



2018 Program Assessment

**Author: Dr. Laura Cordisco Tsai
December 2018**

PTI 2018 Program Assessment

Dr. Laura Cordisco Tsai

December 2018

Table of Contents

Foreword	5
Acknowledgements.....	6
Acronyms	7
Introduction	8
Methods.....	9
Data Collection	9
Figure 1: Client FGD Participation per Category.....	10
Table 1: PTI Staff Interviewed	11
Table 2: PTI Partners Interviewed	12
Data Analysis.....	13
Program Assessment Process.....	14
Table 3: Summary of Program Assessment Process	14
Findings Section 1: Staff Experiences, Organizational Culture, and Systems	16
Findings Section 2: The “Big Picture” of PTI’s Services	21
Findings Section 3: Sub-Programs	43
Career Counseling (CC).....	43
Job Readiness Training (JRT).....	45
Education Program	50
Social Enterprise Program (SEP).....	54
Job Referral Assistance Program (JRAP)	59
Reproductive Health Partnership.....	65
Recommendations	66
Recommendations: PTI Processes, Systems, and Structure.....	67
Figure 2: Proposed Organizational Chart.....	70
Recommendations: Staff Development and Well-Being.....	73
General Program Recommendations	75
Recommendations Regarding Sub-Programs.....	79
Prioritization and Responsibility for Recommendations	89
Table 4: Recommendations to be Implemented Immediately	89
Table 5: Recommendations that Will Not Be Implemented Immediately	90

Foreword

Organizations like Paglaum Training International (PTI) should never simply assume that their efforts to help survivors of violence and exploitation are working as they should. And yet, while many organizations in the counter-trafficking ecosystem may wish to assess their work, few donors are ready to fund programmatic reviews. This leaves most organizations unable to budget the time and financial resources to evaluate their projects and share it with their beneficiaries, partners, donors, and the broader sector.

At PTI, we have been very fortunate to partner with several forward-thinking donors who understand that program evaluation leads to improved services and better outcomes for survivors. PTI was able to conduct its first substantial program assessment, seeking input and feedback about the organization from clients, staff, partner organizations and businesses, with the financial support of these donors.

Dr. Laura Cordisco Tsai was commissioned to lead the Program Assessment. As a practitioner-minded academic with 15 years of experience working with survivors of violence and exploitation in Southeast Asia, Dr. Cordisco Tsai has the skills of a world-class researcher and devotes her life to research that helps organizations like PTI work better. We are profoundly grateful to her and her team for the work they did in this Program Assessment.

Throughout the Program Assessment, the voices of survivors and stakeholders were not just heard; they are being taken very seriously and impacting the organization moving forward. Feedback and recommendations from clients, staff, and other stakeholders are already influencing PTI's strategy and helping us to be more focused and impactful. As we implement the recommendations of the Program Assessment, PTI will see significant improvement in the services for survivors of violence and exploitation in the Philippines, and their success rate in achieving long-term financial freedom, safety, and hope for their lives. Already, key recommendations from the report are being implemented across the organization, and PTI remains committed to providing excellent, professional, and quality economic empowerment services for survivors of exploitation, abuse, and violence.

We believe it's important to share honestly what we have learned in this Program Assessment, and thus are making the full report available for partners, donors, and the broader counter-trafficking ecosystem. While some of the content is specifically relevant to the internal workings of PTI, we believe it is important to share the report in its entirety to highlight lessons we've learned and, hopefully, allow others to learn from our challenges and successes.



Jeremy Floyd
Executive Director, PTI

Acknowledgements

Special thanks to Cherry L. Orejola Bonachita and Loricar Orais for detailed attention to note-taking and to Loricar Orais for support with logistical arrangements.

Thank you to Ivy F. Seballos-Llena for assistance with interviewing and to Fe Dayeen Tuditud for her support with translation.

Dr. Laura Cordisco Tsai
Program & Learning Advisor, PTI

Acronyms

PTI: Paglaum Training International

ALS: Alternative Learning System

BRC: Business Relations Coordinator

CC: Career Counseling

DSWD: Department of Social Welfare and Development

FB: Facebook

FGD: Focus Group Discussion

JRAP: Job Referral Assistance Program

JRT: Job Readiness Training

OJT: On-the-job training

RH: Reproductive Health

SEP: Social Enterprise Program

SSGE: Safe, sustainable, gainful employment

VT: Vicarious Trauma

WIP: Work Immersion Program

Introduction

Paglaum Training International (PTI) has been operating its programs in the Philippines since 2010. No formal program assessments have, however, been conducted during this time.

Program assessments are a vital part of health and growth for any nonprofit. Every nonprofit can benefit from opportunities to listen to and learn from key stakeholders, reflect on successes and challenges, and engage in re-visioning for the future. PTI commissioned this program assessment to help the organization learn from its eight years of operations and develop and institutionalize a plan to improve programming in the coming years.

The current program assessment was not designed as a formal impact evaluation of PTI's outcomes and/or performance. Rather, the program assessment aimed to provide a systematic process for understanding the following:

- How do all key stakeholders perceive the work of PTI, including clients, staff, and partners? How do key stakeholders understand PTI's mission? What do key stakeholders see as the strengths and weaknesses of the organization?
- What organizational dynamics impact PTI's capacity to successfully achieve its mission? How can PTI strengthen systems within the organization to ensure that the organizational environment is conducive to successful achievement of the mission?
- What recommendations do all key stakeholders have for strengthening the work of PTI moving forward?

During the program assessment, perspectives from all stakeholders (clients, staff and partners) were synthesized in answering the above questions. The program assessment was designed as a collaborative process with active engagement from all stakeholders, described in further detail below.

Methods

In this review, a qualitative program assessment was conducted of PTI's operations, focusing on the above questions. The program assessment aimed to provide a quick, internal assessment that will serve as the foundation for more rigorous evaluations in the future. The program assessment intentionally did not involve the level of methodological rigor common to scholarly program evaluations. Even so, numerous methods were employed to enhance the rigor of this internal assessment, including triangulation of a multitude of data sources and methods, and random sampling of clients, among others.

The program assessment process was led by PTI Program and Learning Advisor, Dr. Laura Cordisco Tsai. As a first step, Dr. Cordisco Tsai formulated a Program Assessment Leadership Team within PTI, comprised of key leaders within the organization. Members of the PTI Program Assessment Leadership Team included Jeremy Floyd (PTI Executive Director), Jonna Eleccion (Director, PTI Cebu), Janice Ubaldo (Director, PTI Manila), and Rhea Baylosis (Senior Career Counselor), along with Dr. Cordisco Tsai. All decisions regarding program assessment design, implementation, and recommendations were made collaboratively by all members of the Program Assessment Leadership Team.

Data Collection

Multiple forms of data were collected and triangulated in this assessment, including in-depth interviews, focus group discussions (FGDs), and document review. In-depth interviews and FGDs were conducted with a variety of informants, including clients, staff, and partners, so that data from all sources could be triangulated. The goal of these interviews was to elicit feedback and suggestions from a range of key stakeholders and ensure that the perspectives of all parties were considered in the program assessment process.

A total of 8 FGDs were conducted with 27 PTI clients. For these FGDs, all PTI clients were divided into six sub-categories based upon their status in PTI's programs. These six categories include:

1. Clients who have successfully achieved safe, sustainable, and gainful employment (SSGE)¹
2. Clients who are actively working toward SSGE
3. Clients who are working, but whose employment does not classify as "SSGE" as per the definition PTI has historically used

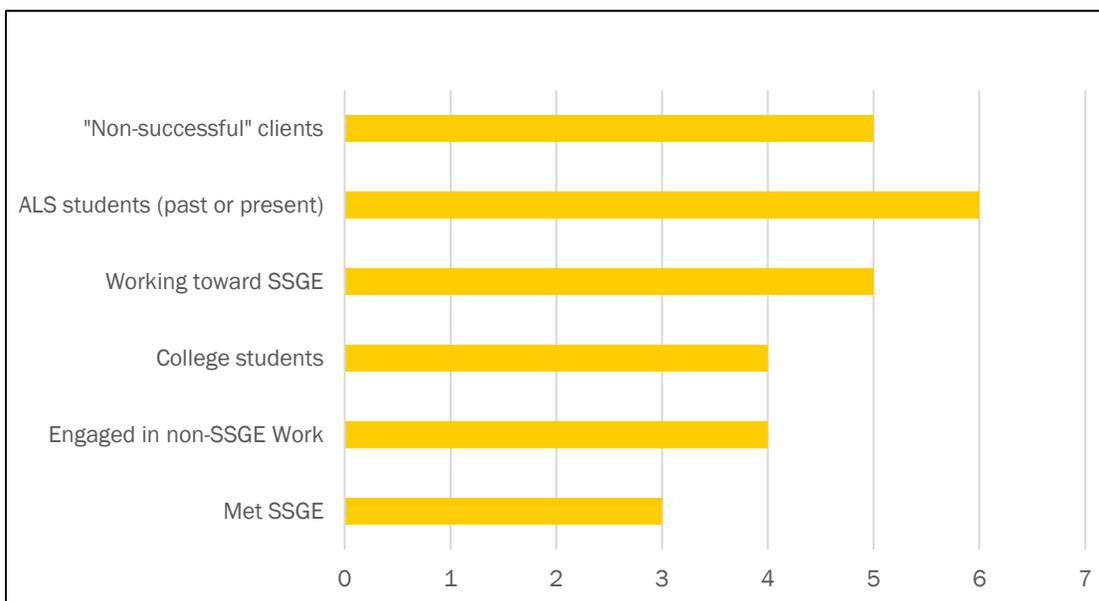
¹ Historically at PTI, safe employment was defined as clients being protected under local labor laws, signaled by government-mandated benefits. Sustainable employment was defined as clients surpassing a 90-day evaluation period on the job, demonstrating they could sustain positions in the workforce. Gainful employment was defined as receive at least minimum wage for a full-time job.

4. Clients currently enrolled in college through PTI scholarships
5. Clients who are currently or in the past have been involved in the Alternative Learning System (ALS)
6. Clients who have been deemed "unsuccessful" in PTI's programs

A purposive decision was made to oversample from categories #5 and #6 due to the difficulties faced in properly serving these clients. As a result, two FGDs were conducted with clients in categories #5 and #6 while one FGD was conducted with clients in all other categories.

All PTI clients were divided into the above sub-groups. Names were randomly selected from each group. Randomly selected clients were invited to participate in the FGDs. For each FGD, random selection stopped when a total of five clients agreed to participate per FGD. FGDs were intentionally kept small to ensure that the environment was conducive to open dialogue. Open-ended guides were developed for each client FGD. Guides were loosely followed, with ample follow-up questions asked of participants based upon feedback provided in the moment. No compensation was provided to clients for their participation, but transportation reimbursements and food was given. Actual attendance at FGDs per client category is included below in Figure 1. All client interviews were conducted by Laura Cordisco Tsai with note-taking by Cherry L. Orejola Bonachita and translation by Fe Dayeen Tudit.

Figure 1: Client FGD Participation per Category (n=27)



In addition to client FGDs, 28 in-depth interviews were conducted with PTI staff in the Cebu and Manila offices with a total of 16 staff members. Two interviews were conducted with all PTI staff who were directly engaged in programming, while one interview was conducted

with non-program staff and/or staff who were new to the organization. Open-ended guides were utilized in staff interviews. All first-round interviews were conducted in person with the Cebu team and via Skype with the Manila team. Second-round interviews were conducted either via Skype or by sending questions through email, based upon the preference of the staff person. A summary of all staff interviewed is included below in Table 1. All staff interviews were conducted by Dr. Cordisco Tsai with note-taking by Cherry L. Orejola Bonachita.

Table 1: PTI Staff Interviewed

<i>Role</i>	<i>Number of Interviews</i>
Cebu Office Director	2
Manila Office Director	2
Senior Career Counselor, Cebu	2
Career Counselor, Cebu	2
Education Program Manager, Cebu	2
Education Program Assistant, Cebu	2
Operations Assistant, Social Enterprise Program, Cebu	2
HR Associate, Social Enterprise Program, Cebu	1
Business Relations Coordinator, Cebu	2
Job Readiness Manager, Cebu	2
Career Counselor, Manila	2
Job Readiness Manager, Manila	2
Education and Employment Coordinator, Manila	2
Administrative Officer, Cebu	1
Driver, Cebu	1
Finance Advisor, Cebu	1
Total	28

Additionally, the Cebu Office Director conducted a FGD with lead program staff regarding PTI's target population. The goal of this FGD was to gather feedback from staff pertaining to which populations they believe PTI should serve moving forward. PTI staff who participated in the FGD included the Education Program Manager, Senior Career Counselor, Career Counselor, Business Relations Coordinator, and Job Readiness Manager.

A combination of in-depth interviews and FGDs were conducted with a diverse range of PTI partners in the Philippines. While PTI collaborates with a wide range of governmental, non-governmental, and business partners in the Philippines, partners were purposively selected for interviews/FGDs based upon the historical intensity of partnership. Partners with whom PTI has collaborated with the most closely were invited to participate in the program assessment. Open-ended guides were used in partner interviews. Partner interviews and FGDs were conducted either by Ivy F. Seballos-Llena or Laura Cordisco Tsai. Either Cherry L. Orejola Bonachita or Loricar Orais recorded interview/FGD notes.

In total, 24 individuals from partner organizations were interviewed either through an in-depth interview or a FGD. We conducted 14 in-depth interviews with partner representatives and three FGDs with 10 representatives from partners. A summary of all interviews and FGDs conducted with partner organizations is included below in Table 2.

Table 2: PTI Partners Interviewed

Category of partner	Number of partner organizations included in interviews/FGDs	FGDs		# of persons joining in-depth interviews
		# of FGDs conducted	# of persons in FGDs	
Client employers: Non-social enterprises	2	-	-	2
Client employers: Social enterprises	2	-	-	2
Social Enterprise Project (SEP) customers	2	-	-	2
Education	2	-	-	2
Social service agencies serving victims of violence and exploitation	6	2	7	3
Job readiness trainers	5	1	3	1
Other	2	-	-	2
Total	18²	3	10	14

Prior to each interview/FGD, confidentiality was discussed with all participants. Clients were informed that all information shared by clients during FGDs would be kept confidential with two exceptions: reports of any abuse by PTI staff and/or any reports of PTI clients and/or staff being in danger. Regarding confidentiality, PTI staff were informed that every effort would be

² The total number of organizations participating in interviews/FGDs was only 18, as three organizations fit into two different categories.

made to provide confidentiality regarding staff members' feedback on their general experiences as staff. However, confidentiality regarding programmatic feedback could not be assured, as staff were primarily asked for programmatic feedback pertinent to their sub-program/scope of work. PTI partners were not promised confidentiality in their interviews/FGDs, as PTI staff wanted to learn how to improve their working relationships with specific partners involved in the review. However, all partners were given the opportunity to highlight specific comments that they wanted to keep confidential, which were recorded separately and for which confidentiality was maintained. The same exceptions to confidentiality for clients applied to staff and partners as well. For the sake of efficiency, interviews were not audio-recorded or transcribed. However, highly detailed notes were taken during all interviews/FGDs. Note-takers were instructed to document the conversation as it happened and to include as much information verbatim as possible. Note-takers agreed to keep everything discussed in interviews/FGDs confidential.

In addition to stakeholder interviews/FGDs, a review was conducted of key documents to learn more about organizational systems. Documents reviewed included the following:

- Client referral form
- Program protocols pertaining to all aspects of PTI's programs
- Documents regarding client orientations throughout all stages of the program
- Client case files and tracking systems
- Client protection policies
- Staff job descriptions
- Organizational structure/chart

As referenced earlier, multiple approaches were employed to triangulate data, including triangulation of data sources (i.e. a variety of informants, including clients, staff, and partners) and methods (i.e. in-depth interviews, FGDs, and document review).

Data Analysis

As noted previously, this qualitative assessment was designed to be a quick, internal assessment that will serve as a foundation for more rigorous evaluations in the future. As a result, coding was not conducted of interview/FGD notes or internal documents reviewed. A purposeful decision was made not to engage in thematic analysis in order to expedite the review process. Instead, a detailed summary was compiled of all data generated through all sources and methods.

Program Assessment Process

As referenced earlier, the PTI program assessment was designed to be a collaborative process. Included below in Table 3 is an outline of the entire review process involving numerous mechanisms for eliciting feedback from stakeholders throughout all stages of the review.

Table 3: Summary of Program Assessment Process

Stage 1: Program Assessment Design (February – March 2018)
<ul style="list-style-type: none">• Program Assessment Leadership Team was formed, including Laura Cordisco Tsai, Jeremy Floyd, Jonna Eleccion, Janice Ubaldo, and Rhea Baylosis.• Dr. Cordisco Tsai proposed a design for the program assessment and elicited feedback from the Program Assessment Leadership Team.• Sampling strategy for PTI clients and partners was determined. Clients and partners were invited to participate in interviews/FGDs.
Stage 2: Data Collection (April – June 2018)
<ul style="list-style-type: none">• Interviews and FGDs were conducted with PTI clients, staff, and partners.• All documentation of interviews/FGDs was finalized.
Stage 3: Initial Findings and Recommendations (July – August 2018)
<ul style="list-style-type: none">• Dr. Cordisco Tsai reviewed data collected from all sources and summarized findings in study report.• Dr. Cordisco Tsai proposed a preliminary set of recommendations, summarized in the study report.• Program Assessment Leadership Team collectively reviewed findings and recommendations reflected in study report and shared feedback on all recommendations. Recommendations were revised accordingly.
Stage 4: Feedback from PTI Staff (August – September 2018)
<ul style="list-style-type: none">• Program Assessment Leadership Team presented preliminary findings and recommendations to PTI Cebu staff team and elicited feedback from staff.

Stage 5: Revision and Finalization of PTI's Recommendations (September – October 2018)

- Dr. Cordisco Tsai collaborated with the Program Assessment Leadership Team to incorporate feedback from the PTI Cebu staff.
- Revised list of recommendations was formulated and shared with all PTI staff.

Stage 6: Feedback from PTI Partners and Clients (October - November 2018)

- Program Assessment Leadership Team shared study findings and recommendations with PTI partners in October 2018.
- The PTI Philippines team conducted a client forum to share findings with clients and elicit their feedback regarding recommendations.

Stage 7: Finalizing All Recommendations and Release of Report (December 2018)

- Final set of recommendations was determined.
- The report was finalized and distributed to PTI's partners, clients, and ecosystem members.

Findings Section 1: Staff Experiences, Organizational Culture, and Systems

Several recurring themes were identified through review of PTI staff input on their experiences as PTI employees, and PTI's organizational systems and infrastructure. These themes are summarized below.

Supportive Environment

In general, staff described PTI as a supportive working environment. Staff depicted leaders as approachable, good mentors, and indicated that weekly meetings with supervisors are helpful. Staff described the general office culture as one that is warm, encouraging, supportive, and in which people help one another. Staff talked about receiving emotional support from their colleagues and feeling like they work in a family-like environment. Although there have been some "cliques" in the office, in general team members work together, ask each other questions, and support one another.

Substantial Understaffing

A consistent theme across interviews was that PTI is a very understaffed organization. The client caseload has grown considerably since the organization's inception in 2010. However, the staff size has not grown proportionally. Throughout numerous roles in the organization, PTI staff simply have too much work to do to succeed in their jobs and maintain the highest quality standards of service. There are numerous roles within the organization that should be split into multiple positions, as they are too much for one person to fulfill. The Department of Social Welfare and Development (DSWD) has expressed concern regarding the high caseload and small number of staff – both noting concerns regarding the quality of services provided to clients and the well-being of the staff. Both of these issues are significant areas of concern that need to be addressed.

Need for More Office Resources / Infrastructure

The need for further financial resources was identified. The number of clients has grown substantially, but administrative support in the office has not grown proportionally. Finance work has been increasing, and the Finance Advisor needs an assistant to help her with filing. There is insufficient filing space in the office. Confidentiality is also a concern in regard to the files, as the Finance Advisor needs proper enclosure of her space and documents need to be filed in cabinets in a timely manner. A bigger office space is needed. Staff need a new photocopier machine and new computers, preferably laptops. Some staff indicated that it would be helpful to have salary increases. Staff overwhelmingly agreed that having a car and a driver employed by PTI is a tremendous help. Having regular schedule for car is helpful for all.

Staff indicated that it would be helpful for PTI to purchase a van (in addition to the smaller car) to be used for events and retreats and that PTI should hire a second driver. In the absence of a second driver, a budget for taxis would be helpful on certain occasions. Additional funding available for training stipends and meals for clients would be useful. Further, the client data/reporting management systems are lacking. Only a limited number of subscriptions to Salesforce are available and the organization has not yet tapped into all that systems can do to help with data management. With the need to provide clear statistics and data to external stakeholders, this is an area of risk within the organization.

Need for Technical Training

Staff reinforced the need for a substantive staff training program. Similar to other social service organizations in the anti-human trafficking sector, many PTI staff do not have prior experience working with survivors of violence and exploitation, and/or technical training in relevant disciplines. Many staff have learned about the work on the job. This, however, places both staff and clients in vulnerable positions and jeopardizes the quality of care. Some staff feel ill-equipped to address crisis situations with clients, such as intimate partner violence (IPV) cases and suicidality among clients. Both are prevalent concerns that staff need to be equipped to address. For example, in Manila, one PTI staff estimated that a third of the clients she interacted with in DSWD shelter facilities expressed suicidal thoughts while in the center.

Staff consistently suggested that PTI implement a training program for all staff starting at the beginning of their employment at PTI. Topics identified as priority areas include: Motivational Interviewing (MI), suicide intervention, intimate partner violence (IPV), trauma-informed care, and counseling skills. Staff want to receive training specific to their roles within the organization (training, career counseling, etc.). Staff would also like to understand the vulnerabilities and backgrounds of clients – what are the dynamics associated with different forms of abuse, forms of trauma clients have experienced, developmental impacts of different forms of trauma, and practical tools for how to engage with clients who have experienced trauma. Such trainings would help staff understand the behaviors of clients, manage their own emotional reactions and frustrations, and be better equipped in engaging successfully with clients. While there are opportunities for staff to attend external trainings as part of their development plans, having an in-house training program would provide consistency across staff within the organization and ensure that the training could be hands-on and practical. Any training program should not just consist of a one-time training, but include follow-up trainings, refreshers, and opportunities to practice and receive feedback on implementation of lessons learned. Ongoing group sessions with mentorship are recommended to give all staff an opportunity to practice their skills and receive feedback. Opportunities for strengthening self-awareness are also vital in the process of growing in client engagement skills.

Dependence upon Career Counselors (CCs) and Senior Staff

“Junior” staff within PTI expressed feeling uncertain about how to engage with clients, feeling frustrated with clients at times, and needing direction in how to properly handle situations that arise with clients. Some staff doubt whether they have the skills to do their jobs. Staff may have been hired with an expectation that their role would primarily be coordination or partner relations, but in reality, they are tasked with a substantial degree of direct client engagement for which they have not been prepared. The behaviors and decisions of clients – such as quitting a job or dropping out of school – can cause frustration and confusion for staff, particularly when they do not have substantial experience working with traumatized populations. When in doubt, “junior” staff consult with CCs or with other senior staff within the organization, seeking their advice on how to respond to clients. CCs and other senior staff listen, share emotional support, and help provide perspective on where the client may be coming from. At the same time, when senior staff are consulted by those they do not supervise, they have to be careful to respect reporting structures and not overstep boundaries. Formalized systems for clinical supervision and mentorship would be extremely beneficial for staff. Such systems should also ensure that CCs themselves receive proper support and clinical supervision, as they commonly assume the role of caring for others (clients and other staff).

Need to Clarify Boundaries

Staff interviews highlighted the need to clarify boundaries with clients. Some staff (such as career counselors) have received professional training regarding maintaining appropriate boundaries with clients. Other staff, particularly those who are working with traumatized populations for the first time, admit that they have questions about boundaries. Staff talked about feeling like clients were their own children, needing to learn how to distance oneself from clients, and having questions regarding what appropriate boundaries look like. There may be instances in which members of the support team need to know some details of client cases in specific circumstances – such as if the PTI Driver is driving a PTI staff to the house of a client where there are known safety concerns. In the absence of a written employee handbook or written guidelines, some staff may use their best judgment or consult with their supervisor when they have questions. It would be helpful to have direction on how to maintain boundaries, as staff want to adhere to organizational policies.

Sharing Feedback

In general, staff described PTI as an environment in which they felt comfortable sharing their ideas and suggestions. “Junior” staff stated that they are asked by leadership to share their thoughts and take on new projects, giving them an opportunity to grow. Implementing new ideas, however, can take time, as changes need to be executed within the broader context of

other internal organizational processes. Some said that they would like for PTI to embrace diversity more – i.e. for staff to be comfortable exchanging thoughts aimed at improving the program without fear of offending others, welcoming different perspectives within the organization. Two staff members suggested PTI institute more regular and formalized systems for soliciting feedback on PTI’s work, such as implementing an annual program assessment. This review could be field-led with consultation/advising from PTI United States and could be conducted as the basis for planning for each new fiscal year.

Team Building

Some staff shared that it would be helpful to have more team-building activities. For instance, it was suggested that PTI implement a monthly staff meeting where all staff can come together and share updates. This meeting would give an opportunity for all staff to know what everyone is working on. Sometimes people only discuss updates with those who are immediately involved in a task, but all staff (including the support team) want to feel connected to PTI’s work. Such meetings could provide a place where staff can ask for feedback from their colleagues about their work and reflect on ways they can improve. Other staff indicated they would appreciate having structured team building activities in which staff can get to know one another better and grow as a team. Although PTI is one organization, the social enterprise project (SEP) operates in a different building and the SEP staff team can miss topics that are discussed during the morning devotions. While the SEP team knows the work of PTI as a whole, not all PTI staff are acquainted with the operations of the SEP. Integration of the SEP within the entire PTI team is an important aspect of team cohesion.

Importance of Staff Care

Interviews revealed the need for more staff care. Numerous staff shared that they are emotionally affected by working at PTI. Staff expressed the importance of protecting themselves from burnout and preventing vicarious trauma (VT). Some staff expressed a desire to have more opportunities to open up about their feelings and discuss concerns with their peers. A suggestion was raised to facilitate support groups for peers within the organization – i.e. managers meet together and “junior” staff meet together to process their feelings and talk with others who understand their experiences. A need was identified for CC’s to have the opportunity to speak with professional counselors who can help them process their own emotions associated with their work, as well as personal concerns. CC’s have the greatest exposure to traumatic material from clients and are a key umbrella within the organization. It is important to ensure that all staff receive proper support to sustain them in their work, and prevent burnout and VT. At an organizational level, the provision of clinical supervision is vital – not only for staff well-being, but for ensuring proper standards of care. Staff expressed that more could be done within the organization to ensure that proper HR support is provided internally.

Staff Motivation

Some staff identified the need for greater attention to inspiring and re-invigorating motivation among staff. Although it is common for staff to feel “sold out” to PTI’s mission in the beginning, enthusiasm can wane over time as staff become tired and grow discouraged in their work. It is important for PTI to help staff re-kindle their commitment to the work that they signed up for, beyond staff retreats and team building. Staff need to be connected to the meaning behind their work – why am I here? What keeps me going day-to-day when the work is tiring? While there has been careful attention in the organization to meeting targets and achieving organizational objectives, some staff suggest that there should be more celebration of successes, appreciation of the hard work of the staff, and more reminders to the staff of why we are all doing this work to begin with. Some feel that there was more enthusiasm and passion in the early days of PTI’s development and that this level of enthusiasm and excitement about the work needs to be rekindled. Currently, some staff strive to motivate themselves on their own. Additionally, staff suggested that when there are complaints and concerns within the organization, it could help motivation to channel these in positive ways – such as implementing mini-program assessments each year to turn concerns into areas for growth and improvement.

Findings Section 2: The “Big Picture” of PTI’s Services

This section incorporates feedback from all stakeholders (PTI clients, partners, and staff) regarding the “big picture” of PTI’s services. This section will address cross-cutting issues in the organization, such as the mission, measurement of success, key strengths and weaknesses, key challenges for clients and staff, among others. A descriptive summary of input from all respondents is included below.

Mission of PTI

Key stakeholders offered several perspectives on what they see as the mission of PTI. When clients were asked to describe PTI’s mission from their viewpoint, they spoke about PTI’s mission in terms of hope, restoring lives, transformation, “helping those who have nothing,” and progress toward success/becoming successful. When PTI staff were asked to describe the organization’s mission, the most common response among staff pertained to economic empowerment. For instance, one staff member said: “The mission of PTI is to equip students who are vulnerable and empower them to provide for their financial needs. If they have economic empowerment, they have better lives and will not be in a cycle of abuse.” Staff who described the mission in terms of economic empowerment mentioned helping clients gain employment, complete education, and ultimately sustain themselves financially.

Secondly, numerous staff described the mission of PTI in terms of helping clients reach their own goals for their lives. Staff described PTI as a “catalyst” for transformation, with PTI supporting and assisting clients in reaching their own life goals. PTI is helping to increase the number of options available to clients in their lives. Several staff spoke about continuity in walking with clients for a long journey. PTI does not only provide short-term care, but takes a practical and supportive role in clients’ lives over time as they work toward their goals and make their own life choices. Several staff described PTI as an organization that helps clients to have hope and dream big about their futures. Apart from the financial changes in the clients’ lives, some staff talked about PTI helping clients change their views of the future and beliefs about what they can do, building their self-efficacy. Among some staff who have been in PTI for years, there was discussion of changes in the mission over time. Staff need clarity around PTI’s mission to ensure that everyone shares a common understanding about what PTI is trying to accomplish.

PTI partners provided a diverse range of perspectives about the mission of PTI. Perceptions of the mission seemed to vary per the type of partner organization. Businesses were the least

knowledgeable, with some partners saying “I have no idea. I do not know what is the mission of PTI.”³ The most common response among partners pertained to economic empowerment. Partners talked about a gap in the counter-trafficking sector in particular, indicating that without education and safe employment, survivors could be re-trafficked. Partners described PTI as meeting this gap and providing help with education, preparation for the workforce, and job placement.

Many stakeholders perceived PTI’s long-term commitment to journeying with clients as a key strength.

One partner described a transformation in her own views of PTI’s mission. Originally, she saw the mission as providing education and connection to jobs, but she now sees the mission of PTI as helping clients holistically to recover from trauma and reach their life goals. Several partners described the mission of PTI in terms of client empowerment, particularly emphasizing empowerment of women and girls. One partner noted that PTI’s mission is distinct because there is commitment from staff to remain with clients for a long journey. He indicated that a lot of NGOs are funded on a project basis, making partnership more difficult. He appreciates that in his view, PTI “makes connections as their mission.” As will be discussed in latter sections, many stakeholders perceived PTI’s long-term commitment to journeying with clients as a key strength.

What is Success at PTI?

“Success is a moving forward thing. It’s about even the little progress.” -PTI staff member

Similar to the question about PTI’s mission, stakeholders offered multiple perspectives on what success means at PTI. When clients were asked what success in PTI’s programs meant to them, they talked about success being achievement of their goals. For instance, one client said success was: “All our goals have been accomplished and achieved. And now I finished ALS

³ For confidentiality purposes, PTI does not discuss the details of clients’ trauma histories with business partners. This can, however, lead to misunderstanding among business partners regarding the challenges faced by clients and the entire scope of PTI’s work.

and also have a job, so that is how I give back for what they gave us.” Numerous clients mentioned graduating from school and achieving employment as indicators of success. When describing success, clients commonly connected this to wanting to give back to the PTI staff and desiring to be successful to show PTI staff that their effort was “not wasted.” When asked what they thought success meant to PTI staff, clients explained that they think staff will know clients have succeeded if staff see clients become professionals. One client said staff will know clients have succeeded “if they see our effort in striving hard.” Another said, “I think if we have consistent performance. Since we live independently, I think that success for them is if/when they see us not asking for help anymore.”

Numerous PTI staff defined success as clients reaching SSGE.⁴ SSGE was described as a way for clients to “stand on their own” and provide for their own needs. However, many staff expressed that there are other measures of success beyond SSGE. For instance, one said:

“If we are going on the technical side, our client is successful if we reach SSGE. But for me, it’s more than a technical thing, it is really determined success when we see them walking on the right path, not just work-related but in all aspects. For me, we are successful if we see and witness the changes of their lives, which is better than before. It’s more on walking in the goals that they set like in the job readiness training (JRT), the vision they had. It is when we see them doing it and walking in it. It is also if we see how they try to reach their goal no matter how hard.”

Several staff mentioned that completing education is a key indicator of success for clients. Additionally, multiple staff described client success in terms of progress or moving forward. For example, one staff said:

“Client success is a moving forward thing. It’s about even the little progress. It’s a comparison of ‘I was there before, but now I’m moving.’ Success is moving from one current state to another because we know that with these clients, it is difficult to move. Others have moved backward so much that it is far to move forward.”

⁴ Historically at PTI, safe employment was defined as clients being protected under local labor laws, signaled by government-mandated benefits. Sustainable employment was defined as clients surpassing a 90-day evaluation period on the job, demonstrating they could sustain positions in the workforce. Gainful employment was defined as receive at least minimum wage for a full-time job.

Similarly, another staff member said:

"Clients view success by being able to get some progress from where they were when they started. That is success for them. Like completing the JRT. There is gratification there or that they go through SEP, then they have work. Those are what successes look like for the client. It is in terms of progress."

While staff expressed that even if clients are able to obtain a job, sustaining the job is another level of success we want them to attain. However, realistically speaking, each person's progress varies and "our vision for them is that there are small changes at least." Another staff member views success through the lens of the clients' development as people. For instance, she said:

"I could see that she (a client) has grown a lot. She's really different from before. It is fun hearing from students about how they changed as a person. I think that's something that some staff do not see, maybe because the students and I have deeper relationships. If they come here and visit me and message me, they would usually tell me more of their improvement and better quality of life. Client A, for example, was always absent before. Now she shared an award for having no absences at work for the past 6 months."

PTI partners shared similar perspectives on client success. Partners described success in terms of graduation from school and obtaining employment. However, partners also acknowledged that while not all clients were able to obtain jobs, they saw PTI clients developing their skills, especially growing in their soft skills and self-efficacy.

When staff were asked how they think clients perceive success, a variety of answers were given. Some shared that success from the perspective of the client means "having their own will to succeed" and "making their own choices to succeed." Other staff talked about clients perceiving success in terms of having safe employment, earning their own salary, graduating from school, and supporting themselves financially. Being able to provide financially for their families and do things like sending their children to school are seen as important to clients in defining their own success.

SSGE as a Measure of Success

Some clients raised concerns about SSGE as a goal. Some felt like staff were pushing them toward SSGE work even when it was not realistic or what they wanted for themselves. Most of this feedback came from clients who were employed, but whose work PTI considered “non-gainful.”⁵ Some of these clients obtained employment that met SSGE requirements, but they did not feel that it was a good fit for them. For example, some worked in environments in which they got sick frequently (i.e. in a factory setting). They felt that this work was unhealthy for them, but they felt that PTI staff pushed them into the work. One said:

“I don’t like to work there (at my first job) because it’s not good for my health. But then PTI encourages me to stay (at the job). They should be listening to clients sometimes... She (PTI staff) told me it is good that I maintain the job, but I want them to understand the client, that the client doesn’t like it... maybe make the communication better. They always call me and ask me how is my job. I told them I wanted to resign, but the next conversation is that they tell me to stay. I want them to give me choices.”

This client ultimately found another job that does not meet PTI’s SSGE requirements, but that she feels is much healthier for her, where she is happier, and where she is developing her skills more. Another client works in a sales job that does not provide minimum wage. However, with tips, she can earn more than minimum wage; her exact wage varies per season.

All FGD participants engaged in “non-gainful work” know that they are not perceived as “successful” by PTI. They felt disappointed that they did not receive the benefits that other employed students obtained from PTI, such as stipends, lunch allowance, etc. Some were single parents and said they really needed the transportation allowance. They understand why PTI ideally wants clients to obtain work that meets the SSGE criteria, and they agree that having minimum wage and government-mandated benefits is ideal. However, they felt that they obtained the best jobs that they could given their personal circumstances, age, and need to provide for their families. Many of these clients were already in their 30’s, and they felt that they had genuinely obtained the best jobs that they could. All reported being happy in their work.

One client felt frustrated that PTI called her work unsustainable. She said:

“Why should you tell us it’s not sustainable? For me, what she (another client) has is sustainable. We are looking for a job, and we find an opportunity. We embrace it. If she thinks the job is sustaining her, why not support her?”

⁵ Below minimum wage employment

Staff provided feedback on SSGE as a measure of success. Some staff said that SSGE is a good indicator, as it represents a “big milestone” for clients. However, questions arose about SSGE in the context of PTI’s programs. For instance, one staff stated that we need to be clear whether education or employment is the priority, asking why college scholarships are given if SSGE is the goal (since college degrees are not necessary in order to obtain employment that meets SSGE criteria). Some staff shared that for some clients, education (such as completion of Senior High School or college) is a higher priority than finding employment. This mismatch in priorities causes complications in measuring success. Clients who are progressing with their educational goals, but who have not reached SSGE are not being measured as successful.

Some staff expressed concern that SSGE does not go far enough as a measure. For example, sometimes minimum wage income is insufficient, and sometimes clients do not sustain their work long-term even if they have met the 3-month employment mark. Some clients may have reached SSGE, but they do not know how to manage their income. As a result, they are still at risk for abuse and other vulnerabilities even if they have attained SSGE. One staff person said, “we also need to know how they can be stable in the job...There are cases that they get a good job, but they are still in debt or open for online cyber pornography.” Others worry that SSGE is too difficult to attain for some clients, particularly those who enter the program with low levels of education. One staff member said:

“Ideally, SSGE sounds really good. I mean that’s something we want students to achieve. But in practice, it’s difficult. We cannot impose employment to them. When we accept them, we don’t have educational requirements. Our current educational system takes time to get a high school degree especially, with K to 12, so it is difficult to achieve.”

Numerous staff expressed that indicators of success should be expanded beyond SSGE. For instance, one staff explained her reasoning:

“SSGE is still a helpful indicator of success, but we need to broaden it. Keeping the job should not be the only measure of success. It is quantitative, but how are we going to measure the change in behavior or how students make choices that are healthy and are not putting themselves at risk for violence or abuse should also be measured... Maybe measuring their behavior aside from financial components will help. SSGE measures the economic part but social, emotional and other parts are not reflected in the SSGE measure itself. Students may achieve SSGE, but still be vulnerable to violence such as IPV and not economically healthy due to debts. On the other hand, we have students who are really making healthy decisions and taking positive steps, but they choose education and would take years for them to complete it but we are not counting it as success. We may also have students who choose to stay at home to take care of children, and they are making healthy decisions, but we cannot count them in our success measure.”

Historically, PTI has only used quantitative measures of success. Some staff expressed interest in adopting both qualitative and quantitative approaches to measuring success. For example, one person said:

“Manager A and Manager B also want concrete numbers. We want qualitative indicators, so having both will be a good way to balance it. It should not let people feel they should look on quantitative alone. Questions like ‘Is there an effect being with us’, ‘Did it change their life, mindset, or decision making?.’ I think it would be good. It would help improve what we could do. It’s a check. We do our engagement with clients, but we are not closely monitoring. At least with that, we’ll know from clients what’s helping them reach certain quality of life... Logframe is focused on numbers... It would be better if we know their quality of life; the improvements, financial situations, are they still in debt, in terms of their decision making. We don’t have that data. We tried before to follow-up the SSGE where they are 2 years ago. It was not extensive though, and it was more on monitoring and asking questions like are you at work, how are you doing now. We need that data. It will help us to not just know about numbers, but what have we done or what we are doing that impacted the life of the students.”

There was consensus among the management that there must be clarity within PTI on how outcomes are defined. Metrics have historically dictated the culture of the organization in many ways. Supervisors may direct staff according to what the metrics are and may make suggestions about how to move the client forward according to established metrics. It is, therefore, vital to revisit and clarify how PTI conceptualizes and plans to measure success moving forward.

“Positive Steps” Monitoring and the Use of Targets Internally

PTI staff reported mixed feelings about the “positive steps” monitoring system.⁶ Some find “positive steps” a helpful as a tool to monitor how clients are doing and do not feel pressured by the monitoring system. However, other staff feel pressured by “positive steps.” Some clients are self-motivated and can progress without a lot of support. Others have family challenges and personal circumstances that prevent them from being able to move forward in the program; there are factors that are outside of the control of the staff. An 80% positive steps rate seems too high. Additionally, some staff feel that the positive steps system sets up the wrong posture and can have a negative impact on both staff and the clients, as it makes

⁶ Historically, PTI adopted a “positive steps” monitoring system in which staff would count clients on a monthly basis according to which clients were taking positive steps toward career goals and which clients were not. Examples of positive steps include: attending school, applying for work, etc.

both feel pressured to do things that the client may not want. One said:

“Before we have to do things to get them (clients) to do positive steps. The tendency is some are accommodating, but some of them are not. They don’t want to be visited. Others don’t want to talk about it. So, it has effect on students itself... That’s why I have problems with positive steps before. I feel like we can’t force the clients. But you’re working here. If I have to choose, for me, I’ll leave them (clients) be and let them come when they’re ready. We do it because we have to do this, and it’s hard sometimes, especially when I was new... When I was new, I cannot control the behaviors and would ask why there is positive steps for this student. Why measure when we cannot control?”

In general, there were mixed feelings about PTI’s heavy emphasis on targets. On one hand, staff shared that targets can be helpful in staying on track in their work and give staff a goal to work toward. Staff are motivated to hit targets and want to perform, but ultimately many also feel that they have to respect the clients’ decisions about their lives. Some feel that they are stuck between wanting to perform but also needing to put the clients’ needs ahead of their own targets; this can cause distress and can make people feel like they are not meeting the standard. While staff appreciate that PTI provides direction, some feel that there is too much emphasis in PTI on quantitative targets.

“I have friends... PTI goes beyond family.”

-PTI Client

One person said:

“It (the logframe) greatly influences the work, but only more on the numbers rather than the quality. Most of the time, we talk about the numbers: how many are in school, how many are SSGE, etc. It’s not anything about how are we changing lives. It is shadowed by the numbers. If a person is achievement-oriented, they see numbers. I see staff that have that in the forefront of their mind. It influences how they do things. It creates frustrations when the numbers cannot be achieved... Logframes direct our activities. It’s just that it’s put into the forefront, that it became the main focus.”

Additionally, some feel that the targets are too high and not in line with the clients' skills or goals. Some of the targets may need to be adapted to be a percentage of clients rather than an absolute numbers, as absolute numbers are also not in the control of staff in various stages of the program. Some also feel that the required number of meetings with clients is too high, when viewed in the context of all other responsibilities.

Top Strengths of PTI

When asked about their favorite part of PTI, many clients expressed that they appreciated career counseling the most. Clients described CCs as people who are "willing to listen," with whom they can "share problems," and as people who encourage them. One said, "I love counseling because if I have heavy feeling, they comfort and give me motivation." Clients described CCs as being perceptive. One client said, "Sometimes even if I don't talk, they already know what's inside me, that I am feeling something not good." In response to being asked what she appreciates the most about PTI, another client said:

"I have friends, even not batchmates. The ones who graduated, they want to come back because they get the appreciation that they do not get from family, they get it from PTI. PTI would say keep up the good work. PTI goes beyond the family."

"There are seminars that they give us and we have not experienced seminars before. Then we feel the care and heart of being their children. They take care and give us a good future. That is a blessing.... few people do that. We're grateful."

In general, clients expressed that their relationships with PTI staff are important to them and that PTI provides care and emotional support that they do not receive from anyone else in their lives, particularly their families. Some clients described PTI staff as providing "unconditional love." One client said, "Our family does not have that care, but PTI helps us." Another said, "PTI is more a family, more than our family because they are the one we can approach." Other clients described how much PTI staff mean to them:

"The counselors because we have a lot of problems that we cannot speak out, but with them, they listen, and they teach you how to handle. That is my favorite. They are not just there to give work and school, but they ask about your life. If you have a problem with something, they can help you. Ms. X and I talk about my problems. Ms. X would thank me that we talked and tell me that if I want to talk more, I can just come and talk more... They would say 'I know you have something that you like to talk about' and ask, 'How can I help?' So, I would be able to talk about my mom getting sick."

Clients appreciate that PTI is committed to them long-term, making PTI distinct from some other agencies. One client said, "In the shelter, you are helped while you are there, but with PTI whether you are in or out, they are still there for you." In particular, the clients especially appreciated that PTI staff continued to follow up with them, saying that PTI staff "look for us even if we are far." Other clients expressed that being followed up by PTI made them feel "special" and "important." Another said:

"They trace me when they noticed that it's been a while that I was out in the center in DSWD. They looked for me in FB (Facebook)... Even situations that you cannot be found, they are still willing to help even if we are not relatives or a family member. They still want to help despite how many of us clients already."

In addition to career counseling, emotional support, and a long-term commitment from staff, clients expressed that they appreciated educational scholarships, tutoring, dental and other health-related referrals, and learning soft skills. They also appreciated that PTI staff want to make sure that they are able to practice the skills they learned. One client said: "They want to teach you well. They teach and make sure you absorb them well. Others just teach but leave. PTI checks if you really know well." Clients expressed gratitude, with a few even saying, "It's too much. They are giving us too much service."

"Region 7 is blessed because of PTI. They have unlimited patience."

-Partner Organization

When PTI partners were asked to describe the organization's greatest strengths, they shared similar feedback as the clients. Partners particularly appreciate PTI's commitment to serve clients on a long-term basis in the community. Partners said:

"One thing I appreciate about PTI is that after our clients are discharged from the center, PTI has the time and patience to monitor how they are in the community. We rely on the community-based social workers in DSWD... PTI is the safety net because they help and update us about the client. We are at ease as long as clients are with PTI because PTI monitors."

"I really appreciate the efforts of PTI in partnering with us. Our clients are helped by PTI in their reintegration from center to community. PTI helps bridge the gap from center to community. Like we have clients for reintegration or independent living, it is not sudden adjustment. PTI is the one taking care of the bridge... For us, we say we journey, but we cannot go with the client because we are center-based. PTI is a field worker."

"(PTI's) uniqueness because it specialize with this kind of clientele. You cannot find it in other organizations. They do not just provide job placement, but they prepare the client for self-confidence and trust in other institutions. They go with the client until they reach their goal."

"If the client's contract ends, their help does not end there. They still continue to reconnect and look after these students even if they have lost connection with PTI. And if they come back after how many weeks, months, or years of not getting in touch with them, they still accept them and help them. Words are not enough to describe their work. This is more than just service. They don't say 'no' to students."

Numerous partners described PTI as an organization that exhibits a lot of patience with clients over the long-term. In describing patience at PTI, partners said:

"They are very understanding and generous in their program...Region 7 is blessed because of PTI. They have unlimited patience."

"They have no limit. It's good if the client is succeeding but for those who are turning upside down, they have unlimited patience for them."

"(PTI is) even being patient with clients who have been 2 years active and beyond. They even connect with those clients who are beyond 2 years. Counseling and assistance are extended. That is their strength for me."

"PTI understand the dynamics of this clientele. There are those who reach goals, others regress, but they have patience."

Partners described PTI's long-term commitment to clients as something that makes them distinct from other service providers. One partner said:

"That is what sets apart PTI from other organizations because they were generally concerned for their clients. I would say that is commendable of PTI."

Several partners mentioned that a lack of discrimination is a key strength at PTI. Partners appreciated that there is no discrimination based upon a client's age or educational level. One partner described this strength:

"Clients have zero education, but they need job placement. PTI journeys with them. They are not necessarily looking for qualifications. They provide counseling and support, so they can go through the journey. They provide tutorial and scholarship. I find it important that there is no discrimination just because there is no education"

Other strengths mentioned by partners were the provision of livelihood options, the availability of scholarships, commitment to confidentiality, and professional communication with partners.

When PTI staff were asked to describe the organization's main strength, several staff also mentioned the organization's long-term commitment to clients. One staff said:

"If I look at PTI as a whole, what we are good at is doing the economic sufficiency process from beginning to the end... we stick with the process, even if it's long. Some partners want to pick your brain because they want create their own economic program. I always tell them this is a long process and requires commitment, and it can't just be done as add-on service with 1 or 2 staff on your end. That is our strength."

Staff noted that PTI is good at monitoring clients' progress and supporting clients in moving forward with their goals one step at a time. Several staff mentioned career counseling as a key strength of the organization, stating that it "helps them (clients) think about their goals and involves a lot of decision-making on their part... It may not be a big thing in terms of activities... but it's the strength." One staff member mentioned that the biggest strength is how the staff are committed to "what is best for the client, putting into mind that it is the client who gets to say the final decision."

Additionally, several staff mentioned that PTI addresses gaps in the social service system, preparing clients for employment and equipping clients with job skills. Educational scholarships and work at the social enterprise was noted as especially important to the program, as they are key pieces to helping to make career development sustainable for clients. The social enterprise in particular was noted as vital to helping clients sustain interest and motivation in achieving their goals.

Top Weaknesses of PTI⁷

Clients were asked to describe their "least favorite part" about PTI instead of being asked about weaknesses. In general, clients were hesitant to share concerns about PTI. The concerns they shared generally fell in one of three categories. First, clients would describe specific interactions they had had with PTI staff that made them feel discouraged, looked down upon, or not heard.

Secondly, clients expressed concern about some of PTI's educational policies. In particular,

⁷ PTI has taken very seriously the weaknesses noted by clients and partner organizations. The [Recommendations](#) section of this report details how we are addressing these issues moving forward.

they do not like the 5-month work requirement in order to be eligible for college scholarships. Additionally, some clients felt that the requirements for being eligible to secure and maintain a scholarship were too strict. Third, some clients stated that they PTI staff pushed them into SSGE employment when this was not realistic for them or consistent with their own wishes. These points of concern regarding education and employment will be addressed in later sections of the report.

When PTI staff were asked to describe PTI's biggest weakness, the most common answer was understaffing. While staff expressed that they are trying to provide services with a high level of quality, it is simply impossible to implement programming properly when there are not enough staff. Staff highlighted that the number of clients have continued to grow, and there are not enough resources or staff to do the work. As one person said:

"Only a few people are working for the programs that PTI is providing. We always want to provide the best and quality services for our clients and we are always in the pursuit of coming up with the best strategy/process/system for our clients, but this is a burden especially when you do not have enough people in the program to implement it."

Staff expressed that understaffing is detrimental for the staff. One person said, "burnout and not making sense with what you are doing can be felt, as staff continue to juggle between different tasks to be done on top of having their emotional well-being constantly in check."

Another key weakness identified by PTI staff was the availability of staff within the PTI to appropriately address the totality of clients' needs. Clients face a multitude of challenges in their lives, all of which impact their performance in school and at work, and yet, there is not sufficient staffing or resources to address the multitude of clients' needs. Additionally, some clients have particularly serious concerns – such as unresolved trauma, mental health issues, and substance abuse. As one staff said, "We (staff) are not best equipped with skills on how we should professionally deal with the behaviors they manifest."

Another key weakness identified by PTI was that it takes a long time for clients to complete school and reach sustainable employment. Staff expressed that it was challenging to help clients stay motivated when the program takes a long time.

PTI partners identified some similar weaknesses in PTI's programs. Partners expressed concerns about PTI's educational policies, especially the 5-month work requirement pre-college. Partners believe this policy should be dropped. One said:

"Another deficiency would be working after JRT before availing the scholarship. I have not clearly understood the rationale behind this. This hinders us referring more clients to JRT. There are clients who would want to go to school right after JRT. And if they knew that they still must work at least 5 months before getting the scholarship, they rather back out because it's going to take more time... That is why in years' time, I was not able to refer students to JRT because I've had a hard time looking for beneficiaries that are willing to undergo such training given the time constraints they are facing."

Partners described this policy as "counterproductive," as it is demotivating to clients and hinders referrals from partners (see section on Education). As will be discussed in the latter section on education, partners expressed concerns about other educational policies.

PTI partners identified job placement/referral as another key weakness in the organization.⁸ Partners described employment referral as "slow" and indicate that this is disappointing and demotivating for clients. Partners consistently suggested that PTI needs to strengthen its partnerships with employers and find more employers who are able to hire vulnerable populations since PTI clients have difficulty succeeding in employment outside of social enterprises. These concerns will be discussed in the later section on JRAP.

Finally, partners expressed that the lack of a social worker on staff at PTI was a key weakness. Partners stated that many PTI staff have a psychology background, but that it would be helpful for staff to have a more holistic perspective and set of skills. They said:

"I felt like there is a need of a social worker. It is really needed in this line of work. Social work has a different perspective than Psychology. A social worker visits the family and assesses the whole family. It would really help the organization if there is a social worker, why? A social worker would be able to address the needs of the student. The kind of environment she lives with her family affects her performance at school. The social worker could help her in aiding on what is the best option she would take given all the circumstances she is facing."

"They (PTI) could have understood it (client needs) better if they have a social worker in the organization for it to be multidisciplinary. I do not underestimate their capacity, but it would have been better if there is a social worker to address all issues."

⁸ As noted in footnote 7, key weaknesses that PTI partners perceive in the organization are being addressed already as we implement the [recommendations](#) from this report.

Partners indicated that they feel PTI needs staff who are equipped to address the multitude of issues that arise in clients' lives, such as domestic violence, childcare, housing, and health concerns, among others.

Collaboration between PTI and Partners

Partners generally provided very positive feedback about PTI as a partner. Partners described PTI as communicative, strong in logistical coordination, professional, good at following deadlines, proactive, and responsive to partner needs and queries. PTI is seen as more responsive than other social service organizations. Partners described PTI staff as "walking the extra mile" in being responsive to emergency situations that arise. Partners responded favorably to being asked for their feedback during the program assessment, and stated that PTI should continue to collect feedback from partners and clients. Some partners felt very comfortable sharing their feedback with PTI and stated asked for their input. Others, however, wished that PTI had asked for more of their feedback earlier. One partner said:

"It did not come to a point that there was a venue for asking for feedback from partners, aside from what we are doing now. I do not want to give unsolicited feedback as well. They gave us the rules, then we follow it. There was no consultation."

Additionally, partners shared that they like PTI's partner celebration, as it was a stress reliever for the partners and a welcome opportunity to focus on celebrating the positive. Partners suggested that it would be helpful for PTI to facilitate more opportunities for partners to join together and talk informally, so that they can support one another.

Recruitment, Referral, and Screening

PTI partners and staff identified several areas where the client recruitment/referral process could be strengthened. Some partners feel that the referral form is tedious and suggest the form be streamlined. Some partners said PTI used to be more proactive in the past in notifying partners about the next referral period farther in advance, while more recently PTI staff send emails “whenever they need something, or deadlines are up.” Partners appreciate having the advance notice, even if they know the deadlines. One PTI staff member suggested that the referral period could be an ongoing process where staff meet with partners to discuss potential clients and partners submit referral forms continuously. Further, some partners suggest that PTI allow other service providers apart from licensed social workers to make referrals.⁹ Sometimes community workers and other providers know the client’s case better than the social worker.

Additionally, there appears to be considerable discrepancy between partners in their level of understanding of PTI’s programs and/or their thoroughness in assessing whom to refer to PTI’s services. Some partners report trying to be very intentional in only referring clients who they are confident will succeed in the program. Other partners seem to refer as many clients as they can and pay less attention to client readiness or interest. In these cases, social workers may refer because they want clients to have the chance to go to school or obtain a job, but the social worker may not be intentional about assessing the client’s readiness, thoroughly explaining the program to the client, and/or obtaining informed consent. In some cases, it seems that the client does not understand why he/she was sent to PTI. For example, one JRT trainer shared about her experience:

“Sometimes I would have students come to class still bringing their referral letters from the social worker and wonder what they are here for. I have several of those cases. Some would say ‘I was told to come here’. So the social worker told them to come, but they don’t understand what they are doing there.”

PTI staff at times notice a significant drop from the initial orientation to the first JRT session, as well as dropouts during the first month of training.

When clients were asked directly about their understanding of PTI’s services prior to joining the JRT and/or what made them interested to join, they gave a variety of answers. Some were interested in PTI because they wanted to obtain jobs, finish school, and/or help their families. Others said that they joined the JRT because their friends or social worker told them to join. For instance, one client said, “My social worker said to join JRT, but I was double minded to join. I was unsure then.” Some clients said partners told them that they were being referred to a program that would provide scholarships, but learned afterwards that there were other

⁹ Historically, the policy at PTI is that only licensed social workers can refer clients to the organization.

expectations, like the JRT. While they said they benefited from the JRT, it was not what some of them expected based upon how partners described PTI. Other clients expressed that they understood PTI's programs, but did not know their own goals. It took time for them to grasp what they wanted to get out of PTI's programs.

PTI staff suggested that PTI be more proactive in recruiting clients and directly educating clients about PTI's services. Some staff suggested that PTI conduct its own outreach and directly explain the program to clients, as this might help with comprehension, retention, and consistency in intake. The Manila team found that when the clients applied directly to join PTI's program by sending a letter of intent, their ownership increased, and they seemed to value the opportunity more. It was also suggested that clients fill out a form expressing why they are interested in joining PTI's program in order to increase engagement and reduce later dropout rates. Further, some staff suggested that CC's conduct an initial assessment with clients prior to the JRT in which rapport is established, information in the referral forms is validated, and expectations are set. Other staff suggested a pre-referral case conference in which PTI and partners can discuss the needs of the client and what both parties can do for the client. Some partners raised concerns that clients get disappointed when PTI does not help them secure work immediately after graduating from the JRT, reinforcing the importance of expectation setting and clear communication.

Barriers to Success

Both PTI clients and staff described a multitude of barriers faced by clients in achieving their career goals. The most common challenge mentioned by clients in FGDs was family issues, such as not having support from family members (parents and partners in particular). One said, "Our family looks down on us. They discourage us to go to school because they say we won't pass." Clients also described the difficulty of being the person in their family that has the best life skills: "Family don't listen to me when I am making suggestions, but I am the one who is more trained, so I would just try to be a good model to them." Additionally, clients reported being stressed about family problems, such as not having enough food at home, pressures to give their school stipends to their family members in order to meet basic needs, serious health problems among family members, family conflicts, and partners interfering with their efforts to find work. Parents, and especially mothers, were also burdened with conflicting priorities of wanting to work, but needing to be present for their children. In particular, some clients who are parents to children with disabilities feel that they need to stay home with their children even though they know they are deemed "unsuccessful."

Clients consistently spoke about getting discouraged while in school. Feeling discouraged about their slow progress makes them not want to go to school anymore, which is compounded when their partners and parents are actively encouraging them to quit school. Clients reported feeling stressed about whether they would pass ALS exams, and feeling like they would "go back to zero" if they failed. Clients also stated that the income provided at the SEP was insufficient for them to live on while in school. When clients faced barriers that impacted their school participation, sometimes they did not feel comfortable telling PTI staff because they felt "ashamed." Clients saw the serious impact of these barriers, stating, "if there were no barriers, I would have continued with what I wrote in my vision."

PTI staff described a multitude of barriers faced by clients in the program, including those related to partners/children: unplanned pregnancies, partner interference in their use of contraception, childcare concerns, IPV, and relational challenges with partners. IPV is seen as a key barrier. Many clients see violence in relationships as normal, do not know their rights, and are unaware of what resources are available to them. Staff noted that clients struggle with a multitude of difficulties at home, including malnutrition, lack of family support, and family pressures. Some need to find work immediately to provide for their family members. Older clients get discouraged in school and have difficulty finding work. Motivation, particularly in regard to education, is a challenge, especially with the complexities of ALS system. Clients with learning disabilities and those who cannot pass ALS grow very discouraged. Clients face difficulties properly managing their money and can become easily discouraged when they face rejection.

When asked about the challenges they faced in their work with clients, numerous staff mentioned client non-responsiveness as a key concern.

For example, one staff said:

“Another challenge is when students stop talking to me, which I don’t know why. Sometimes it makes me wonder ‘what did I do?’ I have to message them. I give them a week or two for a time to think and message them after that or visit them. Sometimes they tell me they just have a problem and they don’t want to talk about it or they’re afraid to tell me that they don’t go to school. They just don’t know how to tell me.”

Numerous staff expressed concern about clients “disappearing” and not responding to messages/calls. Staff did not want to push clients too much. Staff shared that a connection with clients could not be forced. Sometimes clients may prefer to interact with staff they are close to (like CCs), and it can be hard for other staff to engage with clients without sufficient rapport.

Complicating all of these factors is the lack of support and services that some clients receive from other service providers. There are needed services that PTI does not currently provide, and that partner organizations also do not provide. Further, the client may no longer be actively engaged in his/her referring agency, and there may be no active case management from partner organizations. PTI is very open to collaboration, but sometimes there is no one to collaborate with. When this happens, the pressure to address all of the above can fall upon PTI staff, which is overwhelming.

Multiple Orientations/Outlooks Toward PTI’s Work

Interviews with PTI staff revealed different perspectives/orientations among staff toward PTI’s work. In the early stages of the organization, emphasis was placed on getting a certain number of clients into school and jobs in the marketplace. A norm was set that the organization should meet its targets (i.e. number of clients in school or work) regardless. As a result, some staff may feel that it is their job to get/make clients to go to work or school, i.e. this is the way that PTI helps them. However, less attention was paid to how to engage with clients in a way that is consistent with best practice. One staff explained this dynamic:

“We focused on what the market wants. The HR professionals view things differently. We didn’t look at client side when we were starting. We positioned PTI at the start as a professional training agency. We focused on the market standards and overlooked the need for social workers... Look at what’s valued in the past – college, JRT. We have not looked at career counseling as closely. I guess we forgot that we have clients as partners in doing these things. We figured out that this is how our program should look like, but we forgot that clients are partners... I hear statements (from staff) that seem to imply that we know better than our clients... that was the expectation.”

Some staff believe that it is not their job to make clients take steps they do not want and that forcing clients only makes it “harder for them to sustain because it is not on their own volition.” Interviews revealed the importance of achieving clarity on PTI’s orientation and approach so that there is consistency throughout the organization.

Closing Cases

In program assessment FGDs, clients overwhelmingly expressed that it is important to them to maintain a long-term relationship with PTI staff. When asked how long clients wanted PTI to contact with them, the most common response was “forever” or “lifetime.” They said:

“It’s good for them to call us forever.”

“Forever because the care they give us is what we cannot find in others”

“As long as they are available. Until we have grandchildren.”

“The communication will continue with PTI even if we’re old.”

“Until we get married because we don’t have any plans to get married, so it will be a very long time!”

One client differed from the others, saying that she feels there should be limits to how long PTI staff keep in touch with them. She said, “I think if they know we still face challenges, they will not leave us. They themselves can see if we can do it on their own, in which case they themselves can lie low because it’s too much.”

PTI staff shared mixed feelings about the possibility of closing cases. Staff said that PTI does not have clear guidelines about when to terminate services, or when cases close. Some clients who have already reached SSGE come back to PTI for services, and there has always been an open-door policy. Some staff feel comfortable with never closing a case because they feel that always welcoming clients back is an expression of PTI’s values. One person said, “I think we do not shut off students completely, and I think it’s a good thing because that is what the program is about.” Other staff believe there should be a protocol for closing cases, particularly due to geographical restrictions, lack of interest from the client, and/or lack of responses from the client for a specified period of time. Some staff would prefer a classification system in which clients are categorized into active, inactive, and closed. According to this staff, active would refer to those availing of PTI services. Inactive would be those responding to follow-up, but not availing of any service. Case closure would happen when clients have not responded after a specified period of time. Closed cases could be re-opened if clients express interest and readiness to avail of PTI services with endorsement from a social worker and CC.

Clients' Desire to Give Back

One theme that consistently emerged in client FGDs was the desire that clients have to give back to PTI. Clients shared that they feel grateful for all that PTI has given to them and that as a result, they want to give back to PTI. One client said: "They (PTI staff) are like family. They help us to grow, and I feel we have responsibility to pay back what they have given to us." Others said that they show their appreciation to PTI by working hard. One said, "We cannot express enough thank you so we just show them how we find work." Another client said that she has received so much support from PTI that "we are ashamed already," and she wants to find a way to repay PTI for what they have done.

"We understand that though we are abused, you can still overcome... it is not a joke to have trauma, it is really hard. We who are students and have overcome can encourage them (new clients) and inspire them as part of the training."

-PTI Client

Clients were specifically asked if they would be interested in concrete ways to volunteer their time or give back, such as participating in a client advisory board or becoming a mentor for new clients. Clients overwhelmingly expressed positive feedback about both ideas, saying "I would love it," "Amazing. Interesting," "101% we will mentor," and "It's an opportunity for us to share to others what we learned." Clients said that they would be happy to give more feedback on the program, especially if they were asked through accessible means like Facebook messaging. They expressed a desire to give back by encouraging new clients, with one saying:

"We understand that though we are abused, you can still overcome... it is not a joke to have trauma, it is really hard. We who are students and have overcome can encourage them (new clients) and inspire them as part of the training."

Findings Section 3: Sub-Programs

Career Counseling (CC)

Clients shared very positive feedback about their participation in CC. Clients described CCs as those who provide encouragement to keep going, help them think about the future, help them cope with discouragement faced while trying to reach their goals, and those with whom they can talk about any area of concern, including personal concerns. Clients appreciate that CCs call them to see how they are doing, as this makes them feel important. Clients expressed that the care they received from CCs surpassed that of their own families. One said:

"I feel lighthearted because the CC asks me how is my work in SE and about my tutorial. I did not have that with my parents. And I like her because she makes me happy. My CC cares for me, but my parents do not."

While the feedback clients provided on CC was overwhelmingly positive, clients at the SEP reported having little engagement with CCs, even though they had enjoyed their time with CCs in the past. One client raised a concern that she does not receive the same amount of attention from her CC because she does not have any serious behavioral issues. She said:

"My counselor talks to me if she needs me only because I don't have bad record. So far, what I know is that they only talk to you if you have bad record, but I have none... Those they talk to are the ones with problems."

CCs play an important role during the JRT, helping clients to understand their own goals. One partner said, "Career counselor is a big help. Clients don't understand why they join JRT, but when they do, they begin to understand their direction in life." While many stakeholders expressed that the CCs engagement in JRT career case planning is helpful, the process is tedious, and many stakeholders suggested that revisions be made to career case planning process during the JRT (see next section on JRT). PTI staff feel that five CC sessions during the JRT is insufficient, but it was the only feasible route given time and resource constraints. The time currently spent with clients is not enough to get to know clients and to understand their motivation in pursuing school or work. Staff suggested that CCs conduct more sessions with clients during the JRT and that the goal development process be spread out throughout the JRT. This would give clients the opportunity to develop more realistic career plans and would also enable CCs and clients to further strengthen their rapport, which is important for the client's success post-JRT. Further, PTI staff suggested that career case planning be conducted individually instead of in the context of the JRT. Individual sessions between CCs and clients would be more effective than group sessions with the social workers.

Individual sessions with clients are greatly effective in deepening rapport with clients, helping clients feel comfortable speaking openly about their concerns, and providing much-needed emotional support. Secondly, CC sessions prompt self-reflection and self-discovery, help clients gain insights into their experiences and feelings, and support clients in achieving greater clarity upon their own career goals. CCs also support clients in strengthening their problem-solving skills, support them in making and following through with plans, and assist in resolving difficulties they are facing. As a result, the CC provides a “maintenance” function in helping the client take sustained steps toward their goals. During sessions, CCs are also able to identify concerns regarding the clients’ development or behaviors, provide insights into other interventions that may be helpful, and highlight cases that may require other specialized service. Many clients also have deeper relationships with their CCs than other staff and prefer to coordinate directly with their CCs when issues arise.

Given the important function that CCs play in helping clients achieve their goals, additional CC sessions with clients post-JRT are greatly needed. Following the JRT, CC sessions focus primarily on clients who are not taking “positive steps,”¹⁰ as well as those who are referred to JRAP due to time and resource constraints. However, these are not the only clients who could benefit from ongoing CC sessions. Stakeholders agree that more frequent CC sessions are necessary. PTI staff suggested implementing more structured sessions post-JRT with all clients, not only with clients who are facing problems or who are not being followed up by Education/JRAP. PTI staff proposed that CCs implement a unified technique for the sessions, so that there is consistency across the organization. It was also recommended that more home visits be conducted to see clients in their environment and that CCs engage more frequently with family members, as family support can significantly impact clients’ success in the program whether positively or negatively.

Achieving the above is impossible with the current size of the CC team. As one PTI team member noted, PTI needs more CCs because they are the ones who support and shepherd clients on their journeys. There are many clients who get stuck and are unable to make progress. The current caseload size for CCs is far too high. As one staff member expressed, “The caseload should not be overwhelming. You have a lot of students to talk to... It would be dangerous if we don’t have the manpower to deliver for each student.” It was recommended that a clear caseload size should be clarified per CC. Further, PTI staff noted that the role of the CC during the whole process should be clarified, especially while the client is engaged in JRAP, ALIVE, or SEP.

Further, CCs also currently assume much of the responsibility for referral and coordination, both internally and with partner organizations. Numerous clients are no longer in contact with their referring agencies or social workers, leaving CCs to resolve clients concerns that arise. This scope of work is simply unsustainable without adding more members to the CC team.

¹⁰ Historically, PTI adopted a “positive steps” monitoring system in which staff would count clients on a monthly basis according to which clients were taking positive steps toward career goals and which clients were not.

CCs themselves expressed that it would be helpful for them to receive more emotional support to cope with the traumatic material they encounter and talk through their own concerns. Additionally, CCs noted that they want their own professional competencies to grow, particularly in relation to clients' trauma, IPV, and substance use.

Job Readiness Training (JRT)

In general, clients provided positive feedback about the JRT. Many clients expressed that soft skills training is helpful, especially time management, teamwork, problem solving, focus, and daily preparation. Many clients said that they remembered the lessons that they learned in the JRT and that they tried to apply what they learned at work. However, some admitted that they forgot what they had learned in the JRT by the time they started working. One client shared that she was concerned that some of her peers in the JRT were not really motivated to learn during the JRT, and she felt that they abused PTI's services:

"I don't like that it (the program) is being abused. I would say those who abuse the program should not be helped. But the truth is that most of them are abusive. They are after the JRT stipend, and then they go back to their vices. They were after the money."

JRT trainers raised concerns about processes for assessing client interest and readiness in joining the JRT, as trainers commonly observed clients who did not want to be present during the JRT or did not understand why they were there. For example, clients may join the JRT simply because they want to be discharged from the shelter, because they feel imprisoned in the shelter, or because their social worker tells them to go. As one JRT trainer explained:

"Sometimes I would have students come to class still bringing their referral letters from social worker and wonder what they are here for. I have several of those cases. Some would say 'I was told to come here'. So, the social worker told them to come but they don't understand what they are doing there.... Some will go because some social workers see it as a good opportunity, and you will see these students not participating, especially those living in the shelter. It's some kind of forced attending."

Some social workers endorse clients to the JRT immediately, even though the client is very new to the shelter. JRT trainers express that clients who attend the JRT for these reasons tend to be "half-hearted" in their participation and their motivation wanes. In light of these concerns, PTI staff suggested that several changes be made to the JRT referral process, including PTI conducting more orientation to prospective clients, clients submitting formal JRT applications themselves, and clients being interviewed by PTI staff prior to starting the JRT.

Complicating the above is the confusion that some parties still feel about what a “job readiness” training means. One JRT trainer explained:

“Sometimes they expect something’s going to change in their life immediately. That is where confusion comes, especially those in elementary level... Sometimes it turns out that their expectation is not met because they expected that after JRT, there is work already. In that stage, they become disappointed. Sometimes, they wait for a long time before getting a job.”

According to some JRT trainers, the JRT graduation feels like a high school graduation, and they feel disappointed when they do not get work right away. One trainer said, “They feel JRT was wasted because JRT was the solution, but it is just the beginning.” One of PTI’s referral partners echoed concern about the framing of the JRT, saying:

“I got confused with the title of the training – Job Readiness Training. Why was it entitled JRT when in fact they can pursue educational scholarship? The title is far off different from the goal itself. You name it JRT and then allow them to apply for scholarship, better name it with ‘readiness’ alone.”

Some PTI staff said that the JRT may need to be redefined, as JRT graduation is not a guarantee that the client will obtain a job. Some staff suggested that there should be better expectation setting with clients and increased attention to contextual factors that would interfere with their success. Additionally, some PTI staff suggested that PTI implement more stringent JRT graduation requirements, such as perfect attendance in CC sessions, mock interview completion, and successful completion of a compulsory on-the-job-training (OJT) during the JRT. Conversely, other PTI staff feel graduation requirements should remain the same.

This tension reflects the need to clearly define the purpose of the JRT. Staff have expressed that the JRT holds dual goals: 1) equip clients with skills necessary for employment and 2) serve as a foundation/entry point for clients to avail of other PTI services. If the goal of the JRT is seen as building job readiness, stakeholders agree that the current version of the JRT is ineffective, as three months of training is woefully insufficient. Clients consistently struggle with application of skills, even if the content is theoretically helpful. However, if the JRT is conceptualized as a needed foundation for the remainder of PTI’s services, then the current structure of the program would be viewed more favorably. As one staff explained:

"I believe that the JRT is essential. It puts both the client and the organization on the same page, so they can journey together towards SSGE. The Evaluate, Vision, and Focus stages are very important for the clients to undergo, so they can see themselves in a different light, dream once again, and rediscover themselves. The time that they are in training, the staff gets to know the clients, earn their trust, learn about their strengths and issues, forming a relationship that will help PTI determine how to best assist the client."

JRT trainers and PTI staff provided substantial input on the content of the JRT sessions. While there was widespread agreement that the content is useful and important, the need for revisions to the curriculum was universally agreed upon. PTI staff expressed the importance of continuing to make the lessons interactive, fun, and creative. One staff member expressed the need to make sure that the content is relevant to current market needs (such as digital literacy, communication skills) and that training methodologies should be up-to-date with current trends and technologies. Some of the examples are too Western and need to be culturally adapted. The duration of the sessions was seen as an issue, as there is too much content for 3 hours and clients have a hard time concentrating and absorbing the material.

Some stakeholders feel that the material is simply too ambitious and not properly suited to the target population. Stakeholders expressed that activities need to be adapted in accordance with the capabilities of the clients in the class; there is a need to ensure that clients who learn more slowly are not humiliated. For instance, some clients struggle with journaling because of low literacy, but trainers may encourage them to write more. While the intention is to foster responsibility, some JRT trainers expressed concerns that the process could be "deflating" or "discouraging" if trainers do not respond properly to clients' difficulties. JRT trainers noted that some of the activities (such as problem solving) are important, but draining. These activities need to be simplified "because clients struggle with it, which makes the clients feel bad." Further, some skills are simply too difficult to master in a short period of time without time to practice. As one JRT trainer expressed:

"The gap between soft skill one and two is about two-three days. There is not much opportunity to practice those skills... They are great concepts to teach, but if you try to teach in one setting, it would be hard. Maybe just look at one or two skills they can learn in an easier manner. And maybe incorporate activities or support sessions that would give them the opportunity to apply, like integrate skills to everything. Just help them integrate small skills rather than teaching a lot."

This trainer believes that PTI is trying to do too much in the JRT. She believes that PTI should significantly streamline the curriculum:

"I think for me is to simplify the JRT and then maybe design the right balance between skills that are expected for them to succeed at work and... taking into consideration their cognitive abilities and struggles. One of the challenges of JRT is a lot of them do not have work experience, so even if we tell them a picture of how this skills look, like give me an example of how you apply this concept at work, they cannot think of a good example because they have no work experience...This population has no idea of the structure of what a workplace is, so we need to simplify everything."

Stakeholders agree that the visioning and career case planning components of the JRT are vital. Clients begin to dream, feel empowered, and open their minds to new possibilities for the future. As one trainer said, "Whatever dream that has been suppressed has the opportunity to resurface, and they're encouraged that it's ok to dream." However, stakeholders universally agree that career case planning needs to be made far more accessible. JRT trainers are concerned about the current process where clients sit for three hours in a group setting and make a 10-year plan. Clients struggle, get tired, ask their social worker to help, and want to get it over with. Having the social worker, JRT trainer, and CC all present adds to the pressure. Clients compare themselves to their peers and it is difficult for all clients to receive needed support. Trainers recommend that the timeframe should be limited to a more realistic one (i.e. one year). PTI staff suggest that the case planning process should be spread out over time, perhaps two months. As one trainer said, "My suggestion is to bite-size the career case plan." Trainers agree that clients should have the opportunity to revisit their plans and make them more realistic over time.

Another concern raised by PTI trainers, partners, and staff was the difficulty of implementing one standardized "job readiness" curriculum both for client who will go straight into employment, along with those who will enter school following the JRT. Clients on the school track may not remember what they learned in the JRT by the time they obtain employment. Additionally, some clients who will enter schooling do not show the same interest level in learning soft skills for employment. Stakeholders have a multitude of opinions about how to address this. Some partners feel that different tracks should be created in the JRT for those who are going into education as opposed to those going into employment. Others feel that the JRT should only be implemented once clients are ready for JRAP and that the content should incorporate not only soft skills, but other job readiness skills like resume building, job interview skills, employee rights, job searching, etc. Others, however, feel that the training should continue to include all clients, but the content should be taught in a general perspective, with examples that are applicable both to education and to the workplace.

An additional concern was raised pertaining to the current model in which partners are

responsible for implementing some JRT classes. PTI staff raised concerns about quality control issues for JRT classes conducted by partners. JRT trainers themselves are also sometimes hesitant to assume this responsibility.

Based upon feedback from stakeholders, it is evident that PTI needs to be clear about the skills required to be successful as a JRT trainer. One JRT trainer shared that it is very important to ensure that any JRT trainer is properly equipped with the skills needed to train traumatized populations. This trainer, who came from a corporate background, felt that she was ill-equipped to train PTI clients, saying, "I did not understand the concept of how trafficking survivors think and behave and how you manage their behaviors... You would treat them differently in the corporate world." Her lack of training in working with traumatized populations meant that she made mistakes in how she facilitated sessions. She said:

"I feel that people from corporate world ... have to unlearn a lot, they cannot bring (their mindset) to this population because they think and behave differently. They misinterpret your good intentions sometimes. If you are encouraging as much as possible to participate in class, it is fine in a corporate setting because they understand the concepts and they feel safe in their environment. But if you begin teaching people with this background, everything is interplayed with trauma, (clients are) feeling unsafe, so somehow your encouragement is a violation to their personal space."

She said that trainers should not only have training skills, but also an understanding of survivors' backgrounds and behaviors. It would be helpful for trainers to have social work skills and prior experience working with this population, saying: "I could have been more encouraging, setting boundaries, and making everyone feel safe." She admitted she commonly crossed boundaries as a trainer, as she did not have social work/counseling training and she was not trained by PTI on the proper way to engage with clients. She said:

"For me personally in terms of handling client behavior, I did not know what to do... Towards the end, I was realizing I was crossing boundaries. I was buying birthday cakes... Because I was not properly trained, I didn't know my boundary."

When she asked for feedback from PTI on her work, the feedback was focused on the training facilitation, but not on client engagement. Although she learned about boundaries and client engagement over time, she wished someone from PTI had trained her from the outset.

Education Program

Stakeholders provided mixed feedback regarding the educational services provided by PTI. One particularly unresolved topic was whether PTI clients should be required to complete their high school certification (10th grade) in order to be eligible for job placement services. Some PTI staff see completion of 10th grade as essential, due to the need to meet labor market demands. From this perspective, the orientation of PTI staff is to “tell clients about the importance of education” and “engrave in their minds that they have to follow school.” Staff agree that clients can get employment without a 10th grade diploma, but the employment may not meet SSGE standards and if the client loses the job, they may return to PTI for job seeking help.

Other stakeholders (staff, clients, and partners) feel that PTI should adopt more flexibility with the 10th grade graduation requirement. One staff said, “when we accept clients for the training, we tell them we don’t have education requirements, as long as you can read and write, and yet when they are in the program, one has to finish grade 10.” In this perspective, if a client is not interested or cannot succeed in school, PTI should not try to force them to complete school, but can refer them to other employment opportunities that may not meet PTI’s ideal standards. Additionally, many social enterprises show more flexibility with high school graduation requirements and are happy to hire non-graduates as long as the client has other needed skills. Although PTI partners expressed great appreciation for the educational opportunities that PTI provides to their clients, partners also see their clients become disheartened by PTI’s educational requirements. For instance, one partner said:

“I would not change anything (about PTI) except the education program. There are clients who are discouraged to work because they don’t want to go to school. Despite the educational requirements, it’s good to make a factory-like workplace where others who do not want to go to school get the job by PTI’s enterprise. Others aged do not want to go to school, and PTI can give them work.”

Stakeholders consistently agreed that a lack of interest and motivation from clients is common. Many clients were previously truant in school and continue to be disinterested in schooling. One PTI staff explained the lack of interest in schooling that she observed among clients:

PTI staff find the process of maintaining client motivation to continue in school extremely challenging. Another PTI staff member explained the significant difficulties faced in trying to sustain motivation in school:

"I think for some it's a struggle with school because the value of school is not really that important. For some, it's easy to go to school because of their motivation to work in SE (social enterprise). If there is no SE, it's hard to go to school because they don't see school as means to an end or a means to have a good job. I think that's the struggle. We want them to be in school and finish school, so we could see them graduate and land a good job. We tell them finishing school is a good decision because you will be work-ready and there is opportunity for you want to apply. But the mindset is not there. SE is one reason to go to school because of their financial condition, so the motivation is money in SE. Second is that probably some have friends who are in school, so they go together. They are not interested in school per se."

10KW staff find the process of maintaining client motivation to continue in school extremely challenging. Another 10KW staff member explained the significant difficulties faced in trying to sustain motivation in school:

"Sustaining their motivation is one of the challenges that I encountered due to circumstances like the government itself that has no specific time frame as to when the exam will be administered, their mindsets of providing the needs of their family first, and having ALS tutorial in their schedule hinders it, and a lot more. Motivation is really a big factor to our clients and we're still working hand-in-hand on how we can better help our clients to understand the essence of education to find better opportunities for them."

The process of completing schooling can be extremely long, particularly in light of the unreliability of the ALS system. Clients can feel like their lives are "standing still" while in school. PTI partners expressed concerns that PTI's education program takes a very long time, although they noted that PTI exerts considerable effort to help clients succeed in school. Clients themselves were open about becoming discouraged while in school and feeling like they were not making any progress toward their goals, especially when they had learning disabilities or an urgent need to earn an income.

Clients experience numerous barriers to completing school. Lack of family support is a key obstacle, including both emotional support as well as support for basic needs such as food. Clients spend school stipends on food or personal needs/wants, interfering with their progress in school. One partner stressed that it is essential to assess the entire family context in trying to understand why a client cannot go to school. Clients with substantial cognitive delays and/or those who can barely read or write obviously face considerable obstacles. Life events such as unplanned pregnancies and alcohol relapse make clients' progress significantly harder. Additionally, older clients, and those who have dropped out of school multiple times already have difficulty transitioning back to school. Those who have been out of school for a

substantial amount of time find the schedule of regular school too challenging, leaving ALS as the most viable option. However, for ALS specifically, the proficiency exam in and of itself is a barrier, as the exam is offered infrequently, and clients may have to take the exam multiple times in order to pass. Multiple failures lead to discouragement.

Given staffing constraints, members of the PTI Education Team are the ones providing follow-up support to clients in school instead of CCs. However, it can be challenging for the Education Team to know how to respond to all challenges that arise with clients, due to a lack of formal training in working with traumatized populations. PTI staff expressed that education support staff should be properly trained if they will be expected to address the multitude of concerns that arise with clients. It is easier for the Education Team to provide hands-on support to clients who are working at the SEP. However, those who are in ALS but are not working at the SEP have substantially lower engagement with staff.

PTI staff suggested several pathways for improving the educational experiences of PTI clients who are enrolled in school. First, PTI could consider registering as an ALS center/provider through the Department of Education (DEPED), which would allow PTI to control how classes are provided. PTI could strike an agreement with the DEPED for clients to do joint modular schooling/home schooling and ALS at the same time/year. In this case, if the client does not pass the ALS exam, they can at least increase a grade level. Homeschooling is a possibility for some students, but would require licensure from DEPED. Additionally, PTI could affiliate with a teacher's college at a university to address the academic difficulties of clients. Creating a computer lab to facilitate digital literacy sessions would also benefit clients on multiple levels. One PTI staff suggested that PTI may want to provide lunch allowances or food/grocery stamps for students in the most need to encourage family members to support the clients' engagement in school.

Additionally, numerous suggestions were made for strengthening PTI's tutoring program. The tutoring program provides needed support to clients, but is under-resourced. Part-time volunteers currently provide PTI's tutoring services. PTI staff recommended that PTI hire a full-time tutor to ensure that clients receive needed academic support. Staff said that PTI should strengthen the effectiveness of the tutoring program in properly serving clients of varying academic levels. PTI's efforts to group clients into levels based on their capabilities were perceived as helpful for tutors. PTI's tutors have also added enhancements that were not a part of the ALS modules to help client develop basic numeracy and literacy, as the ALS modules will not make sense unless clients learn the basics beforehand.

PTI tutors also provided feedback on their experience conducting tutoring. Tutors expressed that PTI is very responsive to their needs and requests for support. However, tutors face several challenges in their volunteer service for PTI. The primary concern that tutors discussed was behavioral issues in the classroom environment. ALS tutors shared that they were not previously informed of clients' backgrounds, but clients started sharing their stories with the tutors, which was overwhelming. Tutors expressed that it would have been helpful to know more about the clients' backgrounds so that the tutor understands how to manage the class

and exhibit sensitivity to clients. One tutor also stated that clients are disrespectful to her in the classroom, and that the “lack of respect is a form of bullying” in her perspective. Additionally, the classroom is small and is used for other purposes. Tutors recognize that the ALS modules are not sufficient to teach clients well, and that further investments need to be made in the content of the curriculum. The location of PTI’s tutoring is another challenge, as it is far for some. Numerous stakeholders suggested that multiple locations be offered for tutoring services to make classes more accessible to clients.

One of the most commonly mentioned topics in the entire Program Assessment was PTI’s educational policies. PTI partners and clients consistently shared substantial concerns regarding the five-month work requirement prior to the awarding of college scholarships. Clients feel that they are wasting time trying to pass this milestone, especially when they already know that they want to proceed in school. Partners overwhelmingly shared that they think this policy should be dropped. Partners reported being stunned to initially learn about this policy when it was first implemented. Multiple staff from one partner organization said:

“When there was change in policy, we were shocked. They invited us when the policy was already changed. We asked why there was no consultation regarding this policy to check if this fits with our clients. It was an announcement made immediately. So, our referrals slowed down.”

“We had conversations with clients about PTI scholarships. Then there was a meeting with PTI about the change of policy, but there were clients who were already expecting it, so it was sudden. Clients really felt bad about the changes.”

This partner had already promoted PTI to clients when the policy changed, and they estimated that 25 of their clients derailed because of this policy change. Business partners are also not pleased with the five-month work requirement pre-college scholarship, as it is not viable for them to have clients only work for five months. PTI staff shared mixed opinions. Some staff think the policy is good, as it helps clients learn responsibility and determine if they are committed to pursuing college. Other staff believe the policy should be discarded because it is de-motivating for clients and detrimental for business partnerships.

All stakeholders overwhelmingly agreed that PTI should provide vocational training (VT) and Senior High School (Sr. HS) scholarships, if necessary, for clients to reach their career goals. Some PTI staff believe that Sr. HS scholarships are more practical than college scholarship, as clients will receive TESDA certificates (housekeeping, automotive, etc.). The vast majority of stakeholders believe that PTI should continue to offer college scholarships, with the exception of one PTI staff who questioned why PTI provides college scholarships if the objective of the organization is to help clients reach SSGE. The possibility of obtaining a college scholarship is a very attractive opportunity for clients and helps in marketing the program.

College students participating in FGDs shared that PTI’s requirements for college scholarships

were strict, but fair. However, both clients and partners expressed some confusion and concern regarding PTI's policies on college scholarships. In an FGD, a few clients said that PTI drops clients from scholarships when they get pregnant which is not accurate, necessitating clarification with clients. Clients and partners said that they would like for PTI to reconsider eligibility criteria for college scholarships, specifically stating that the exam should be easier. While partners understand the reason behind the standards, given the commitment involved in sponsoring college tuition, they shared that the exam is only cognitive. One partner said some clients "are mentally slow, but if they are diligent, they can cope... one may have high IQ, but is emotionally slow." This partner suggests that the assessment be broadened. PTI staff, on the other hand, shared that they think the stricter requirements for college scholarships are necessary to ensure clients can successfully complete school.

Some partners are confused about why PTI does not permit clients to work while in school. Partners expressed they would like for scholarship recipients to be able to work while in school as long as the client has determination to finish school. Both clients and partners expressed concern that if a client fails one subject, the scholarship is immediately dropped. One client whose scholarship was dropped, admitted that she made a mistake, as she was trying to balance school and work simultaneously. However, she suggested that she be asked to repay PTI for the subject that she failed rather than forfeiting the entire scholarship. Partners expressed that the transition to college is a learning process for clients. Partners feel that this standard might be suitable for those who have not experienced trauma, but that it is not realistic for those with a severe trauma history to meet PTI's high standards. Both clients and partners reported being confused and worried about whether or not clients are expected to repay their college scholarships once they obtain work.

Social Enterprise Program (SEP)

When asked what they appreciated the most about the SEP, clients expressed that the salary earned at the SEP is very helpful, especially for those who have children. Clients who had worked at the SEP shared that they learned valuable skills that helped prepare them for the workplace, including teamwork, time management, focus, work ethic, task completion, and professionalism. Clients shared that they learned about anger management, conflict resolution, controlling stress, and exhibiting self-control at the SEP. Clients described the SEP as "Big preparation. It's preparing us in the true workplace." One client who has transitioned to other employment after the SEP said, "If we have not gone through SEP, maybe we would have gone AWOL in our current work or we might be fighting with our HR."

Clients experienced numerous challenges at the SEP. The biggest area of concern raised by clients was that some felt afraid for their safety while working at the SEP. Clients expressed that there were several gang members who worked at the SEP, and they felt genuinely afraid of the gang members. A palpable look of fear could be observed on the clients' faces when they spoke of this – it was clearly noticed not only by Dr. Cordisco Tsai, but also by Ms. Bonachita and Tudtud. Clients said that they were afraid for their safety, with one saying,

“That group belonged to a gang. They might be around the corner when you go out.” Clients shared that they were afraid of being jumped on the street or attacked by their co-workers; one said, “I get scared there might be fighting and someone will get hurt and there will be a stabbing.” However, they were also scared to tell PTI staff because they were afraid of retaliation, saying “It (the conflict) might grow bigger and they might threaten us,” “we don’t want to be in a fight,” and, “I am scared so I just keep quiet.” Additionally, they were afraid to tell PTI staff because they needed the work at the SEP.

In addition to being afraid for their physical safety, clients described the SEP as very “noisy.” While this may appear to only be a nuisance, it was evident that the noise level was genuinely over-stimulating and anxiety-provoking for some clients. One said, “Sometimes I feel nervous of the noise because at the center it is silent. We are used to having a quiet environment.” Another said, “I was scared because I am not used to noise.” Clients expressed that they tried to talk to the PTI staff about the noise level, but the “staff got used it and told us all that the group that does that to make the work lively.” This was disappointing to the clients because they wanted the PTI staff to make them stop. One said, “They are jokers and noisy. We wanted PTI to let them go to another place to stop them.” Clients agreed that they would feel more comfortable at the SEP if PTI separated the clients who had serious behavioral issues from the ones who did not. They preferred for the aggressive and loud clients to be transferred to a different location rather than kicked out of the program because, “it is pitiful if they will get kicked out. Where will they go if they are kicked out?”

Clients shared numerous challenges regarding the quota and buddy system in which a faster-working client is paired with a slower one. They said they need to work quickly to meet the quota, but that some of them are asked to mentor their peers. Some of their peers are slow to understand how to do the work and keep coming to them with questions. While they try to help their peers, it prevents them from meeting their own quota. One client in particular who seemed to have a strong aptitude for the work said that many co-workers came to her for help, but she would not explain why, saying that it was “a secret.” Clients described having to help their slower peers as frustrating and said that they had to get used to it and be patient. At the same time, they also said that these rambunctious peers would make fun of them. (One SEP staff said that she believes clients are comfortable joking with each other at the workplace. Although she admits the joking is sometimes inappropriate, she believes they are friends. This is inconsistent with the feedback given by clients.)

It was the same group of clients who reported feeling afraid at the SEP, being disturbed by the noise levels, being bullied by their peers, and having to help their slower peers with their work. When asked about steps they took to talk to PTI staff about their concerns, clients gave the impression that they did not feel that PTI staff would take the concerns seriously, suggesting that PTI staff were especially close to the disruptive clients. It appears that the quieter group of clients may not have received the same amount of attention as the more disruptive clients, and that they were suffering in silence.

PTI’s partners see the SEP as a helpful program in providing work to the most vulnerable clients. “Aftercare” partners would like to see PTI expand SEP operations to be able to pay

clients more and hire more clients who face particular difficulty finding employment in the marketplace. Similar to clients, PTI staff see the SEP as a helpful program for preparing clients for future employment. At the SEP, clients have the opportunity to practice real-life workplace skills, like waking up early, meeting deadlines, working in teams, using professional language at work, and not giving up when work gets difficult.

As one PTI staff expressed:

“For those who have worked in the SEP, they fully understand by experience the value of being on time for work, being able to carry out the work assigned to him/her, and being able to work with others. The students’ stint in the SEP is even more than they can learn in the classroom of JRT. This is experiential learning – actual experiencing JRT’s lessons on time management, managing conflict, work attitude and teamwork.”

The SEP equips clients with employable skills and gives clients the chance to “feel how it is to be in a workplace.” Clients receive one-on-one mentorship when challenges arise at work.

PTI staff at the SEP face the challenge of being both a service provider to the clients while also being their employer. Clients described PTI staff at the SEP and in the Education program as their family members, saying “it’s like they are my sisters,” “she is like my mom,” or “she is like my sibling because when I talk to her about problem, she will help and she will give advice.” SEP staff spend many hours with clients and have to be very hands-on as issues arise in the workplace. The SEP team has developed a system for addressing behavioral issues in the workplace, with the operations staff spotting issues and bringing in the HR staff and/or Manager to support with discipline. The SEP team has identified the need to professionalize and revise existing policies. The SEP team follows the existing disciplinary policies, which involves a series of verbal warnings, written warnings, suspension, and then ultimately termination. However, making the ultimate decision to terminate clients is not an easy one, as staff may be worried about what will happen to the client if terminated.

At the same time that SEP staff are dealing with client concerns, they are also simultaneously trying to ensure the stability of work orders. If the SEP does not have work orders, the clients have no work. The income clients earn at the SEP is already small, and clients are dependent upon this money for their basic needs. The need to find more work on the production side is a big source of stress for SEP staff and, practically speaking, has to take precedence. As one staff said: “availability of work is first priority. Secondary priority is how to manage the clients. If there is no work, there are no clients.” As a result of all of the above, SEP seems to be operating in crisis mode much of the time. One of the staff described working at the SEP as “like firefighting.” The SEP business partners shared that it seems to them that PTI staff are “begging” for work when they run out of contracts. Stakeholders agree that SEP partners are exploiting the SEP to some extent by paying so little, but SEP staff feel that they have no choice because work is needed for the clients.

Capacity issues within the SEP make it difficult for the SEP to perform according to business partners' standards. The size of the workforce is one challenge. As one partner said, "when the manpower is small, we cannot give them more items given the limitations they have. The number of students determine the number of items we can give them." Partners have to teach the SEP team how to make a variety of products, depending on the contract. It is hard for the SEP staff themselves to learn how to make the products, and they are the ones who are supposed to be teaching the clients. SEP partners have also expressed that there are quality issues with the products produced. One said:

"The products produced by PTI are of low quality. Company A does not want to compromise the quality of our products. One possible reason for low quality is the fast turnover of students, which means that every time a new student comes, PTI will train this new batch again. There was even a case that 50% of the items made by PTI got rejected. One reason could be is that there was no proper turnover of workload to the incoming new employee...These rejected products are not paid by Company A, which is unfair."

Various stakeholders have recommended that PTI develop its own product to lessen dependence upon partners. However, product development is not the expertise of anyone inside of PTI. This course of action might require the SEP to register as a business, which would involve separating from PTI and operating as another legal entity.

SEP partners who operate as fully-fledged businesses expressed many concerns about the viability of the SEP's business operations. One partner said:

“They have people who are genuine champions. They are dedicated to constantly look for opportunities for their students. They are easy to work with, and it makes our work easier having a program point-person in the organization. However, they really have a very limited skill set, which makes it harder for them to acquire more projects from business partners. They have to improve their organizational structure for this is an important aspect of the business. They have a very limited skill set, not professional in quality control, and low production capacity. Though I understand that it is not their primary focus to build a wide variety of skill set, however, they cannot expect big projects to be constantly available given the limitations that they have. PTI has a fast turnover of students, which means that they are employed at this particular time, then eventually graduate in the program, and another batch of students come in. They cannot expect us to do the training all the time. They lack innovation and initiative that they are not able to build a variety of skills set or a product line that they want to pitch for. They should experiment with whatever they can do to explore more opportunities. They should be thinking of asset assessment instead of needs assessment. They should acquire and master the skills that they have instead of asking other people what services they could give. These companies would only give more projects if they have a variety of skills set to choose from competent enough to do different kinds of projects... PTI does not have a business model. It does not match on what they put in. If I have to do it, I would ensure that it would be profitable - sustainable profit because it is a social enterprise. And they should build portfolios of partners. People will not pay the fair wage because they have low skills.”

Since the SEP is framed/positioned as a social enterprise business, PTI’s partners evaluate it on that basis and in comparison to other social businesses. As revealed in the program assessment interviews, some SEP partners do not clearly understand the totality of PTI’s services, leaving them to evaluate the entirety of PTI’s programming based solely upon what they know about the SEP. When they look exclusively at the SEP and evaluate it as a social business, it makes PTI look ineffective. Feedback from SEP partners reveals the necessity of clearly explaining the purpose of the SEP within the scope of PTI’s broader operations to partners.

Job Referral Assistance Program (JRAP)

In addition to an abundance of feedback on PTI's educational policies, one of the other topics most consistently raised during the Program Assessment was the need to significantly strengthen PTI's employment partnerships and job referral services. PTI social service partners consistently expressed that they believe PTI should invest more heavily in partnering with employers and creating a wider range of employment opportunities. Partners said that clients are often interested in PTI because they want employment and they end up disappointed if they do not get employment through PTI. As one social service partner expressed:

"After graduating from JRT, they look forward to work and I find it lacking. Maybe they need to tie up more with companies to add more possibilities for the clients to be employed, or tie up with manpower agencies they know. When the application is not received, the client feels insecure."

Another partner said that she believes the key weakness at PTI is, "the linkage with companies, because according to the girls, not all are placed in a job, except in their SE. They have no opportunities in other companies." As this partner expressed, "girls expect work, but there is none." Clients end up finding jobs through their friends, or going back to the social service partner for help finding work.

Social service partners in particular think that PTI should exhibit more flexibility in the kinds of employers they partner with given the traumatized background of clients. As one partner said, "Usually, the girls do not qualify for the requirements or work of companies. I think PTI should also have link with companies with small qualifications because here, some are just in the elementary level." Partners also explained that trauma impacts clients' capacity to succeed in the workplace. Clients are triggered by supervisors at work and then go absent from work. As one partner said, "In terms of trauma, you cannot always get the right work. Once you are still in certain level or not healed from trauma, you will not survive the pressure and stress in work." PTI staff, however, struggle with this because they cannot be open with non-social enterprise employers about the backgrounds of the clients.

Additionally, as articulated earlier, numerous stakeholders also shared concerns about PTI's requirements that clients be referred to work that meets SSGE criteria. One JRT trainer explained her concerns about the SSGE work standard and the five-month work requirement:

"We have experience with a JRT graduate. She went AWOL at work because she couldn't maintain. I had them work in another work, (but) the counselor here said that work is not gainful, so the girl gave up that work because it is not counted with the five months work for her educational scholarship. Even though the work was already ok, they cannot get the scholarship. I am just sharing this incident about having gainful work for the five-month educational scholarship requirement."

One PTI staff also shared that she believes PTI should be more flexible with non-SSGE employment opportunities for clients, saying:

"If there are job opportunities available for them that are with minimum and government mandated benefits plus the environment is safe, I mean why not? As long she's safe there. One classic example, we've experienced a client who was pursuing a job with kasambahay. We did not encourage it because it does not meet our standard, but the client wants to pursue that because she was after the free lodging, free food, and she felt safe there. As long as she is hired, and employer is providing government mandated benefits and minimum wage, I think it is something that we can think about as long as it is safe there."

As explained earlier in the section on SSGE, numerous clients feel that SSGE employment opportunities are not realistic for them, and feel that sometimes PTI staff push them into jobs that they do not want or feel are good for them (see section on SSGE).

Social service partners indicated that PTI clients are able to sustain employment in social enterprises, but have difficulty sustaining employment in mainstream businesses. Social enterprises generally provide a more positive and supportive working environment, which is not the case with the mainstream businesses. As one staff said: "In the mainstream business, they are expected to be very professional and that rules are rules. Supervisors are strict, and workmates are not very 'friendly' unlike in social enterprises." Clients who currently work in social enterprises admit that while they face difficulties in the workplace, they also receive a lot of support at work. As one client said:

"At first, I had no impressions, but weeks and months later, we are getting to know. Months later, we feel like a family. We may make a lot of mistakes, but they are giving lots of chances. We fail in the exams and they give chances again. They are not giving you technical skills only, but also moral skills."

For some clients with more serious trauma histories or from particularly vulnerable backgrounds, social enterprises may be a necessary route for them. Numerous PTI clients face discrimination in the labor market, particularly LGBTQ clients and older clients. These clients may need employment in social enterprises, at least initially.

One obstacle to developing employer partnerships is that the Business Relations Coordinator (BRC)'s current scope of work is too much for one person. PTI staff suggested splitting this role into two roles – one staff to build partnerships with employers and one staff to shepherd clients through the job application process. If the BRM pays sufficient attention to clients, there is not enough time to focus on partnerships with employers. According to PTI staff, organizational expectations regarding client-related responsibilities are clear; expectations regarding employment partnership development are less clear.

One of the primary challenges mentioned by PTI staff pertaining to JRAP were instances in which clients wanted work, but the staff felt that clients were not ready. As one staff explained:

“There are clients who are really ready for work in terms of mindset, determination, behavior, expectations and skills, but most of them are not. They want to apply for work because they want to help their family or do something productive with their life, but in terms of behavior and skills, I could say that they lack the needed skills, especially in terms of problem solving.”

PTI staff express that there is often a big gap between the JRT and clients' job applications. Some clients are in school for a long time and are burdened with a multitude of personal concerns. As a result, a few staff recommended that the JRT be conducted toward the end of the program once the client is ready to start looking for work. Staff raised questions about how PTI can better assess client readiness for work, given that the technical qualifications requires the client be at least 18 years old, a grade 10 completer/ALS passer, with a birth certificate, and having passed the mock job interview.

Some partners and staff suggested that PTI facilitate more opportunities for applied learning before clients assume a regular job in the marketplace. Stakeholders suggested that PTI should develop paid OJTs for clients prior to referral for work, and/or other experiential learning opportunities that give clients a chance to practice being in the workplace. As referenced earlier, “aftercare” partners want PTI to expand its SEP to provide more work experience for clients. Staff suggested that other activities take place in a real workplace setting, such as practice job applications and mock interviews that are pre-arranged with HR departments of real companies.

An additional challenge is that many clients struggle during the job application process. According to PTI staff, even clients who seem motivated have difficulty applying for jobs. Staff

explained:

“There are also some of them who cannot endure the job application process and are easily distracted by peers or concerns. There are also some who easily give up especially when they were not hired after a few applications. They became inactive with their applications and so I need to follow up on them, which also takes time.”

“We can observe that those who are consistent in doing job applications are able to land a job. But those who are not consistent do not land a job – it took longer for them compared to those who are consistent. In my observation, clients need someone to guide them in their applications, provide options where to apply, and provide financial assistance for them to continue with their job applications.”

PTI staff shared that clients are informed during JRAP orientations that PTI can provide options of where to apply, but that they need to apply and go to interviews on their own. However, clients shared a different story. When the clients were asked directly, many shared that they thought that PTI staff would accompany them to job interviews. As one client said:

“I expect PTI to accompany me to go to the work I apply. My mind was twisted because I thought they will accompany me, but at the end they did not accompany, but then I think they were training me to be independent because during the interview you have to go alone.”

Some clients shared that it feels challenging and disheartening to go through the job search process alone, but they also understand why PTI has them go to interviews on their own. Clients talked about getting discouraged:

"It was my first time to apply and send bio data... It's a headache because it is hot outside and the company won't call. They first said they would accompany me, so I was down when I learned they won't, but I understand that they want me to do it on my own."

"They (interviewers) are strict. They make you feel down and it's painful to hear, especially from people who talk harshly."

"I think the gap (at PTI) is in finding work. PTI helps with requirements, then you are on your own."

PTI staff face difficulty properly assessing employers. Staff explained that they assess employers by checking if they are registered with Department of Labor and Employment and/or making calls to companies to ask if they are providing minimum wage and government-mandated benefits. PTI ensures that all employers provide all legal requirements such as minimum wage, government mandated benefits, and working hours. However, these efforts do not guarantee client safety in the workplace. One staff said:

"Wherever our client is employed – social enterprise or mainstream business, I feel that our clients are not safe because I think that we could really not control what will happen in the workplace considering that they are interacting with different workmates, people, customers. Being employed in a labor law compliant company is not an assurance that our client will always be safe in the workplace."

Employers who participated in the Program Assessment were asked for feedback about the performance of PTI clients referred to their companies. Feedback was generally positive, though there were some discrepancies across companies. One non-social enterprise business partner provided very positive feedback:

“They (PTI clients) show respect and listen to instructions given to them. They obey the tasks given to them in the store. There was no bad feedback from the area coordinators regarding 10WK-referred workers... Generally, not only that they have the determination to work, but they also have the heart for their work. As you can see, that most jobs in fast food restaurants, like Jollibee, are merely household chores. Everyone can do household chores. But we look for applicants that have love for their work, willingness to learn to work and determined to work despite negative criticism... They possess the love and determination for work. They have the heart for their work. They are equipped with soft skills and they are competent at work... They have values. Respect is really observable in them – that’s where I am really impressed. They show genuine respect to elder persons.”

One of PTI’s social enterprise partners also shared positive feedback about the performance of PTI clients, saying that clients referred by PTI are more reliable than those referred by shelters and they move up faster. However, another social enterprise provided different feedback, stressing that clients still needed to grow significantly:

“They (PTI) prepare their clients to a certain level of ability. The training provides baby foundation stones for them to be equipped but they are limited in that. They still lack experiencing the real-life setting of a workplace. Maybe they need to incorporate the real corporate life, like giving them actual hands on.”

One corporate partner had difficulty answering questions about clients’ performance because he had no idea that his company had a partnership with PTI. He said: “it seems like we have an invisible partner.” When asked for feedback on a list of applicants, he said that PTI clients are “just the same” as all other applicants. In general, he feels most applicants need to improve in customer service, but this applies to everyone, not just PTI clients. The vast majority of PTI clients referred to this company are no longer working there, but the employer does not know why; he was only able to state that the clients resigned (were not terminated).

Currently, the BRC follows-up with clients until they reach three months in SSGE. The BRC calls, texts, and sends FB messages to check in with clients once they start their new jobs. As one staff expressed, “I think what the client needs at this time is a listening ear and the assurance that they can always ask for assistance from PTI should there be concerns in the workplace.” However, at the same time, staff also questioned whether weekly monitoring of employed clients is absolutely necessary, saying “we are told that we should not ‘police’ our clients, but I think the weekly monitoring is an overkill.” Clarity needs to be achieved regarding what are PTI’s responsibilities to employed clients and how long those responsibilities last. Given the challenges many clients face adapting to the workplace and

maintaining employment, it is clear that many need ongoing support for a longer period of time. However, the question of how long this lasts has not been resolved. Additionally, some social enterprise business partners continue to come back to PTI repeatedly for assistance with clients' personal and job performance concerns, even after a client has been employed in their business for a significant amount of time. All stakeholders need to understand when this engagement theoretically is supposed to end.

Reproductive Health (RH) Partnership

Stakeholders agreed that providing RH services is vital for PTI clients. The RH seminar facilitated by the RH partner is helpful for clients, as the partner attempts to provide clients with much-needed information and address misconceptions and myths clients have about contraception/family planning. The content of the training may need to be updated as the needs of clients evolve. There was wide agreement that the RH session during the JRT is insufficient. Some clients do not want to attend, perhaps due to embarrassment or partners not wanting them to participate. Additionally, clients have many misconceptions about contraception. While they may understand content in the moment, they are pressured by family members not to use contraception and/or are provided false information by family members.

During the JRT, clients are accompanied to the RH training by PTI, which "gives them the convenience and sense of support." However, follow-up support for clients needs to be strengthened. As the RH partner said:

"It's really the follow-up sessions that is challenging to do so. After the orientation with PTI clients has been conducted, on that same day, we ask them, the qualified only, who would like to avail of our services. So, we give them cards when will they come back for a follow-up session. On our part, I am not sure if we will call back the clients, or PTI does the follow up. It would be good if they are monitored well and followed up to see development and improvements. Career counselors help in proactively asking the clients during the follow-up... The gap is found after the RH Orientation that we conduct. What happens after the orientation? Is it monitored? Does coordination happen? Is there any follow-up conducted? Partners should sync in strengthening engagement. They should have a heavy monthly monitoring, since the methods they use needed a monthly follow-up. CCs should follow up if client availed the services and follow up if the method used was correctly followed. It might be that some of them are just afraid to disclose information. The area they need to strengthen is the engagement of both partners on the family planning program... Coordination of PTI and family planning coordinator must be intensified, not that they only communicate when the need arise, but a thorough coordination must be established for the program to work and to see the development or improvement of the client."

The partner also suggested that PTI maintain a list of clients who availed of their services so that follow-up would be easier.

Geographical and logistical challenges interfere with PTI clients availing of follow-up services. The partner's location is not accessible for many clients, and it is hard for clients who are working to go to appointments at the partner due to the scheduled times. To address this, the partner suggested that instead of asking clients to come to the partner's clinic on a monthly basis, quarterly follow-ups could be conducted instead at the PTI office. The partner said, "PTI and us should be both present during these sessions. It is not only that PTI needs to improve, but we as well should improve." PTI staff also suggested that it may be more practical for clients to go to their barangays to avail of contraception, or to hospitals such as Vicente Sotto. Both PTI and the partner staff suggested that it would be helpful if PTI could help sponsor some costs, such as transportation, as well as medical and laboratory costs.

However, ultimately PTI staff expressed that clients have to make their own choices regarding whether or not to avail of contraception. While some clients choose to avail of contraception on their own, others are not careful with their sexual behavior and get into relationships quickly. Clients enter into relationships for a complex set of reasons, including a need to belong, sense of acceptance, or sexual desires. Although PTI can provide access to information, staff cannot tell clients what to do. PTI staff expressed that it would be beneficial if they had more resources to help them know how to speak with clients and respond to clients' questions on RH matters. While the education the partner has provided for PTI staff was helpful in preparing staff to field questions from clients, further resources are needed.

Recommendations

Included below is a preliminary set of recommendations developed by the Program Assessment Team. The Program Assessment Team will go through multiple rounds of eliciting feedback from PTI staff, clients, and partners before the final set of recommendations are released, as explained earlier in the report. The details for all of these recommendations have not been finalized. Not all of these recommendations will be implemented at the same time – implementation will be staggered based upon staff availability. As a first step, the initial priority is to obtain consensus from key stakeholders around strategy and general direction. Decisions about how to specifically implement recommendations on the ground must be made collaboratively. All PTI staff in the Philippines and in the United States must work together as a team to come up with detailed, concrete plans for implementing the final list of recommendations.

Initial suggestions have been made regarding the persons responsible for implementing recommendations. In some cases, it is suggested that PTI staff project teams be developed to flesh out an implementation plan in detail. Opportunities will be available for staff to volunteer to join teams. Participation in project-based teams for implementing recommendations will be taken into consideration in staff workloads (i.e. will not just be added on top of all other

responsibilities). Staff are invited to share if they want to help with an initiative. The PTI leadership team will make final decisions regarding who will be responsible for implementing recommendations. Implementation of all recommendations requires funding and will need to be conducted in a staged manner according to available resources. There is understanding among the management that not everything can be improved at the same time, but that the most urgent gaps should be addressed, and a plan should be put into place to comprehensively address all important needs in time.

Recommendations: PTI Processes, Systems, and Structure

Integrate PTI Values

Healthy, sustainable organizations have clarity on core values and mission and accomplish their mission when their activities are consistent with their values. PTI must establish greater alignment between core values and mission. PTI leadership decided to clarify the organization's values and mission by adopting new core values and mission statements. These statements better reflect PTI's original purpose and align with the guiding values of the social work profession. The new values and mission statements will strengthen PTI's commitment to an empowerment-based approach to work. PTI cannot accomplish its mission unless its efforts are consistent with organizational values. Organizational processes are just as important as outcomes. It is recommended that a concerted effort be made to ensure that these values are integrated into every aspect of PTI's work, including delivery of services to clients, staff/program evaluation, and marketing/messaging.

Mission statement: PTI helps survivors of violence and exploitation experience economic empowerment so that they may achieve financial security and live safe, free, hopeful lives.

Core values:

- Dignity: protecting and promoting the worth, rights, and interests inherent in us all.
- Listening: seeking first to understand the perspectives, experiences, and desires of others, especially those who are marginalized.
- Empowerment: helping others determine and achieve their own goals through their own agency.
- Expertise: engaging our work with the relevant skills, education, and competency to ensure our services conform to the highest industry standards.
- Curiosity: seeking and sharing new methods, models, and strategies to continuously achieve greater impact.
- Collaboration: tackling complex problems and creating effective solutions together.

- Genuineness: being sincere and truthful in our motives, actions, and words.

The PTI leadership team will lead the entire staff team through a process of operationalizing these values in practice.

Expand PTI Staff Team

To ensure proper quality of care and a reasonable workload for PTI staff, it will be essential to hire numerous roles in the Cebu, Philippines office. Janice Ubaldo will become the Deputy Director of PTI Philippines and will divide supervision of PTI's team in the Philippines with Jonna Eleccion. The Deputy Director will oversee SEP, JRT, and Support Teams. The Director will oversee Clinical, Education, and JRAP/Employment Teams. Rhea Baylosis will assume the role of Clinical Team Manager, supervising CCs and social workers. Additional CCs and social workers will need to be hired to ensure a reasonable caseload; initially, two more CCs will be added along with one social worker, with more to follow. The current BRC role will split into two positions – one that focuses on employer partnerships and one that focuses on coaching clients through the job application process. With proposed changes to the SEP model (see latter sections), the SEP team may need to be revamped; the team will remain the same until the model is adapted. Although the Education team will need to expand in time, for now the organization does not have the financial resources to hire more Education Program staff. It is recommended that the Education Program Manager focus heavily in the upcoming months on strategy regarding strengthening the Education Program and developing a proposal that the PTI Executive Director can utilize to raise funds to expand the Education Program. The JRM role (renamed Training Manager) will remain the same, with the exception of changes to the referral systems and transition to all in-house training. The plan is for new client enrollment to decrease significantly over the next year while revisions are being implemented.

Additional staff are also needed in the Support Team. In early 2019, a finance/ administrative assistant, reporting to the Finance Advisor will be added. This individual will help the Finance Advisor with finances, filing, and support with general administrative responsibilities for the office. The Human Resource and Administrative Officer position will focus solely on HR and Executive Assistant for the Director. A new role will be added – Monitoring Coordinator/Executive Assistant. The Monitoring Coordinator will track and compile all client data and will support staff in compiling data pertaining to clients. She will also serve as an Executive Assistant for the Deputy Director. Although PTI would like to purchase another car and hire another driver, the budget does not allow for that at this time. It is vital that additional hires follow in time. A revised organizational chart is attached as Figure 2. Although the program assessment did not include PTI US operations, it is important to note that PTI United States is extremely understaffed as well. The PTI Executive Director is the only full-time staff in the US, leaving him without any administrative support for the entire US operations. Additional hires will need to be made on the US side as well to ensure the sustainability of

operations. The initial hires included in these recommendations do not represent all hiring needs. Additional hires will be considered for the subsequent fiscal year.

Expand PTI Office Space

Given the growth in the PTI staff team, bigger office space will be required. As referenced earlier, the current office is already too small. The support team needs more storage space for files. It is recommended that a private counseling room be set up in the new office. It is advised that a waiting area/lounge be created in the new office to ensure boundaries between clients and staff. If budget permits, it would be preferable for the SEP to be housed in the same location as the rest of the PTI team.

Revise PTI's Theory of Change and Measures of Success

It is recommended that PTI put together a project team to oversee revision of PTI's theory of change, logframe, and revamp measures of success. It is proposed that PTI expand success measurement beyond SSGE – involving multiple forms and “levels” of success among clients. It is also suggested that success measures include both quantitative and qualitative indicators that reflect economic empowerment as well as other non-economic indicators of change that PTI aims to influence. The project team will need to collaborate in coming up with a revised set of measures together. It is also suggested that PTI replace the two-year positive steps monitoring system with this new measurement system.

Implement More Regular, Systematic Program Reviews

To encourage a culture of being a learning organization, it is recommended that PTI implement more regular, systematic program review processes. These program reviews can be smaller in scope than the current review. However, conducting such reviews regularly provides an important opportunity to learn lessons about what is going well and what can be strengthened in the organization. These reviews can be implemented on an annual basis and the findings of such reviews can serve as the basis for planning for each subsequent fiscal year.

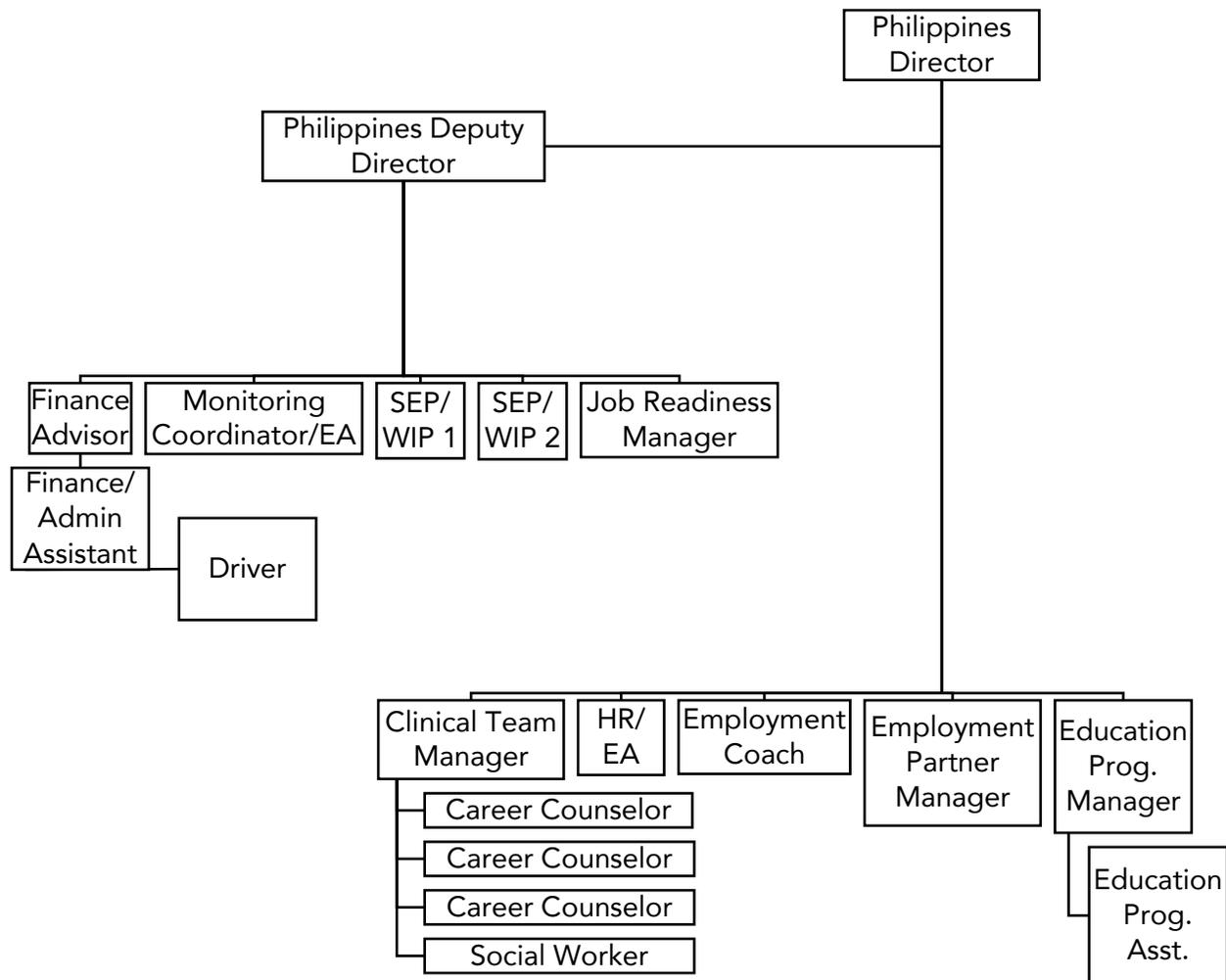
Strengthen Client Protection Protocols

It is recommended that PTI revisit and revise its client protection protocols to ensure they are consistent with current best practice. For the protection of clients, staff, and the organization as a whole, it is recommended that PTI develop policies and procedures for clients to report abuse and/or inappropriate behaviors committed by staff or other clients, as well as procedures for investigating and responding to all allegations.

Refine Client Case File/Case Management Systems

It is recommended that PTI revisit and refine its case management systems. A standardized system should be in place to ensure that client records are recorded in a consistent manner, helping preserve institutional knowledge over time, providing insight into client experiences, and meeting the requirements of key stakeholders, including DSWD for accreditation. Case management systems need to be user-friendly and accessible for all staff, and should not cause an undue time burden on staff. Training should be provided for all staff on writing effective case notes, adherence to ethical guidelines, and minimization of legal and ethical risks.

Figure 2: Proposed Organizational Chart



Determine Open, Inactive, and Closed Cases

Given the size of the staff team and the caseload, it has been challenging for PTI to consistently monitor and know the status of all clients who have enrolled in PTI's programs. PTI's donors and other stakeholders want PTI to be able to clearly and succinctly answer questions regarding the size of the existing caseload, drop-out rates, "success" and "failure" rates, and the status of all clients enrolled in PTI's active caseload. It is recommended that PTI implement an open, inactive, and closed case tracking system. Open cases would refer to clients who are actively engaged in PTI's services. Inactive cases would include those who are not participating in PTI's services, but whose cases have not officially closed. This could include clients who are not in a position to avail of PTI's services, but do not want to officially drop out yet (such as parents who need to take a break from work/school to care for their children, etc.). A closed case would mean that the person has formally dropped from the program. Cases could be closed in several instances: upon a client's death, if a client is expelled from the program (due committing violence against another client, etc.), if the client chooses to drop out, or if PTI is unable to reach the client after a specified timeframe (timeframe TBD). As referenced earlier, one of the strengths of PTI's programs is that PTI remains with clients over a long journey. We are not looking to kick clients out of our services if they want to remain in the program. However, clients have the right to choose to drop out if they want to do so. When PTI is unable to reach a client, it is recommended that PTI decide upon a time frame that would determine when a client transitions from inactive to closed. For example, if we are unable to reach a client, they could be classified as inactive until the end of this timeframe (timeframe TBD after revision of CC protocols). After this point, if he/she is still unable to be reached, the case would be transitioned to a closed status. If he/she reappears and wants to re-join, the status of the case could be changed from closed to open. It is expected that clients may shift between categories throughout their time at PTI. PTI will need to make a decision about when to close cases for clients who have already attained success. Properly tracking all details of these records will take considerable effort. The Monitoring Coordinator will not be responsible for following up with clients, but he/she will be the one tracking the data in PTI's data management system.

Revise Systems for Tracking Client Vulnerability

Properly classifying clients according to their vulnerability and/or exploitation history (trafficking, IPV, etc.) is a challenging endeavor. PTI is dependent upon information provided by partners, which may or may not reflect the reality of the client's situation. It is common for service providers and clients to have different perspectives on their exploitation histories, and for stories/details to emerge/change over time. However, it is important for institutional credibility that PTI be able to present trustworthy data regarding who the organization serves. It is recommended that PTI continue to collect data from partners in referral forms regarding the prospective clients' vulnerabilities, but that there be changes in how this is done. It is

recommended that clients be classified according to all of their vulnerabilities. For instance, one client may be a victim of human trafficking, IPV, and sexual abuse; this client would be classified as all three. Additionally, the classifications of clients may change over time as more details emerge regarding the client's history. Moving forward, it is recommended that all of this information be tracked. This would give a much more accurate picture of the reality of clients' experiences rather than simply putting them in one category based upon information in the partner referral form. Additionally, this system would allow for PTI to watch for patterns in the trajectories of clients across different combinations of vulnerability/experiences of abuse and exploitation. Again, tracking this data will require careful attention. While the Monitoring Coordinator will not be the one collecting information from clients themselves, he/she will update the client tracking system.

Recommendations: Staff Development and Well-Being

Vicarious Trauma (VT) and Staff Care

It is recommended that PTI implement an organizational strategy to prevent and respond to vicarious trauma and burnout among staff. Based upon existing research, it is advised that this strategy include interventions at the individual, group, and institutional levels. The first category would include strategies to encourage and promote self-care among staff at an individual level and would involve careful attention to VT/burnout in individualized supervision. Group-level strategies could include further group trainings on VT, staff support groups for those who are interested, and/or promotion of a healthy organizational climate in which open discussion of VT is encouraged. Institutional strategies could include: further professional staff training (see below), caseload maintenance (see below), benefits that include access to counselors, and performance evaluation systems involving realistic expectations and factors that are within the control of the person being evaluated. A team should be established to come up with a plan to care for staff and address VT/burnout that works for the Cebu, Philippines office.

As per feedback from PTI staff, staff care efforts should include attention to conversion of leave credits. Many PTI staff do not use their vacation credits. Potential options for unused vacation leave credits include converting unused credits to cash, health care or wellness activities. Conversion may, however, discourage staff from taking leave, which should continue to be discussed. PTI staff vary in their needs and preferences regarding the forms of staff care they would like to receive. Attention will need to be paid to the diverse needs of staff in formulating a plan that works for the entire team.

Staff Development and Training

A systematic training and development plan for all staff who have direct client contact is recommended. While it is valuable for PTI staff to have the opportunity to express interest in specific training opportunities through their individualized development plans, a systematic training plan in which all staff participate is vital to ensure consistency in approaches across the organization. Training and development must incorporate a combination of technical skills/theoretical instruction along with ongoing mentorship and support regarding implementation. Training alone without opportunities to practice skills learned will not be as effective. While staff would benefit from a multitude of training topics, it is recommended that the following topics be prioritized. First, it is suggested that the training plan emphasize Motivational Interviewing (MI), an evidence-based approach to communicating about change. By learning MI, PTI's values will be reinforced, staff will learn basic clinical skills, and staff will learn practical tools for addressing issues related to ambivalence about change among clients. Additionally, it is recommended that training on different forms of violence and exploitation

(such as human trafficking, sexual abuse and assault, IPV, and physical abuse) be provided. Staff should be provided further training on trauma, how trauma affects the brain, how trauma impacts behaviors/decision making processes, trauma-informed care, and strategies for working with traumatized individuals. It is also recommended that staff be provided further training to address emergency situations that arise with clients, including crisis intervention, suicide prevention, and responding to IPV. Further, the training program should address how to maintain proper boundaries with clients and how to write case notes. PTI staff expressed that exposure trips to other NGOs might be helpful in informing staff about best practices in other organizations.

Staff Motivation

Sustaining oneself in social service work long-term is not an easy undertaking in any organization. It is recommended that PTI continue to brainstorm about how to most effectively support staff in maintaining their motivation to fulfill the mission of PTI long-term. Finding the best strategies for doing so can be challenging because staff have different personalities and feel inspired by differing motivational styles. Although PTI's focus on outcomes is a strength, it is recommended that less emphasis be placed on quantitative measures in the logframe when motivating staff, and more emphasis be placed on the meaning behind the work of PTI. It is suggested that PTI leadership address why the work of PTI matters – why are we here? What difference are we making by working at PTI? What keeps us coming to work every day? It is also recommended that priority continue to be placed on providing encouragement to staff, appreciation for everyone's work, and nourishment when staff are growing tired. It is anticipated that some of the other recommendations embedded in the Program Assessment will support staff motivation. In particular, it is expected that implementing a staff development/training program, increasing the staff size, and reducing the caseload will help motivation. Additionally, revising measures/concepts of success and ensuring they are consistent with organizational values may help motivation. A plan for addressing VT and staff care is also expected to be beneficial for motivation. Ongoing feedback will be required from all staff to ensure that efforts are responsive to staff needs.

General Program Recommendations

Target Population

It is recommended that PTI's target population remain survivors of violence and exploitation. At least 70% of PTI's clients should classify as survivors of violence and exploitation, while up to 30% can come from other backgrounds. The following classifications are suggested: 1) Clients who have experienced violence would comprise the primary target group (at least 70%), including human trafficking, IPV, sexual abuse, rape, and physical child abuse. 2) Clients in the secondary category (up to 30%) would include vulnerable clients, non-trafficked victims of child labor, and non-trafficked people working in sex work. 3) Groups excluded from PTI's programming would include children in conflict with the law (CICL) and clients who are pimping out/trafficking others. Discussions must continue about how to maintain a proper balance of serving clients who need the program the most while also not overburdening staff with unreasonable caseloads.

Reduce Intake while Implementing Recommendations

Over the next year, PTI will have to substantially reduce new intakes in order to implement the Program Assessment recommendations, while also growing at a reasonable rate, and not placing undue burden on staff. It is recommended that no new JRT cohorts be offered in September 2018 and January 2019. The next JRT cohort enrolled in PTI's services would participate in services under the new model.

Changes in Client Screening and Referral

It is recommended that PTI adapt the client screening and referral processes. It is suggested that the referral process be reframed – i.e. it is not a JRT referral, but a referral to PTI's services as a whole. The intention behind this is to clarify to clients and partners that the JRT is only one piece of PTI's services and that graduation from the JRT does not equal job readiness. This is consistent with a shift in thinking from PTI as a JRT-centric organization to a more CC-centric organization.

For practical reasons, it is recommended that the Training Manager (formerly known as JRM) still be the one to communicate with referring partners to receive referral forms. The referral form will need to be revised by the assigned team based upon feedback from partners and a re-evaluation of the most pertinent information for PTI. It is recommended that partners can submit these on a rolling basis. It is suggested that the person most knowledgeable about the client's case complete the referral form (social worker, community worker, etc.), but that management sign off on any referrals to ensure proper coordination and buy-in from all key stakeholders.

Once a referral has been received, it is recommended that a member of the CC team meet

individually with referred clients to conduct an in-person screening and ensure informed consent. The objectives of this in-person meeting would be to understand the client's goals for joining PTI's program, assess the client's understanding of and genuine level of interest in the program, assess the client's needs, help clients engage in critical thinking of whether they want to join PTI's services at that time, and clarify any misconceptions or misinformation. Clients fully understanding what they are signing up for is an important aspect of informed consent. PTI's organizational policies should be explained from the outset to ensure that clients are actually giving informed consent to join PTI's program. It is recommended that materials like a one-page visual overview of PTI's services be developed to help CCs explain the entirety of PTI's services to prospective clients. These individual meetings will also give PTI an opportunity to directly explain its services to clients, instead of relying on referring partners who may prioritize different pieces of information. This process will need to be taken into consideration when crafting the CCs' workloads. In some cases, more than one individual meeting may be required with a client prior to a decision being made about the enrollment. Although additional time will be required on the front end, the intention is to try to set realistic expectations and gauge genuine interest from clients at the outset, which may help prevent dropouts or disengagement later in the process.

Hire a Social Worker

It is recommended that PTI hire a Social Worker (SW) to assume some of the responsibilities that CCs currently carry that are not directly related to clients' careers, but that have a significant impact on their capacity to achieve their goals. The SW can develop partnerships, strategy, and resources at a programmatic level to ensure these additional areas of concern are addressed. In particular, it is recommended that the SW take responsibility for strengthening PTI's partnerships and approach in the following areas:

- RH: It is recommended that the SW manage the partnership with RH partners and develop new RH partnerships with other organizations, such as local health centers, the Department of Health, and others. It is recommended that the SW strengthen PTI's strategy for addressing the RH needs of clients in a way that also respects their autonomy.
- IPV/Family Violence/Harassment: It is suggested that the SW be responsible for strengthening partnerships to address IPV/family violence, be a resource for staff in responding to violence, and provide direct education to clients about violence/harassment.
- Health Concerns: It is suggested that the SW strategize about and develop partnerships to address health issues among clients, including malnutrition, dental needs, and chronic illnesses that interfere with clients' engagement in school and work.

Although there are additional issues that need to be addressed, it is recommended that the SW initially focus on the above. More social workers will need to be hired in time.

Enhance Organizational Capacity to Respond to Emergency Situations

It is recommended that PTI strengthen its systems for responding to emergency situations among clients, such as suicidality, homicidality, IPV, mental health crises, and others. As referenced earlier, crisis intervention should be included in the staff development/training plan. It is recommended that PTI allot a larger budget for emergency expenses. It is suggested that PTI develop an agreement with a local clinician/therapist and negotiate fees upfront. This clinician can be called in emergency situations when clients have needs that surpass the expertise of the staff. In the future, PTI may want to consider creating an on-call system where a rotating member of the team is on-call 24 hours in case of emergencies. This is standard practice in social service agencies and ensures regular boundaries for staff (i.e. staff know the specific hours they are on call rather than being expected to respond to emergencies any time, any day). When there are safety concerns with clients (such as IPV, other violence in the home), it is recommended that the Driver drive staff to the clients' houses for home visits and that he be briefed beforehand about any safety concerns for the protection of PTI staff. Protocols should be in place for how to address other safety concerns for staff, such as clients or family members making threats against staff, etc.

Substance Abuse Policies

PTI needs to make a decision about whether or not to alter current substance abuse policies within the organization. There does not seem to be consensus on this question and there are no easy solutions on this matter. While PTI can continue to try to screen for substance abuse upon referral, this is very hard to do well in practice. Strengthening communication with partners around this issue is recommended, as there seems to be some confusion in the reasoning behind drug use questions in PTI's referral forms. It is recommended that PTI clearly explain the organization's drug policies to prospective clients upon referral as a part of informed consent; this may lead some clients to self-select out.

Clarify and Adhere to Group Norms Among Clients

Findings revealed the need to clarify group norms among PTI clients. Given some clients' hesitation to speak with PTI staff about areas of perceived failure, or other sensitive topics, it is recommended that PTI develop clear norms for how everyone is expected to engage with one another at PTI and reinforce these norms. It is suggested that 10WK be deemed a "no shame" or "no judgment" zone. It needs to be evident to clients that PTI is a safe space in which they can talk about anything with PTI staff and they do not need to feel ashamed or scared that PTI staff will judge them. It is vital that PTI be a physically and emotionally safe space for everyone. PTI clients have experienced multiple forms of violence in their lives and they cannot be subjected to harm at PTI, meaning that PTI will not tolerate clients being mistreated by staff, visitors, or peers. All clients must understand that they are not permitted to harm other clients at PTI – bullying, excessive teasing, and violence against others are not allowed in

any circumstance. Clients are not allowed to pimp out/recruit others into sex work; if they do, they will be terminated from the program. It will be essential for these (and other) norms to be revisited and reinforced regularly with clients so that they become institutionalized as part of the organizational culture.

Implement “Soar”

The original model for PTI included a final stage called “Soar” in which clients have an opportunity to give back to others. “Soar” has never been implemented. Whether or not clients decide to give back is, of course, ultimately the clients’ choice, but PTI can facilitate the process for those who are interested. It is recommended that PTI develop two projects under “Soar.” First, it is recommended that PTI create a Client Advisory Board in which clients are invited to give feedback on PTI’s programming and brainstorm with staff about how to improve clients’ experiences and outcomes in the program. Secondly, at a later date in the future, it is suggested that PTI consider developing a mentorship program in which clients have the opportunity to share what they have learned with newcomers. Ensuring that mentors are sufficiently ready for this role is an ambitious undertaking. However, PTI could gradually, over time, build the infrastructure for such a program, starting small and slowly building. For instance, initial efforts could focus on inviting selected “successful” clients back to JRT trainings, the SEP/WIP, and other venues to share with current clients about their journey and what they learned in the process. Such opportunities not only give clients an opportunity to give back, but can also serve as a source of inspiration to new/current clients.

Recommendations Regarding Sub-Programs

Career Counseling / Clinical Team

Key message: PTI is transitioning to a CC-centric organization.

Career counseling is a vital yet under-resourced component of PTI's work. It is recommended that PTI invest heavily in building a clinical/CC team that is sizeable enough and has sufficient resources to ensure continuity of care for clients throughout their journey in PTI's programs. The following adaptations to CC are recommended:

1. It is recommended that Rhea Baylosis become the Clinical Team Manager. She would supervise all CCs and SWs within the organization. Initially, two more CCs and one SW would be added to the team, with additional staff to be hired when funding is available. As referenced earlier, CCs would meet individually with clients to conduct career counseling. The SW would initially focus on other key issues that are vital to clients' success in the program, like RH, IPV, NA, and health.
2. It is recommended that PTI transition from a JRT/training-centric organization to a CC-centric organization. This orientation is a significant change for PTI, but reflects much greater consistency with the reality of working with traumatized populations. Providing training alone is not sufficient to help this population of clients become "job ready." Clients need a significant amount of emotional support; a safe, trusting, and consistent relationship with a clinically trained staff person; help fostering self-awareness and personal coping skills; individualized assistance with goal-setting, planning and problem solving; and support with addressing obstacles and crises faced during the program. More CC engagement with family/household members is also recommended.
3. As referenced earlier, changes have been proposed to the client referral/intake process. It is recommended that CCs be the one to conduct individual interviews with prospective clients prior to the JRT (as explained in another section).
4. It is recommended that CCs' engagement in the JRT be significantly expanded. It is suggested that the JRT incorporate more individual meetings between CCs and the clients. These meeting can count toward the JRT attendance requirements (in addition to the group sessions) and should extend throughout the entire three-months. The career case planning process should be extended throughout the entire JRT, should be more realistic, and should proceed more slowly. Clients will need mentorship and support in learning how to set goals and time to revisit these repeatedly in a supportive and non-pressured setting so that more realistic and helpful goals can be developed.
5. It is recommended that the Clinical Team Manager develop a proposal to revamp and strengthen the CC process post-JRT. Instead of only engaging with clients who are not

taking positive steps or who are referred to JRAP, CCs should theoretically engage consistently with all clients throughout the entire process, as staffing allows. It is recommended that CCs have more frequent engagement with clients. In this proposal, the Clinical Team Manager will come up with recommendations for a structure and approach to CC post-JRT, working to ensure consistency in techniques/approach throughout the team.

6. To accomplish the above, it is absolutely vital that the CC caseload be substantially reduced. The current workload for CCs is simply far too much and unsustainable. It is not possible to come up with an exact caseload at this time, but this needs to be determined. This decision must be made in consideration of the new open/inactive/closed case system, the projected intake for future clients, and budgetary considerations.
7. Clinical team members will continue to be exposed to the most traumatic material in the organization and have the most extensive client engagement. It is recommended that the Clinical Team Manager provide regular clinical supervision to all members of her team and that she have access to training on clinical supervision, as well as clinical supervision for herself (likely through a consultant). For the sake of clients and staff, it is vital to ensure that CCs have enough support to sustain themselves in the work, stay healthy, and continue to be able to provide excellent client services consistent with best practice.

“Job Readiness” Training

Key message: The “JRT” provides a foundation for all clients. Job readiness is everyone’s job, not just the JRM. The “JRT” should be suited for traumatized persons.

The “JRT” is a key foundational program for clients coming into PTI’s services. The following adaptations are suggested:

1. It is recommended that the “JRT” be reframed. Naming the training a “job readiness” training gives the impression to clients, partners, and some staff that once a person graduates from the JRT, this person should be “job ready.” This is an unrealistic expectation given the highly traumatized population PTI is serving. It is recommended that PTI come up with a new name for both the JRT and the JRM role to better reflect the reality of the program and help manage all stakeholders’ expectations.
2. While the “JRT” does help contribute to clients’ job readiness, job readiness is the responsibility of all staff and all programs at PTI. All staff and all programs at PTI help clients achieve job readiness. Becoming job ready is a process, not a black/white category.

3. In addition to contributing to clients' job readiness by teaching soft skills, it is recommended that the primary purpose of the "JRT" is to serve as a foundation for PTI's programs. The individualized visioning, goal-setting, and self-discovery components of the JRT are vital to clients' trajectories; these processes should continue post-JRT. The JRT provides an opportunity for clients to build rapport and relationships with PTI.
4. It is recommended that PTI no longer outsource "JRT" trainings to partners, but that all trainings be conducted by PTI staff. Partners can be guest lecturers in some sessions, if of interest and helpful.
5. It is recommended that a variety of changes be made to the "JRT" curriculum:
 - a. As referenced earlier, it is suggested that more individualized meetings with CCs be integrated into the "JRT" along with the group sessions. These individual sessions should count toward attendance requirements.
 - b. It is proposed that the career case planning process should be extended throughout the three-month "JRT" and the pace should be slowed down considerably. The goal-setting process should be simplified and more realistic, with a shorter timeframe (not a 10-year plan). Clients will need more mentorship in learning how to set realistic goals. The goal-setting should be done in individual settings with CCs, not in group settings. SWs do not need to be present. The plans produced should be revisited post-JRT.
 - c. It is recommended that the curriculum content pertaining to soft skills be simplified and reduced to the most essential content. Exercises that are too difficult for clients should be eliminated. Activities should be designed for clients with low levels of education and significant trauma histories.
 - d. The curriculum should be revised to ensure all content is culturally relevant.
 - e. It is recommended that the "JRT" maintain one track (i.e. not split into separate tracks for clients going into employment vs. education). Examples pertaining to both education and employment should continue to be integrated. The reframing of the "JRT" program noted above should help alleviate some of the confusion about the relevance of the "JRT" for clients going into education immediately afterward.
 - f. To ensure consistency with the rest of PTI's programs, it is recommended that PTI contract with consultants specializing in MI and trauma to ensure that the curriculum is MI-adherent and trauma-informed. This will involve attention to the language that is used in the curriculum, group facilitation skills and dynamics, social norms within the class, and client engagement skills of the facilitator, among others.
 - g. All stakeholders agree that clients learn the importance of soft skills in the "JRT," but struggle with actually implementing them in real life. The trauma histories of clients should be considered much more heavily here. Trauma has a

significant impact upon the brain and it hinders people's capacity to carry out the skills that are taught during the "JRT." For instance, the impact of trauma on the brain makes it difficult for traumatized persons to focus, complete tasks, take initiative, maintain a positive attitude, work in teams, etc. It is recommended that PTI take several steps to address this in the JRT curriculum:

- i. It is advised that PTI integrate some very basic psychoeducation about trauma and the effect on the brain for clients. Clients may feel ashamed and feel there is something "wrong with them" if they struggle to carry out the soft skills. Willpower alone is not enough. Including some basic psychoeducation may help take away shame and create a safer environment in which to discuss challenges. It may also reduce staff frustration levels.
 - ii. It is recommended that the JRT include more content pertaining to emotional self-regulation. Clients should learn how to recognize that they are being triggered and be able to anticipate when their trauma may interfere with their capacity to implement a soft skill. Clients should be equipped with basic tools that they can use to promote self-awareness, self-soothing, and better regulate their emotions.
6. It is recommended "JRT" refreshers continue to be provided for clients post-JRT as "bridge" program for clients to continually build their job readiness. These refreshers can be optional, but can provide valuable opportunities for clients to continue to learn/practice.

"SEP" / Work Immersion Program (WIP)

Key message: The WIP is a social program aimed to promote job readiness and provide a safety net. The program should not try to operate as a business.

The "SEP" provides a needed service within PTI, but is a significant cause of stress for the organization. Several adaptations are recommended to make sure that the program can achieve its objectives while also being consistent with organizational capacities.

1. It is recommended that the objectives of the "SEP" program continue to be two-fold: to provide a safety net for the most vulnerable clients and to provide practical, hands-on, lived experience for clients in a workplace setting that builds further job readiness. This program is not intended to provide long-term employment for clients, but to serve as a key bridge to a more secure and sustainable employment situation.
2. Running a business is not the core competency of anyone within PTI. No one on the

staff (in the Philippines or US) has sufficient business acumen to run a successful business enterprise. It is recommended that PTI not try to operate the “SEP” as a business. Instead, PTI should operate this program as a social program, which is in line with the core competence of the organization. The reasons for this are numerous:

- a. It is more consistent with the skills of the staff.
 - b. It relieves a significant source of pressure and stress for the staff.
 - c. It is better for PTI’s branding and marketing. If PTI claims to run a social enterprise but does not have the capacity to do so, it makes the organization look like it is ineffective or failing.
3. As a result of the above, it is recommended that the “SEP” be renamed to the “Work Immersion Program (WIP).” This new name does not give the impression that PTI is trying to run a business. It reflects the objectives of the program.
 4. It is recommended that the WIP separate from the Education team and be run as a distinct program.
 5. For now, the Deputy Director will oversee the WIP. It is recommended that she develop a proposal outlining the strategy and program design for the newly conceptualized WIP after she has time to transition back into the Cebu, Philippines office.
 6. The WIP can continue business partnerships with current partners and can explore the possibility of new CSR partnerships. However, this should only be done when it is good for PTI and its clients.
 7. If resources permit, it would be ideal if the WIP could hire clients who face particular difficulties or discrimination in the labor market, such as older clients, LGBTQ clients, and those who need more practice in a workplace setting before being referred to other companies. Again, the goal is not to hire clients permanently, but to help them stabilize and give the organization time to strategize with clients about longer-term options while also trying to influence the marketplace.
 8. In order to meet the needs of the WIP target population, it is recommended that PTI be creative in how it partners with other social enterprises. For instance, some of the higher performing clients at the WIP could transition to other SE partners.
 9. Staff who work at the WIP need to have training in how to work with traumatized populations and need to have the skills needed to address challenges that arise. Greater CC engagement at the WIP would be helpful, if resources permit. It is recommended that careful attention be paid to managing group dynamics at the WIP. Staff attention should not be focused only on the most problematic clients. It is important to check in with the clients who may appear to be doing well in order to understand how they are doing and if they are facing any challenges that they are not openly sharing.
 10. Careful attention should especially be paid to ensuring that clients at the WIP do not harm one another. Violence and bullying at the WIP should not be tolerated and clients

should be terminated if they harm other clients. While this decision is difficult when the terminated client does not have other places to go, it is necessary. The WIP must be a safe environment for all staff and all clients.

Education

Key message: The value of client autonomy and self-determination should be integrated throughout all educational services and policies.

Access to education is a key service provided by PTI that can open many opportunities for clients in their professional and personal development. To ensure consistency with PTI values, client autonomy and choice must be central to all aspects of PTI's programming, including educational services. The following changes are recommended:

1. As referenced earlier, the WIP should be separated from the Education Program.
2. Numerous revisions to PTI's educational policies are recommended:
 - a. It is recommended that the five-month employment requirement before a client can qualify for a scholarship be dropped. PTI can develop other ways to assess and foster client readiness for scholarships.
 - b. It is recommended that PTI provide Sr. HS scholarships, and develop guidelines for this process.
 - c. PTI should continue to provide college and VT scholarships.
 - d. It is advised that PTI revisit rules around obtaining and maintaining scholarships (qualification exams, policies for dropping clients from scholarships, etc.). A revised proposal for these policies should be developed in light of feedback from all stakeholders.
 - e. It is recommended that PTI drop any expectation/policy that college scholars repay a portion of their tuition upon finding work.
3. Similar to the recommendations pertaining to JRAP, it is suggested that values of client choice and autonomy be integrated throughout the education program. If clients do not want to go to school, they should not be pushed into school. All PTI staff should be trained in the use of MI to address ambivalence about change among clients. Ultimately clients' self-determination must be respected. If clients do not want to go to school, it is their choice not to go.
4. Completing 10th grade is not realistic for all clients. It is recommended that PTI provide more flexible options for clients who cannot finish 10th grade. (See JRAP section).
5. It is recommended that the Education Program Manager's role involve primarily strategy, planning, and external partnership development pertaining to education. Her responsibilities will focus heavily on strengthening educational services provided by PTI and partners at a strategic level. Additional funding will need to be raised to implement improvements to educational services. It is recommended that the Education Program Manager develop a proposal for a strengthened educational program at PTI that the PTI Executive Director (US) can use to fundraise for an expanded education program.

6. As a part of the above, it is recommended that the Education Program Manager make a proposal for the best mechanism(s) for helping clients succeed in school and strengthening the quality of instruction received. Options include:
 - a. PTI registering as an ALS center/provider through DEPED.
 - b. PTI striking an agreement with the DEPED for clients to do joint modular schooling/home schooling and ALS at the same time/year.
 - c. PTI affiliating with a teacher's college at a university to address the academic difficulties of clients.
 - d. Strengthening PTI's tutoring program by hiring a full-time tutor and further developing the curriculum.
 - e. Other strategies proposed by the Education Program Manager.
7. It is recommended that the Education Program Manager continue to develop additional partnerships to strengthen client skills – such as computer training, language skills, etc. CSR partnerships could be leveraged here. These programs can be seen as an example of bridge programs that help build clients' job readiness throughout the entirety of PTI's services.
8. Given financial constraints, practically speaking the Education Program Assistant will need to work with clients individually to address issues that arise while in school. The Clinical Team should be integrated into this process as much as organizational resources permit. It is important for all follow-up support to be MI-adherent and trauma-informed. There should be consistency in the client engagement approaches utilized throughout the organization – i.e. from the Education Program Assistant, Employment Coach, and Clinical Team.

Job Referral Assistance Program (JRAP)

Key message: PTI should be more flexible and strategic in pursuing a diverse range of employment opportunities that match client capacities, backgrounds, interests, and needs.

Successful implementation of JRAP is vital to the success of PTI's mission. Clients come to PTI and partners refer to PTI because clients want jobs. If this portion of PTI's services is not strong, the entire mission is jeopardized. The following changes are suggested:

1. While SSGE is ideal for our clients, not all clients will realistically be able to or want to obtain SSGE. It is recommended that PTI not push clients into SSGE if it is not realistic for them or not what the client wants. PTI is presented with the challenge of how to properly support clients in obtaining non-SSGE employment. A few guiding principles are offered. Sometimes these principles will conflict with one another.

- a. Client safety is vital at PTI. We commit to doing our absolute best to protect client safety.
 - b. Clients' rights should be protected, both by PTI and employers. We commit to advocating for both.
 - c. Client autonomy and self-determination should be respected. PTI supports the client's choice unless we know that the client will be abused in that situation.
2. It is recommended that PTI work with clients on an individual level to find the best and safest form of employment that will work for that person, given his or her own goals, skills, priorities, and personal circumstances. Although SSGE can be maintained as one category of work, it is recommended that PTI create a tier system of different categories or tiers of work. If it is not realistic for a client to work in SSGE employment, PTI can support the client in achieving employment in a different tier category. Stipends and other benefits should be available to clients obtaining work in different tier categories.
3. It is recommended that the current BRC role initially split into two positions – an Employment Partnership Manager and Employment Coach. This provides a more reasonable scope of work for each person. This enables PTI to hire staff with two different sets of skills.
4. Employment Partnership Manager will focus on building and strengthening relationships with employers, cultivating a strategy for partnering with employers, and engaging in advocacy to address systemic issues that disadvantage clients in the workplace. Several suggestions are offered:
 - a. It is recommended that PTI hire a visionary person for this role. The Employment Partnership Manager (EPM) will need to be highly creative, innovative, and able to take considerable personal initiative while upholding the organization's values. This person should push the boundaries of what PTI has previously done in the past through JRAP.
 - b. The EPM should build a diverse range of partnerships with employers, not only those providing SSGE employment. For example, the EPM should actively seek out safe employment opportunities that do not qualify as SSGE. This is an ambitious and complicated undertaking. The EPM will need to consult with PTI's attorney in this process.
 - c. The EPM should prioritize trying to find non-SE employers that are more suitable for vulnerable populations.
 - d. In addition to creating partnerships for full-time employment opportunities, the EPM should also develop partnerships with employers for more bridge programs, such as OJTs and other workplace immersion activities.
 - e. The EPM should explore creative ways to partner with SEs in order to meet the needs of PTI's most difficult clients, including those who face labor market discrimination and those who are unable to complete 10th grade.

- f. The EPM should engage in advocacy with employers when clients' rights are violated in the labor market. For example, this may include advocacy to address labor market discrimination against older persons, LGBTQ persons, and people who do not meet employers' preferences in terms of their physical appearance. It is also recommended that the EPM engage in advocacy around the protection of clients' rights in the workplace, such as in cases of sexual harassment.
 - g. It is suggested that the EPM strengthen PTI's processes for vetting employers and potential safety issues in the workplace.
 - h. It is advised that the EPM strengthen systems for getting feedback from employers about client performance in the workplace.
 - i. It is recommended that the EPM coordinate with PTI's law firm to address legal questions and issues that arise in the workplace for our clients.
5. The Employment Coach will be responsible for the client engagement component – supporting the client through the job application process and his/her transition to the workplace. Several suggestions are provided.
- a. In the Employment Coach role, it is important to hire someone with strong client engagement skills and prior experience working with traumatized populations.
 - b. Employment coaching should be conducted in a way that is sensitive to the needs of traumatized persons. Realistically speaking, this may require more emotional support provided to clients during the job application process.
 - c. Current systems for monitoring clients should be revisited. Instead of "monitoring," check-ins with clients can be perceived as opportunities to understand how clients are doing and provide needed support. This minimizes the feeling of "policing" clients.
 - d. There should be consistency in the client engagement approaches utilized throughout the organization – i.e. from the Employment Coach, Education Program Assistant, and Clinical Team.
 - e. If clients are having difficulty applying for or securing work, it is very important to understand WHY. It is recommended that the Employment Coach spend more time seeking to understand the challenges clients are facing from their perspectives. FGDs/IDIs may be conducted as part of this process.
 - f. It is recommended that the Employment Coach continue to strengthen client education about their rights as workers and grievance mechanisms.

Prioritization and Responsibility for Recommendations

Given understaffing at PTI, it is not feasible to implement all of the recommendations simultaneously. Recommendations have been divided into two categories – those that will be implemented immediately and those that will follow at a later date (timeframe unspecified). A summary of the prioritization and responsibility for implementation of the recommendations is included below in two separate tables. The PTI team will revisit the timeline for the recommendations listed in Table 5 once the recommendations in Table 4 have been implemented.

Table 4: Recommendations to be Implemented Immediately

Sub-Program Specific Recommendations		
	Team Lead	Team Members
<u>Career Counseling/Clinical Team</u> : Transition to Career Counseling-centric organization	Clinical Team Manager	Program and Learning Advisor, Philippines Director, Career Counselor, consultants
<u>"JRT"</u> : Foundation for all clients. Trauma-informed	Philippines Deputy Director	Clinical Team Manager, Program and Learning Advisor, consultants, Training Manager
<u>"SEP"/WIP</u> : Social program to promote job readiness and provide safety net	Philippines Deputy Director	SEP HR Associate, SEP Operations Assistant, <i>other TBD</i>
<u>Education</u> : Promoting client autonomy and self-determination	Education Program Manager	Philippines Director, Education Program Assistant
<u>JRAP</u> : More flexible and strategic in pursuing diverse employment options	Philippines Director	Program and Learning Advisor, <i>other TBD</i>
General Program Recommendations		
Integrate PTI Values	US Executive, Director	Everyone
Expand PTI Staff Team	US Executive Philippines Director	Philippines Director, Philippines Deputy Director, Clinical Team Manager, Program and Learning Advisor
Expand PTI Office Space	Philippines Director	HR/Admin Officer, Finance Advisor, Monitoring Coordinator
Revise PTI's Theory of Change/Success Measures	Program and Learning Advisor	US Executive Director, Philippines Director, Philippines Deputy Director with input from all staff

Staff Development and Training	Program and Learning Advisor	Clinical Team Manager, Consultants, HR/Admin Officer
Target Population	US Executive Director	Director, Deputy Director
Reduce Intake	Philippines Director	Training Manager
Hire a Social Worker	Philippines Director	Clinical Team Manager, Program and Learning Advisor
Changes in Client Screening/ Referral	Philippines Deputy Director	Clinical Team Manager, Training Manager

Table 5: Recommendations that Will Not Be Implemented Immediately (Timeline TBD)

	Team Lead	Team Members
Strengthen Client Protection Protocols	TBD	Consultants, Philippines Director, Program and Learning Advisor
Implement More Regular, Systematic Program Reviews	TBD	Philippines Deputy Director, US Executive Director, Program and Learning Advisor, Education Program Assistant, Monitoring Coordinator
Determine Open, Inactive, and Closed Cases	Clinical Team Manager	Philippines Deputy Director, Career Counselor, Education Program Assistant, Monitoring Coordinator
Refine Client Case File/Case Management Systems	TBD	Consultants, Monitoring Coordinator, Program and Learning Advisor, Clinical Team Manager
Revise Systems for Tracking Client Vulnerability	Programming and Learning Advisor	Philippines Deputy Director, Training Manager, Clinical Team Manager, Monitoring Coordinator
Vicarious Trauma (VT) & Staff Care	TBD	Clinical Team Manager, HR/Admin Officer, volunteers
Staff Motivation	US Executive Director, Philippines Director, Philippines Deputy Director	HR/Admin Officer, volunteers
Enhance Capacity to Respond to Emergency Situations	TBD	Clinical Team Manager, Program and Learning Advisor, Consultants
Substance Abuse Policies	TBD	TBD
Clarify / Adhere to Group Norms among Clients	TBD	TBD
Implement "Soar"	Programming and Learning Advisor	HR Associate, TBD

