eligible or who do not wish to be referred to the STPP |
| Service Provider (The Salvation Army) | Data collection and reporting |
| Service Provider (The Salvation Army) | Awareness raising of ARP and STPP |
| Participants | Contribute to the development and implementation of their safety plan |
| Participants | Participate in STPP/ARP through intensive case management |

Table 55. Outputs

| Stakeholder | Outputs |
|------------------------|-------------------------------|
| Administrator (DSS) | STPP and ARP program material |
| Administrator (DSS) | Grant agreements established |
| Administrator (DSS) | Reports produced |
| Service Provider (ARC) | Needs based assessments |
| Service Provider (ARC) | Safety plans implemented |
| Service Provider (ARC) | Participants supported |

| Stakeholder | Outputs |
|---|---|
| Service Provider (ARC) | Referrals made to other supports: <ul style="list-style-type: none"> • Accommodation • migration and legal advice • medical • mental health • English language training • education and employment services • Interpreters • Centrelink |
| Service Provider (ARC) | Reports produced |
| Australian Border Force (ABF) | Department of Foreign Affairs and Trade (DFAT) |
| Department of Home Affairs (Home Affairs) | Australian Institute of Criminology (AIC) |
| Department of Home Affairs (Home Affairs) | State and Territory Child Protection, Housing and Support Services |
| Service Provider (The Salvation Army) | ARP eligibility assessments conducted |
| Service Provider (The Salvation Army) | Referrals of eligible victims or survivors to the STPP |
| Service Provider (The Salvation Army) | Referrals to other appropriate supports for people assessed as ineligible or who do not wish to be referred to the STPP |

Table 56. Outcomes (within STPP timeframe)

| Stakeholder | Outcomes |
|--|---|
| Administrator (DSS) and Service Provider (ARC, The Salvation Army) | Collaborative responses to modern slavery that are inclusive, trauma informed and lived experience centred are delivered through STPP and ARP |
| Administrator (DSS) and Service Provider (ARC, The Salvation Army) | ARP improves access to the STPP |
| Participants* *Note: a participants' journey is based on their individual needs; outcomes will differ according to their own identified needs and remedy | People with HTMS experiences are informed of and understand their safety risks, rights, and support options |

| Stakeholder | Outcomes |
|--|--|
| Participants* *Note: a participants' journey is based on their individual needs; outcomes will differ according to their own identified needs and remedy | People with HTMS experiences access appropriate support through STPP to meet their identified needs (This includes living in safe and stable accommodation, victims and survivors feel empowered to heal and rebuild their lives and People with HTMS experiences develop trusted relationships and supportive family and community connections with services provided through the STPP) |
| Justice response | People with HTMS experiences who elect to do so, are supported to participate in the criminal justice process |
| Program | STPP and ARP providers support collaborative responses to modern slavery that are inclusive, trauma-informed and lived experience centred |

Table 57. Outcomes (longer term beyond STPP)

| Stakeholder | Outcomes |
|--|---|
| Participants* *Note: a participants' journey is based on their individual needs; outcomes will differ according to their own identified needs and remedy | People with HTMS experiences experience personal and financial stability, good health and wellbeing |
| Participants* *Note: a participants' journey is based on their individual needs; outcomes will differ according to their own identified needs and remedy | People with HTMS experiences experience trusted relationships and supportive family and community connections |
| Participants* *Note: a participants' journey is based on their individual needs; outcomes will differ according to their own identified needs and remedy | People with HTMS experiences feel they are heard and accepted and have a sense of dignity |
| Participants* *Note: a participants' journey is based on their individual needs; outcomes will differ according to their own identified needs and remedy | People with HTMS experiences achieve a sense of healing |
| Justice response | Perpetrators of HTMS are held to account |
| Justice response | People with HTMS experiences are supported to manage and minimise effects of the criminal justice process |
| Program | STPP and ARP providers support collaborative responses to modern slavery that are inclusive, trauma-informed and lived experience centred |

| Stakeholder | Outcomes |
|-------------|--|
| Community | People are aware of the ARP and STPP |
| Community | People know how to recognise risks, safely respond or seek support when they witness or experience HTMS Civil society and other HTMS/FDV community providers comprehend the STPP, and the scope of services provided, or not, through it |

Evaluation framework – Support for Trafficked People Program

Effectiveness – KEQs, indicators, measures and data sources

KEQs

The evaluation framework includes one overarching key evaluation question:

1. To what extent have the intended outcomes of the STPP been achieved?

The sub-questions are:

- a. Have clients' needs been met by the STPP, and to what extent?
- b. What needs were not able to be met by the STPP?
- c. Has there been any variation in outcomes across different participant groups?

Table 58. Participant– during program outcomes (1 of 2): People with HTMS experiences are informed of and understand their safety risks, rights and support options

| Indicator | Measure | Data source |
|--|---|---|
| Increase in understanding by people with HTMS experiences of their rights and support options. | Extent to which participants report they understand their rights and support options. | <ul style="list-style-type: none"> • Program and administrative data, 2018–2024 • Lived experience interviews |

Table 59. Participant– during program outcomes (2 of 2): People with HTMS experiences access appropriate support through STPP to meet their identified needs

| Indicator | Measure | Data source |
|---|---|--|
| Increase in people with HTMS experiences referred to STPP. | Number and proportion of participants referred to STPP, with reference to the overall population. | <ul style="list-style-type: none"> • Program and administrative data, 2018–2024 |
| Decrease in people with HTMS experiences who do not access STPP. | Met and unmet need (to be defined). | <ul style="list-style-type: none"> • Program and administrative data, 2018–2024 • Lived experience interviews • Stakeholder interviews • Secondary published reports |
| Decrease in people with HTMS experiences who do not access STPP. | Extent to which referral enablers or barriers are reported. | <ul style="list-style-type: none"> • Lived experience interviews • Stakeholder interviews |
| Increase in the needs of people with HTMS experiences met by STPP. | Number and nature of service needs identified and delivered on. | <ul style="list-style-type: none"> • Program and administrative data, 2018–2024 |
| Increase in the needs of people with HTMS experiences met by STPP. | Proportion of participants whose needs were met by STPP, by selected participant characteristics. | <ul style="list-style-type: none"> • Program and administrative data, 2018–2024 • Lived experience interviews • Stakeholder interviews |
| Increase in participants living in stable accommodation on program exit. | Number and proportion of people with HTMS experiences living in accommodation or housing. | <ul style="list-style-type: none"> • Entry and exit status reports • Case notes |
| Increase in participants living in stable accommodation on program exit. | Extent to which people with HTMS experiences feel their accommodation is safe and stable. | <ul style="list-style-type: none"> • Qualitative fieldwork with participants and caseworkers |
| Increase in participants living in stable accommodation on program exit. | Reported enablers and barriers to stable accommodation. | <ul style="list-style-type: none"> • Qualitative fieldwork with participants and caseworkers • Case notes |
| Increase in people with HTMS experiences who report feelings of empowerment to rebuild their lives. | Proportion of participants reporting feelings of empowerment to rebuild their lives. | <ul style="list-style-type: none"> • Qualitative and written fieldwork with participants |

| Indicator | Measure | Data source |
|--|---|--|
| Increase in people with HTMS experiences who report feelings of empowerment to rebuild their lives. | Nature of healing and empowerment, and what these mean to people with HTMS experiences. | <ul style="list-style-type: none"> Qualitative and written fieldwork with participants |
| Increase in people with HTMS experiences who report feelings of empowerment to rebuild their lives. | Reported enablers and barriers to empowerment. | <ul style="list-style-type: none"> Qualitative and written fieldwork with participants |
| Increase in people with HTMS experiences who report trusted relationships and supportive family and community connections through STPP services. | Extent to which trusted relationships are reported, by people with HTMS experiences and stakeholders. | <ul style="list-style-type: none"> Administrative data Qualitative fieldwork with participants and caseworkers |
| Increase in people with HTMS experiences who report trusted relationships and supportive family and community connections through STPP services. | Nature of trust, and what this means to people with HTMS experiences. | <ul style="list-style-type: none"> Qualitative fieldwork with participants and caseworkers |
| Increase in people with HTMS experiences who report trusted relationships and supportive family and community connections through STPP services. | Reported enablers and barriers to trusted relationships and connections. | <ul style="list-style-type: none"> Qualitative fieldwork with participants and caseworkers |

Table 60. Participant- post program outcomes (1 of 3): People with HTMS experiences experience personal and financial stability, good health and wellbeing

| Indicator | Measure | Data source |
|---|--|--|
| Increase in participant education and employment opportunities. | Participation rate in education and employment. | <ul style="list-style-type: none"> Referral, exit and post-exit check-in data |
| Increase in participant education and employment opportunities. | Participation enablers and barriers reported. | <ul style="list-style-type: none"> Referral, exit and post-exit check-in data |
| Increase in participants living in stable housing. | Number and proportion of participants in stable housing. | <ul style="list-style-type: none"> Referral, exit and post-exit check-in data |
| Increase in stable childcare support. | Number and proportion of participants reporting stable childcare support. | <ul style="list-style-type: none"> Referral, exit and post-exit check-in data |
| Improved physical and mental health and wellbeing. | Proportion of participants reporting good levels of mental health and wellbeing. | <ul style="list-style-type: none"> Referral, exit and post-exit check-in data |
| Improved physical and mental health and wellbeing. | Proportion of participants reporting high levels of confidence. | <ul style="list-style-type: none"> Referral, exit and post-exit check-in data |
| Increase in sense of connection with family and community. | Proportion of participants reporting a strong sense of connection with family and community. | <ul style="list-style-type: none"> Referral, exit and post-exit check-in data |

Table 61. Participant- post program outcomes (2 of 3): People with HTMS experiences feel they are heard and accepted and have a sense of dignity

| Indicator | Measure | Data source |
|---|--|---|
| Increase in people with HTMS experiences who report that they were listened to and that their trauma, needs and personhood were treated with respect. | Proportion of people with HTMS experiences who report being listened to and heard. | <ul style="list-style-type: none"> Qualitative and written fieldwork with participants |
| Increase in people with HTMS experiences who report that they were listened to and that their trauma, needs and personhood were treated with respect. | Reported benefits of being listened to and heard. | <ul style="list-style-type: none"> Qualitative and written fieldwork with participants |

Table 62. Participant– post program outcomes (3 of 3): People with HTMS experiences achieve a sense of healing

| Indicator | Measure | Data source |
|---|---|---|
| Increase in people with HTMS experiences who report progress with respect to healing. | Proportion of participants who report progress with respect to healing. | <ul style="list-style-type: none"> Qualitative and written fieldwork with participants |
| Increase in people with HTMS experiences who report progress with respect to healing. | Nature of healing and what this means to people with HTMS experiences. | <ul style="list-style-type: none"> Qualitative and written fieldwork with participants |
| Increase in people with HTMS experiences who report progress with respect to healing. | Reported enablers and barriers to healing. | <ul style="list-style-type: none"> Qualitative and written fieldwork with participants |

Table 63. Justice response – during program outcome: People with HTMS experiences who elect to do so are supported to participate in the criminal justice process.

| Indicator | Measure | Data source |
|---|--|---|
| Increase in criminal justice processes commenced. | Number and proportion of people with HTMS experiences who participate in criminal justice processes. | <ul style="list-style-type: none"> Criminal justice activity data Participant and caseworker interviews Stakeholder interviews |

Table 64. Justice response – post program outcome: People with HTMS experiences are supported to manage and minimise the effects of the criminal justice process.

| Indicator | Measure | Data source |
|--|--|--|
| Increased trust and confidence in the criminal justice process. | Number and proportion of participants reporting positive experience with the criminal justice process. | <ul style="list-style-type: none"> Stakeholder interviews with service providers and partners Participant interviews |
| Increased trust and confidence in the criminal justice process. | Proportion of participants reporting a high level of trust in the criminal justice process. | <ul style="list-style-type: none"> Stakeholder interviews with service providers and partners Participant interviews |
| Reduced mental and physical effects of the criminal justice process. | Nature of mental and physical effects of the criminal justice process. | <ul style="list-style-type: none"> Stakeholder interviews with service providers and partners Participant interviews |
| Reduced mental and physical effects of the criminal justice process. | Extent to which participants are supported to manage these effects. | <ul style="list-style-type: none"> Stakeholder interviews with service providers and partners Participant interviews |

Table 65. Program outcomes (during)

| Outcomes | Indicator | Measure | Data source |
|---|---|---|--|
| DSS and STPP and ARP providers support collaborative responses to modern slavery that are inclusive, trauma-informed and lived experience centred | STPP responses are trauma-informed and lived experience centred | Extent to which providers, partners and participants report positive experience with referral and warm handover processes | <ul style="list-style-type: none"> Stakeholder interviews with government, service providers and partners, and participants |

| Outcomes | Indicator | Measure | Data source |
|---|---|---|--|
| DSS and STPP and ARP providers support collaborative responses to modern slavery that are inclusive, trauma-informed and lived experience centred | STPP is characterised by effective collaboration between stakeholders | Extent to which providers, partners and participants report positive experience with referral and warm handover processes | <ul style="list-style-type: none"> Stakeholder interviews with government, service providers and partners, and participants |
| DSS and STPP and ARP providers support collaborative responses to modern slavery that are inclusive, trauma-informed and lived experience centred | STPP meets needs of all people with HTMS experiences (inclusive) | Enablers and barriers experienced with STPP services and supports | <ul style="list-style-type: none"> Stakeholder interviews with government, service providers and partners, and participants |
| DSS and STPP and ARP providers support collaborative responses to modern slavery that are inclusive, trauma-informed and lived experience centred | STPP is evidence-based and contributes to the data | Areas identified for potential improvements or modification | <ul style="list-style-type: none"> Stakeholder interviews with government, service providers and partners, and participants |

Table 66. Community outcomes (post)

| Outcomes | Indicator | Measure | Data source |
|---|---|---|--|
| People are aware of the ARP and STPP | Increased community awareness of the ARP and STPP | Proportion of people who report they are aware of the STPP | <ul style="list-style-type: none"> Australian Institute of Criminology survey |
| People recognise the risks, behaviours and practices that constitute HTMS | Increased community awareness of HTMS | Proportion of people who report high level of understanding of risks, behaviours and practices that constitute HTMS | <ul style="list-style-type: none"> Australian Institute of Criminology survey |
| People know how to recognise risks, safely respond or seek support when they witness or experience HTMS | Increased community understanding of HTMS responses | Proportion of people who report high level of understanding on how to respond if they witness HTMS | <ul style="list-style-type: none"> Australian Institute of Criminology survey |
| People know how to recognise risks, safely respond or seek support when they witness or experience HTMS | Increased community understanding of HTMS responses | Proportion of people who report high level of understanding on how to seek support if they experience HTMS | <ul style="list-style-type: none"> Australian Institute of Criminology survey |
| Civil society and other HTMS/FDSV community providers comprehend the STPP, and the scope of services provided, or not, through it | Increased civil society and other HTMS/FDSV community providers understanding of STPP scope of services | Proportion of staff/providers reporting high level of understanding of STPP scope of services | <ul style="list-style-type: none"> Stakeholder interviews with service providers and partners |

Efficiency – KEQ, indicators, measures and data sources

KEQs

The KEQ for the efficiency of the STPP is:

2. Has the STPP been delivered efficiently?

The sub-questions are:

- a. To what extent does the funding model of the STPP efficiently meet program operational and delivery needs?
- b. Are there areas to improve administrative efficiency for the STPP?

Table 67. KEQ sub-questions a & b: Indicators, measures and data sources

| Sub-questions | Indicator | Measure | Data source |
|--|---|--|--|
| 2a. To what extent does the funding model of the STPP efficiently meet program operational and delivery needs? | STPP operational and delivery needs are efficiently met | Level of funding (inputs) by source <ul style="list-style-type: none"> • Number and nature of operational and delivery STPP activities • Average staff time spent on selected STPP operational and administrative processes • Enablers and challenges associated with operational and delivery activities | <ul style="list-style-type: none"> • Program and/or service provider financial data • Stakeholder interviews with government, service providers and partners |
| 2b. Are there areas to improve administrative efficiency for the STPP? | There are no opportunities to improve administrative efficiency | <ul style="list-style-type: none"> • Reported areas of administrative inefficiency • Extent to which improvements to administrative efficiency could be achieved | <ul style="list-style-type: none"> • Program and/or service provider financial data • Stakeholder interviews with government, service providers and partners |

Appropriateness – KEQ, indicators, measures and data sources

KEQs

The KEQ for appropriateness of the STPP is:

3. Is the design of the STPP appropriately aligned with best practice?

The sub-questions are:

- a. To what extent is the STPP aligned with victim support principles under the *National Action Plan to Combat Human Trafficking and Slavery 2020-25*?
- b. To what extent is the STPP consistent with the international principles and evidence regarding support for people with experience of HTMS and international programs?

Table 68. KEQ sub-questions a & b: Indicators, measures and data sources

| Sub-questions | Indicators | Measure | Data source |
|---|---|---|---|
| 3a. To what extent is the STPP aligned with victim support principles under the National Action Plan to Combat Human Trafficking and Slavery 2020-25? | STPP supports and services aligned with National Action Plan principles | Extent to which STPP is aligned to the nine principles outlined in the National Action Plan | <ul style="list-style-type: none"> • Stakeholder interviews with government, service providers and partners, and participants • Review of service provider activity workplans, reports, and participant |

| Sub-questions | Indicators | Measure | Data source |
|---|---|---|---|
| | | | referral and exit data |
| 3b. To what extent is the STPP consistent with the international principles and evidence regarding support for people with experience of HTMS and international programs? | STPP supports and services consistent with international principles | Extent to which STPP is consistent with international principles and evidence regarding support for people with HTMS experiences of human trafficking and slavery | <ul style="list-style-type: none"> Literature review Stakeholder interviews with government, service providers and partners, and participants Review of service provider activity workplans, reports, and participant referral and exit data |

Evaluation framework – Additional Referral Pathway

Effectiveness (implementation) – KEQ, indicators, measures and data sources

KEQs

The KEQ for implementation effectiveness for the ARP is:

4. To what extent is the ARP achieving intended activities and outputs?

The sub-questions are:

- To what extent are relevant organisations aware of the ARP and referring people likely to meet the eligibility criteria?
- How effective is the STPP eligibility assessment process?
- How do the ARP processes address safety, security and visa status issues for people with HTMS experiences?

Table 69. KEQ sub-questions a, b & c: indicators, measures and data sources

| Sub-questions | Indicator | Measure | Data source |
|---|---|---|--|
| 4a. To what extent are relevant organisations aware of the ARP? | Widespread awareness amongst potential referring organisations of the ARP. | Number of organisations aware of the ARP. | <ul style="list-style-type: none"> Survey or interviews with organisations ARP referral data Stakeholder interviews with government, service providers and partners Participant interviews |
| 4a. To what extent are relevant organisations aware of the ARP? | Widespread awareness amongst potential referring organisations of the ARP. | Number of organisations referring clients to the ARP. | <ul style="list-style-type: none"> Survey or interviews with organisations ARP referral data Stakeholder interviews with government, service providers and partners Participant interviews |
| 4a. To what extent are relevant organisations aware of the ARP? | Widespread awareness amongst potential referring organisations of the ARP. | Appropriate number and type of referrals are made. | <ul style="list-style-type: none"> Survey or interviews with organisations ARP referral data Stakeholder interviews with government, service providers and partners Participant interviews |
| 4b. How effective is the ARP eligibility assessment process? | The ARP eligibility assessment process results in accurate referrals to STPP. | Proportion of referrals that meet eligibility criteria. | <ul style="list-style-type: none"> ARP participant referral assessment data Stakeholder interviews with government, service providers and partners Participant interviews |

| Sub-questions | Indicator | Measure | Data source |
|--|---|--|--|
| 4b. How effective is the ARP eligibility assessment process? | The ARP eligibility process supports a good access experience. | Extent to which positive experience is reported with the eligibility assessment process. | <ul style="list-style-type: none"> • ARP participant referral assessment data • Stakeholder interviews with government, service providers and partners • Participant interviews |
| 4c. How do the ARP processes address safety, security and visa status issues for people with HTMS experiences? | The ARP eligibility assessment process results in accurate referrals to STPP. | Extent to which barriers relating to safety, security and visa status are reported. | <ul style="list-style-type: none"> • Participant interviews • Stakeholder interviews with providers |
| 4c. How do the ARP processes address safety, security and visa status issues for people with HTMS experiences? | The ARP eligibility process supports a good access experience. | Extent to which barriers relating to safety, security and visa status are reported. | <ul style="list-style-type: none"> • Participant interviews • Stakeholder interviews with providers |

Effectiveness (Outcomes) – KEQ, indicators, measures and data sources

KEQs

The KEQ for the ARP effectiveness (outcomes) is:

5. To what extent is the ARP achieving outcomes for victim survivors?

The sub-question is:

- a. Could the service delivery model could be improved to deliver better outcomes for people with HTMS experiences?

Table 70. Short-term example outcomes (1 of 3): People with HTMS experiences are informed of and understand their rights and support options

| Indicator | Measure | Data source |
|---|---|--|
| Increase in participants who understand their rights and support options. | Extent to which participants report they understand their rights. | <ul style="list-style-type: none"> • Stakeholder interviews and surveys with participants, service providers and partners • ARP referral and activity data |
| Increase in participants who understand their rights and support options. | Reported enablers and barriers to understanding rights and support options. | <ul style="list-style-type: none"> • Stakeholder interviews and surveys with participants, service providers and partners • ARP referral and activity data |
| Increase in participants who understand their rights and support options. | Identified areas for improvement or modification. | <ul style="list-style-type: none"> • Stakeholder interviews and surveys with participants, service providers and partners • ARP referral and activity data |

Table 71. Short-term example outcomes (2 of 3): People with HTMS experiences access appropriate support through ARP and STPP to meet their needs

| Indicator | Measure | Data source |
|--|---------------------------------|--|
| Increase in people with HTMS experiences accessing appropriate supports. | Number of referrals to the ARP. | <ul style="list-style-type: none"> • ARP referral and activity data • Stakeholder interviews with participants, service providers and partners |

| Indicator | Measure | Data source |
|--|--|--|
| Increase in people with HTMS experiences accessing appropriate supports. | Extent to which enablers and barriers to accessing the range of services are reported. | <ul style="list-style-type: none"> • ARP referral and activity data • Stakeholder interviews with participants, service providers and partners |
| Increase in people with HTMS experiences accessing appropriate supports. | Evidence of case management records with comprehensive case notes. | <ul style="list-style-type: none"> • ARP referral and activity data • Stakeholder interviews with participants, service providers and partners |
| Increase in people with HTMS experiences accessing appropriate supports. | Reduced need for people with HTMS experiences to retell their story. | <ul style="list-style-type: none"> • ARP referral and activity data • Stakeholder interviews with participants, service providers and partners |
| Increase in people with HTMS experiences accessing appropriate supports. | Extent to which barriers to ARP access are reported. | <ul style="list-style-type: none"> • ARP referral and activity data • Stakeholder interviews with participants, service providers and partners |
| Increase in people with HTMS experiences accessing appropriate supports. | Identified areas for improvement or modification. | <ul style="list-style-type: none"> • ARP referral and activity data • Stakeholder interviews with participants, service providers and partners |

Table 72. Short-term example outcomes (3 of 3): Collaborative responses to modern slavery are inclusive, trauma-informed and centre lived experience

| Indicator | Measure | Data source |
|---|--|---|
| Participants have increased access to a range of services and supports. | Number of participants receiving services. | <ul style="list-style-type: none"> • STPP referral and activity data • Stakeholder interviews with government, service providers and partners • Participant interviews |
| Participants have increased access to a range of services and supports. | Extent to which providers, partners and participants report positive experience with referral and warm handover processes. | <ul style="list-style-type: none"> • STPP referral and activity data • Stakeholder interviews with government, service providers and partners • Participant interviews |
| Participants have increased access to a range of services and supports. | Reported enablers and barriers experienced with STPP services and supports. | <ul style="list-style-type: none"> • STPP referral and activity data • Stakeholder interviews with government, service providers and partners • Participant interviews |
| Participants have increased access to a range of services and supports. | Areas identified for potential improvements or modification. | <ul style="list-style-type: none"> • STPP referral and activity data • Stakeholder interviews with government, service providers and partners |

| Indicator | Measure | Data source |
|-----------|---------|--|
| | | <ul style="list-style-type: none"> Participant interviews |

Table 73. Medium-term example outcomes (1 of 2): People with HTMS experiences feel empowered to rebuild their lives.

| Indicator | Measure | Data source |
|---|--|--|
| Increase in confidence and empowerment. | Extent to which participants report they have experienced having a say in their support needs. | <ul style="list-style-type: none"> Stakeholder interviews with government, service providers and partners Participant interviews Case notes |
| Increase in confidence and empowerment. | Extent to which participants report they have experienced healing. | <ul style="list-style-type: none"> Stakeholder interviews with government, service providers and partners Participant interviews Case notes |
| Increase in confidence and empowerment. | Extent to which participants report they have experienced a sense of safety. | <ul style="list-style-type: none"> Stakeholder interviews with government, service providers and partners Participant interviews Case notes |
| Increase in confidence and empowerment. | Extent to which participants report they have experienced a sense of confidence that they will not be re-victimised. | <ul style="list-style-type: none"> Stakeholder interviews with government, service providers and partners Participant interviews Case notes |
| Increase in confidence and empowerment. | Extent to which participants report they have experienced a sense of optimism about the future. | <ul style="list-style-type: none"> Stakeholder interviews with government, service providers and partners Participant interviews Case notes |
| Increase in confidence and empowerment. | Extent to which participants report they have experienced connection to culture. | <ul style="list-style-type: none"> Stakeholder interviews with government, service providers and partners Participant interviews Case notes |
| Increase in confidence and empowerment. | Extent to which participants report they have experienced positive migration outcomes. | <ul style="list-style-type: none"> Stakeholder interviews with government, service providers and partners Participant interviews Case notes |

| Indicator | Measure | Data source |
|---|--|--|
| Increase in confidence and empowerment. | Extent to which participants report they have experienced positive legal and justice outcomes. | <ul style="list-style-type: none"> Stakeholder interviews with government, service providers and partners Participant interviews Case notes |
| Increase in confidence and empowerment. | Extent to which participants report they have experienced other aspects identified by the participant. | <ul style="list-style-type: none"> Stakeholder interviews with government, service providers and partners Participant interviews Case notes |

Table 74. Medium-term example outcomes (2 of 2): People with HTMS experiences experience personal stability, good health and wellbeing.

| Indicator | Measure | Data source |
|---|--|--|
| Increase in participant education and employment opportunities. | Participation rate in education. | <ul style="list-style-type: none"> Referral, exit and post-exit check-in data |
| Increase in participant education and employment opportunities. | Participation rate in employment. | <ul style="list-style-type: none"> Referral, exit and post-exit check-in data |
| Increase in participant education and employment opportunities. | Reported enablers and barriers to participation. | <ul style="list-style-type: none"> Referral, exit and post-exit check-in data |
| Increase in clients living in stable housing. | Number and proportion of participants in stable housing. | <ul style="list-style-type: none"> Referral, exit and post-exit check-in data |
| Increase in stable childcare support. | Number and proportion of participants reporting stable childcare support. | <ul style="list-style-type: none"> Referral, exit and post-exit check-in data |
| Improved physical and mental health and wellbeing. | Proportion of participants reporting good levels of mental health and wellbeing. | <ul style="list-style-type: none"> Referral, exit and post-exit check-in data |
| Improved physical and mental health and wellbeing. | Proportion of participants reporting a high level of confidence (to be defined). | <ul style="list-style-type: none"> Referral, exit and post-exit check-in data |
| Increase in sense of connection with family and community. | Proportion of participants reporting a strong sense of connection. | <ul style="list-style-type: none"> Referral, exit and post-exit check-in data |

Appendix 2. Methodology in detail

This evaluation applied a mixed methods approach designed to assess aspects of appropriateness, effectiveness, and efficiency across three broad phases of work: evaluation planning, data collection, and analysis, followed by reporting and presentations.

Evaluation planning (June–August 2024)

The project commenced in June 2024 with the evaluation planning phase. This involved an inception meeting, an evaluation workshop, initial document and literature reviews, and the development of the evaluation framework and project plan.

Program logic and evaluation framework development

The STPP program logic, which was previously developed by the department, was reviewed and updated as part of this evaluation. The evaluation planning workshop on 25 June 2024, and attended by departmental staff, included a review of the STPP program logic and ARP theory of change, with discussion of potential updates.

Insights from this workshop, along with further review of material provided by the department and key stakeholders informed the development of a revised program logic and evaluation frameworks for the STPP and the ARP. The evaluation frameworks also included the key evaluation questions stipulated by the department, designed to address the scope of the evaluation for both the STPP and the ARP. The program logic and evaluation frameworks were further reviewed and refined in consultation with the department and informed by lived experience and further stakeholder input later in the evaluation.

Desktop review

A desktop review was undertaken to ensure that programme documentation and other literature fully informed the report. The focus was on describing the intended programme operation, the programme and policy context, and updating the evidence for best practice for similar programmes. Material provided by the department was primarily relied upon, supplemented by publicly available sources. Specific contextual documents reviewed included the ARP Working Group Final Report (Dec 2021), relevant grant agreements and operational requirements, the AFP Human Trafficking and Slavery Strategic Plan 2023–2026, and the Parliamentary Joint Standing Committee report, *Hidden in Plain Sight* (Dec 2017). This review was delivered as a separate document in August 2024. The review was also included as part of secondary data collection and analysis in subsequent phases of the project.

Data collection (September 2024 – March 2025)

In addition to collecting original, first-hand information specifically for the evaluation (primary data from interviews with clients and stakeholders), the evaluation utilised existing information that was collected for other purposes (secondary data from program reports, administrative data, and policy documents).

All aspects of data access, collection, storage, and use were managed in line with a comprehensive data management plan. Key personnel involved in the evaluation signed deeds of confidentiality and held necessary security clearances for accessing materials. Access to materials was approved through relevant procedures and was compliant with relevant policies and legislation, including the *Privacy Act 1988* (Cth).

Primary data

Primary data was gathered directly from programme participants and stakeholders. Primary data collection allowed for research instruments to be tailored specifically to the aims of the evaluation and provided depth and richness.

Primary data collection occurred between September 2024 and March 2025. Before the commencement of primary data collection, Human Research Ethics Committee (HREC) approval was obtained from the Victoria University HREC (Reference Number: EXT_HRE24-004). A draft ethics submission, including an overview of relevant literature, methodology and sample frame description, privacy and data security processes, research instruments, participant distress protocols, and participant information and informed consent forms, was provided to the Department for review prior to submission.

Stakeholder engagement

Stakeholder engagement aimed to understand programme implementation, identify barriers and enablers, assist interpretation of administrative data, explore the theory of change, and assess the need for programme design adjustments. Stakeholders were identified through mapping exercises conducted in conjunction with the DSS, Red Cross, and The Salvation Army. Stakeholder selection was further informed by background reading, attendance at network events, snowball sampling, and prioritisation discussions.

Initial contact, including introductory meetings and email contact, was made between July and August 2024. In-depth interviews were conducted with representatives from a range of relevant stakeholders with a professional perspective on the STPP and ARP, including:

- Commonwealth government agencies (e.g., DSS, AIC, AGD, Home Affairs, ABF, AFP)
- Service providers and delivery partners (e.g., Australian Red Cross, The Salvation Army, consortium organisations)
- Agencies that refer to and are referred from the STPP/ARP
- Other programmes supporting people with HTMS experiences
- Related sector organisations and advocacy organisations working in the Human Trafficking and Modern Slavery (HTMS) space.

A total of 72 individual stakeholders were engaged. This included 33 from programme providers and delivery partners, 22 from government, and 17 from referral/referred to agencies and other agencies supporting or advocating for people with HTMS experiences.

Program participant engagement

Programme participant engagement involved collecting feedback on participants' experiences and satisfaction. Interviews focused on encouraging participants to tell their service stories using a trauma-informed and experience mapping approach, without having to re-tell stories of victimisation. The approach was also strengths-based, encouraging reflection on moments of successful transition and resilience.

The aim was to recruit a sample of 50 participants and former participants across both the STPP and ARP programs. Participants were invited if they were current clients or former clients of the STPP referred since 2017. The goal was to achieve a sample that was as representative as possible across various criteria, including program stream, point in journey/time since exit, referral pathway (including ARP), age, gender, location, visa/residence status.

A detailed contact and recruitment protocol was developed through collaboration between the evaluation team and the service provider. This ensured ethical, safe and practical recruitment without over-burdening service provider staff. Interviews with clients were conducted via MS Teams, Zoom, or by telephone call. Informed consent was obtained from all programme participants engaged. Where participants consented, interviews were recorded, and transcriptions were made. The evaluation team engaged TIS National Interpreting services as required, with two interviews conducted with an interpreter present. Herspace independent counselling service was engaged to provide a once-off phone therapy session following an interview if requested by the participant.

Exclusion Criteria: Individuals were not invited to participate if it was deemed inappropriate due to their particular circumstances. Specific exclusion criteria included participants who were overseas, in hospital, in a crisis situation, or dealing with a complex health, safety, or criminal justice issue (with caseworkers using discretion to determine appropriateness). Those under the age of 18 were also excluded. Those who had been on the program for less than 3 months were also excluded. All others were considered eligible to participate to maximise sample total and breadth.

A total of 42 individuals who had lived experience of the STPP programme were engaged. This included 36 who participated in an interview and 6 who provided written feedback via a form hosted on the research platform Qualtrics and accessed via unique individual links. In addition to those recruited via the STPP service provider (39 individuals) a further three were engaged through snowball sampling from stakeholder interviews.

The sample demographics for the 39 clients recruited via the service provider were:

- Gender: 5 Male, 36 Female
- State: 16 NSW, 13 QLD, 5 VIC, 5 other states

- Status: 34 currently on STPP, 6 formerly on STPP (exited)
- Referral pathway: 5 ARP, 34 AFP
- Age: 9 aged 18-25, 18 aged 26-35, 12 aged 36+.

Note that groupings with less than five individuals have not been included in these figures to preserve anonymity. Therefore, totals do not all add to 39.

Secondary data

Secondary data sources were existing information collected for purposes other than the current evaluation. A data sharing agreement was signed between the STPP service provider (Australian Red Cross) and Where to. Secondary data was utilised and analysed to address selected evaluation measures and questions. All secondary data provided by the STPP and ARP service providers and by DSS was deidentified prior to evaluation team access. The secondary data sources used in the final report included:

- Programme and administrative data
- Entry and exit status reports (Participants July 2018 - Dec 2024)
- Strength and needs assessments data
- Post exit follow up collected data
- STPP Quarterly reports
- ARP Consortium enquiry data
- ARP Consortium stakeholder engagement data
- ARP Consortium referral data
- Programme and service provider financial data (grant funding amounts, costs by allowance type data)
- Australian Institute of Criminology (AIC) Human Trafficking and Modern Slavery National Minimum Data Set (NMDS) data
- Desktop review
- Peer-reviewed research and evaluation publications
- Government and other organisation reports, statements, commentary

Data Analysis (November 2024–May 2025)

Quantitative data provided by the STPP and ARP service providers was analysed using descriptive statistics and the Q statistical software package. Analysis of administrative data focused on calculating and assessing outputs and outcomes using descriptive statistics. Qualitative data from interviews and other sources was transcribed and analysed thematically to identify key findings related to programme implementation, experiences, and outcomes.

Triangulation of primary and secondary data was performed collaboratively between evaluation team members through regular discussion and workshopping to develop a sound body of evaluation evidence and ensure a comprehensive picture of the programmes from multiple sources and perspectives.

Reporting (December 2024–June 2025)

An interim report focusing on the ARP implementation was delivered in December 2024. The current report, representing the synthesis of all data sources and analysis, was delivered in June 2025. A final findings workshop was held in April 2025 where results and interpretation were discussed between the evaluation and department teams. A final findings presentation, incorporating outcomes of the workshop, was delivered in May 2025.

Methodological limitations

Each of the data sources used in this evaluation has limitations.

Program and administrative data

Program and administrative data are primarily collected to support case management and assist with referrals once a participant leaves the program. The primary mechanism is through caseworker assessments at entry and exit. This process is not designed to capture outcomes in a way that supports meaningful program evaluation. As such, its usefulness for understanding long-term impact or effectiveness is limited.

The Strengths and Needs Assessment (SANA) framework is theoretically more useful for program evaluation, but inconsistency in data collection timing and frequency and large amounts of missing data limit its utility. This is discussed in both findings and recommendations sections above.

In addition, while participant circumstances and service access are tracked, there is little clarity about the extent to which observed changes are directly attributable to the program.

Qualitative data

- Limited lived experience sample: The sample of individuals with lived experience, particularly for the Additional Referral Pathway (ARP), was small and may not reflect the full diversity of experiences among people with HTMS experiences who have accessed or been excluded from the program.
- Selective stakeholder participation: one of the key actors, the Australian Federal Police (AFP), did not engage in this evaluation beyond an initial qualitative consultation, limiting insight into criminal justice matters and outcomes.

Sampling bias: The participant sample relied on opt-in approaches, potentially introducing selection bias. Individuals who opted to participate may differ systematically from those who did not—for example, in terms of engagement with services or satisfaction with support received.

Variability in participant accounts: Participant perspectives were highly varied, influenced by subjective factors such as emotional state, perceived trust in the program, and clarity of memory. This variability introduces challenges in identifying generalisable insights across cases.

Sector stakeholder dynamics: Perspectives among NGOs and service providers were often strongly held and polarised. Several stakeholders reported perceived pressure to avoid criticism of the program due to concerns about jeopardising future funding or the continuity of service delivery.

Limited broader service system input: While HTMS-specialist providers were well represented, there was minimal consultation with broader services such as health, mental health, and housing—sectors critical to whole-of-system victim support.

Exclusion of child and youth voices: Children and young people—who may have distinct experiences of trafficking, forced marriage, or exploitation—were not directly consulted, representing a gap in the evaluation's understanding of how the STPP responds to their needs.

These limitations highlight opportunities to strengthen STPP's monitoring and evaluation functions—particularly through improved administrative data design, clearer measures of program impact (e.g. outcomes that are attributable to the program), and expanded engagement with lived experience, broader service systems, and marginalised groups.

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