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Building an Ecology of Routines: The Central Role of the Broker

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Abstract

Making progress on stubborn social problems, such as street level prostitution, requires local actors to work together in new ways across organizational boundaries. Organizational routines – defined as repetitive, recognizable patterns of interdependent actions carried out by multiple actors – are considered one of the primary means through which organizations accomplish the work they do. In my thesis, I argue that an important way to tackle stubborn social problems is through brokering, across organizational boundaries, to build and coordinate an ecology of routines. To better understand this process, I explore the following questions: How is the role of broker established? How do brokers influence routine performances, and coordinate multiple routines, across organizational boundaries? I answer these questions by studying the first ten years of the River City Police Persons at Risk (PAR) Program, and the actions of a broker building and then coordinating an ecology of routines to help women caught in a revolving door of addictions, prostitution, and trips through the criminal justice system.

I argue this ecology of routines achieved superior outcomes because a police sergeant established her role as trusted and knowledgeable broker, and used this role to convince actors in the justice system and over 40 agencies to perform their routines more flexibly, to change the patterning of their routines, and to create new routines for sex workers. The broker became the hub connecting an ecology of routines – coordinating justice system routines to motivate sex workers to seek help and agencies routines to provide that help. My study makes three contributions. First, by following the co-creation of opportunities to broker and the ability to broker, I develop a process model of brokering that extends our understanding of how actors establish and continue to enhance their role as broker. Second, I move beyond recent work on established ecologies of routines in a single organization to show how brokers can build and coordinate ecologies of routines across organizational boundaries. Finally, I extend our understanding of collaborative case management models by showing how brokers help agencies to perform their work in new ways to address stubborn social problems.

Keywords

routines, brokering, process, policing, prostitution, social problem
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Many people, when they reach a certain age, worry that their minds will start to wander. I worried that mine would stand still. And so, this academic journey began. The voyage thus far has been exhilarating. And demanding. It was never a solo effort. Thus, there are many people I would like to thank.

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Chapter 1

1 Introduction

“Prostitution is not just a policing issue. […] The police are not going to solve it. Not that it is ever going to be solved. It is a community issue. It is a societal issue. It is a health issue. You have to bring all those people to the table and I think it is happening.” (Interview, Sgt. Long, PAR Coordinator, 2015 March 4)

Street level prostitution is called survival sex work. Erratic behaviour and addictions leave street level sex workers trapped in endless cycles of selling sex and journeys through the criminal justice system. Barriers to exit include a myriad of interconnected problems including the women’s mental and physical health problems, an absence of positive social supports, and a lack of social services or knowledge of how to access them (Baker, Dalla, & Williamson, 2010; Learmonth, Hakala, & Keller, 2015; Matthews, 2014). There are no easy solutions to the complex problems these women present (Bodkin, Delahunty-Pike, & O’Shea, 2015; Orchard, Farr, Macphail, Wender, & Young, 2012). For instance, multi-agency models, designed to provide a mix of services, have high dropout rates and are unable to reach the most marginalized women (Matthews, 2014). Pairing sex workers with a case manager has proven more successful in helping women to exit because it provides individualized support and creates greater accountability among the woman, the service providers, and the case manager (Matthews, 2014).

Case managers perform two tasks in tackling stubborn social problems such as prostitution (Gronda, 2009). First, case managers help clients to navigate a fragmented system of social service agencies. Second, case managers identify and resolve gaps in those services and the way they are delivered. The latter task can be difficult because agencies are typically inward focused and lack the motivation or resources to change their work patterns or collaborate directly with other agencies to address an unmet need. Even when they are motivated to change, agencies find

---

1 All individual, organization, and place names have been fictionalized to respect the anonymity of my informants and research setting.
2 This proposal rotates among the terms for the activity of interest here – prostitution, sex work and the sex trade – and descriptors for the women who engage in these activities (prostituted, prostituted women, sex workers or women who work in the sex trade). The discourse around language related to prostitution is a controversial topic (Bazelon, 2016). I use these terms interchangeably, sometimes based on the way other researchers, the women or other actors use them. The use of one term or the other is not intended to infer a political or feminist stance on this issue.
it difficult to move from talking about collaboration to performing their work in more collaborative and effective ways (McDonald & Zetlin, 2004). Research suggests that case management models are more successful when a recognized governing body has the resources and reputation to help agencies to make these changes (Gronda, 2009; Matthews, 2014). However, we know less about the way a local actor emerges to lead this change when there is no obvious governing body to play this role. My thesis sheds light on this process by following the first ten years of the River City Police (RCP) Persons at Risk (PAR) Program to help sex workers exit prostitution.

Between 2005 and 2014, the PAR Program identified 327 street level sex workers, helped 27 women to exit, and brought harm reduction strategies to many others. Sgt. Long, the PAR Coordinator, achieved these positive outcomes by convincing actors within the justice system and across over 40 agencies to work together, in new ways, to tackle the problem of street level prostitution. Examining the work of the PAR Program provides the opportunity to explore two questions. First, how do actors establish a position of influence in relation to the work of multiple organizations? Second, how do actors use this influence to change the way individuals in these organizations perform their work to serve an unmet need?

I argue that a process perspective of brokering and organizational routines offers a promising approach to answer these questions. I expand my argument below by defining each theoretical perspective and then proposing what we can learn by combining them. Organizational routines are defined as “repetitive, recognizable patterns of interdependent actions, carried out by multiple actors” (Feldman & Pentland, 2003). Routines are considered a primary means through which organizations accomplish what they do (Cyert & March, 1963; Feldman & Pentland, 2003; March & Simon, 1958; Nelson & Winter, 1982). Routines guide actors to perform everyday tasks such as moving students into residence (Feldman, 2000), hiring new employees (Rerup & Feldman, 2011), and providing patient care (Bucher & Langley, 2016). Routines are connected and performed in wider networks (Feldman, Pentland, D'Adderio, & Lazaric, 2016) or ecologies (Birnholtz, Cohen, & Hoch, 2007) to accomplish more complex tasks such new

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3While I introduce a process perspective of organizational routines and brokering in the introduction and theory section, before presenting my data, I note that these concepts emerged from my data and analysis (Glaser & Strauss, 1967). I present the concepts before the data to better frame the major findings and contribution of my study.
product development (Sele & Grand, 2016) and the preparation of complicated re-insurance quotes (Spee, Jarzabkowski, & Smets, 2016). Scholars who adopt a process perspective of routines take agency seriously and view routines as effortful accomplishments carried out by mindful actors (Feldman, 2000; Pentland & Rueter, 1994). This perspective demands that researchers take a fine-grained approach to observe the actions of actors as they engage in effortful work to create, perform, and change the action patterns of routines in response to specific circumstances (Feldman et al., 2016; Howard-Grenville & Rerup, 2017).

Brokering describes the actions of an agent to bridge gaps in social structure by managing interactions or facilitating the flow of resources – information, goods, or opportunities – between two or more targets who may or may not be connected to each other (Obstfeld, Borgatti, & Davis, 2014; Stovel & Shaw, 2012). A brokering view of routine dynamics provides a theoretical perspective to understand who can play the role of broker and what they are brokering in relation to targets who perform routines and connections between routines. Consistent with routine dynamics, a process perspective of brokering demands that researchers take a fine-grained approach to understand how brokers engage in brokering actions in response to specific circumstances. Thus, a process perspective of brokering provides a compatible level of analysis to unpack the relationship between brokering actions and the actions of actors as they perform routines and coordinate connections between routines.

With this conceptual framework in mind, I propose two roles for brokers that merit further examination in the context of organizational routines. First, brokers can influence the creation, performance, and patterning of actions of a single routine by mediating to resolve conflict between two or more actors who perform routines or by representing the interests of a client to actors who perform the routine for that client. There is a rich body of work exploring how actors within the boundaries of an organization influence how routines are created (Birnholtz et al., 2007; Bucher & Langley, 2016; Rerup & Feldman, 2011), how routines are performed flexibly in response to current circumstances (Turner & Rindova, 2012), and how routines change when outcomes fall short of aspirations (Feldman, 2000). The work of the PAR Program provides an opportunity to explore how brokers straddle boundaries to influence the actions of routines across multiple organizations.
Second, brokers can influence the creation, performance, and patterning of connections between routines. For instance, Feldman (2000) follows a university housing department acting as a broker to coordinate police routines and residence moving-in routines to alleviate traffic problems on moving day. Spee et al. (2016) describe how experienced underwriters coordinate the performance of multiple routines to create insurance quotes. While these studies provide evidence of brokering to influence connections between routines, they lack fine-grained details of specific brokering actions (Feldman, 2000) or focus on well-established ecologies, in a single organization, where connections between routines and the role of the broker are well established (Spee et al., 2016). The work of the PAR Program provides an opportunity to see how actors establish the role of broker in relation to multiple targets and use this role to build and coordinate an ecology of routines across organizational boundaries.

My thesis traces the actions of a police officer establishing her role as trusted broker in relation to multiple targets (including sex workers and actors in the justice system and local health and social service agencies) and using her new role to build and coordinate a boundary-crossing ecology of routines to help women exit prostitution. I use the concept of trust to capture the willingness of targets to expose themselves to the risks of being vulnerable to the actions of the broker (Mayer, Davis, & Schoorman, 1995). My analysis draws on data from interviews with informants from RCP and the other involved organizations to describe routine performances and outcomes for sex workers before and after their involvement with the PAR Program; participant observation while riding along with the broker to document typical performances of her daily work; and internal reports showing the activities and outcomes of the PAR Program from its inception in 2005 until 2014.

Before 2005, River City street level sex workers were caught in a revolving door of justice system routines (including police, court, probation, and detention centre routines) that produced standard fines and release conditions. Standard performances of these justice system routines put the woman back on the street with little hope of getting help for the addiction and mental health problems that kept them in the sex trade. The women returned time and again to work in one older downtown neighbourhood, creating a nuisance for local neighbours and business owners.
In 2005, growing complaints from neighbours in the area affected by prostitution and the serial murder of sex workers in Vancouver (LePard, 2010; Oppal, 2012) caused police to consider a new approach. As Deputy Chief Terry put it,

“The local issues were extremely problematic. There was no end to it. [......] If you keep doing the same things and getting the wrong results, then stop doing the same old things.”

(Interview, Mike Terry, RCP Deputy Chief of Operations, 2013 November 12)

RCP assigned Sgt. Barbara Long, an experienced female sergeant, to the position of PAR Coordinator. Her mandate was to find out more about the local problem of street level prostitution and what could be done about it. An important step for Sgt. Long, in establishing her role as broker, was to overcome the mistrust sex workers had for law enforcement officers. She established a new social position, as trusted and knowledgeable social worker cop, by connecting with sex workers to ask about their problems, to keep them safe, to perform small acts of kindness, and to assist them in accessing the help they needed to exit prostitution. Sex workers came to see Sgt. Long’s position as different from other police officers and to rely on her to broker for them with actors in the justice system and local health and social service agencies.

Sgt. Long used her social position as a police officer of rank, with existing connections and experience as a justice system insider, to broker changes in the way police and court routines were connected and performed for sex workers. Sgt. Long added new information to the file that passed between police and court officials when sex workers were arrested. She advocated with prosecutors to invoke conditions that encouraged the women to seek help and to slow down the actions of court routines so the woman could demonstrate progress in obtaining that help. This new patterning of justice system routines and connections between routines provided opportunities for Sgt. Long to assist the women in getting the help they needed. Sgt. Long used the social status associated with her position as a police sergeant to make new, informal connections with actors in health and social service agencies so she could broker access to help for the women. In her role as broker, Sgt. Long shared information about the women and asked agency actors to perform their existing routines more flexibly to deal with ad hoc requests for assistance to meet the needs of a specific woman. Flexible performances could mean bypassing requests for a doctor’s referral or it could mean speeding up access to services to accommodate the brief opportunities when women were willing to enter drug rehabilitation programs.
Sgt. Long increased her ability to broker access to health care services by creating more formal agreements with two health care centres. This allowed her to broker from the social position of collaborator instead of agency outsider. As collaborator, Sgt. Long engaged in joint actions to help psychiatrists change the patterning of existing assessment routines and a family doctor to create new routines for sex workers. Sgt. Long escorted psychiatrists to jail cells so they could provide rapid-response addiction and mental health care assessments. Sgt. Long took a family doctor on outreach each week to create new primary care outreach routines for this population of women. The goal of these collaborations was to create connections between sex workers and care providers that did not require ongoing brokering by Sgt. Long.

Sgt. Long’s broker agency grew through many occasions of brokering. Her reputation grew as a trusted source of knowledge about these women and their problems, and as someone who knew how to coordinate justice system and agency routines to help women move toward exit from prostitution. Sex workers trusted the broker to influence the actions of justice system and agency actors. Actors in the justice system and agencies trusted Sgt. Long to coordinate the work of many organizations and to keep the women on track through her ongoing monitoring and encouragement. Before long, all targets of brokering – including sex workers, justice system actors, and agency actors – called the broker to ask for her assistance. In 2014, this trusted broker was the hub of an ecology of routines, coordinating the work of justice system and agency routines to motivate and then help women to exit sex work.

I argue this ecology of routines achieved superior outcomes because the broker enhanced her opportunities to broker and ability to broker. She enhanced her opportunities to broker by creating trusted connections with sex workers, repurposing existing connections with actors in the justice system, and creating new connections with health and social service agencies. The broker enhanced her ability to broker by enhancing her social position and broker agency in relation to the targets of her influence. She used her opportunities and ability to broker to convince actors in the justice system and multiple agencies to create new routines and to change the patterning and performances of existing routines for this population of women. She then coordinated this ecology of routines to meet the specific needs of a specific woman on a specific day.
My study makes three contributions. First, by following the co-creation of opportunities to broker and the ability to broker, I develop a process model of brokering that extends our understanding of how actors establish, perform, and continue to enhance their role as broker. Second, I move beyond recent work on established ecologies of routines in a single organization to show how brokers can build and coordinate ecologies of routines across organizational boundaries. Finally, I extend our understanding of collaborative case management models by showing how brokers help agencies to perform their work in new ways to address stubborn social problems such as street level prostitution.

The remainder of my thesis is structured as follows. I provide a theoretical overview in Chapter 2, then describe my context, data sources, and analytical approach in Chapter 3. Findings are presented in Chapters 4, 5, and 6. Chapter 7 provides an analysis and discussion of my findings from a theoretical perspective. In Chapter 8 I outline my contribution to theory, study limitations, and future research directions.
Chapter 2

2 Theoretical Background

Organizational routines and brokering each have a rich tradition of research. Recent studies suggest a role for brokering to coordinate ecologies of routines (Feldman, 2000; Spee et al., 2016). However, these studies have taken the influence of brokers for granted and backgrounded the concept of brokering in favour of foregrounding the concept of routine dynamics. In the following review, I discuss the literature of each concept as it pertains to my research. I then show how linking these concepts can extend our understanding of how a broker might build and coordinate an ecology of routines.

2.1 Routine Dynamics

Scholars approach organizational routines from two theoretical perspectives (Parmigiani & Howard-Grenville, 2011). A dynamic capabilities perspective (Cyert & March, 1963; March & Simon, 1958; Nelson & Winter, 1982), with roots in organizational economics, portrays routines as stable and fairly mindless responses to familiar stimuli. This perspective is concerned with the purpose of routines and how a predictable pattern of action contributes to firm performance. Research within this perspective is less interested in the agency of actors who perform the routines. In contrast, a performative or process based perspective of routines (Feldman, 2000; Feldman & Pentland, 2003; Pentland & Rueter, 1994), with roots in organizational theory, is concerned with the internal dynamics of routines and how actors mindfully interact to perform routines (Levinthal & Rerup, 2006). A process perspective takes agency seriously. Actors are engaged in effortful performances to influence the emergence of and changes to routines (Rerup & Feldman, 2011).

A capabilities perspective is focused on the stability of routines (Parmigiani & Howard-Grenville, 2011). Routines are portrayed as genes (Nelson & Winter, 1982), standard operating procedures (Cyert & March, 1963), and programs (March & Simon, 1958). Capability scholars acknowledge that actors have discretion to perform routines in response to stimuli on a given occasion and to make intentional change to routines. However, routines are treated as black
boxes so scholars can focus on what routines accomplish for the organization. A process perspective open the black box (Howard-Grenville & Rerup, 2017) by unpacking the dynamics of actors and their actions while engaging in routine performances (Salvato & Rerup, 2017). The goal is to understand how actors engage in effortful work to both reproduce and change the patterning of actions in routines, and how patterns of action emerge and change in both intended and unintended ways (Feldman, 2000; Pentland & Rueter, 1994). Scholars who take a process perspective define routines as “repetitive, recognizable patterns of interdependent actions, carried out by multiple actors” (Feldman & Pentland, 2003). The patterning of the routine and individual performances of the routine are different but related aspects of routines. The recognizable pattern of action is a model of the routine that guides but does not eliminate variation or flexible performances of the routine (Pentland & Feldman, 2007). Performances of routines are specific actions by specific actors in response to specific circumstances. Variation in routine performances may or may not cause the patterning of the routine to change over time (Feldman & Pentland, 2003; Howard-Grenville, 2005).

Scholars who take a process perspective have amassed a significant body of work to understand how actors engage in shared actions to create routines, to perform routines flexibly in response to specific circumstances, and to change the patterning of routines (Howard-Grenville & Rerup, 2017). This body of work provides a strong base to understand the dynamics within the black box of a single routine. However, organizational work is embedded in wider social structures (Bertels, Howard-Grenville, & Pek, 2016; Howard-Grenville, 2005) which suggests that routines are connected with other routines (Feldman et al., 2016). To address how ecologies of routines accomplish more complex work, scholars are beginning to study the interplay among multiple routines and between routines and the contexts in which they are performed (Howard-Grenville & Rerup, 2017). For instance, recent studies have examined how routines are co-created with organizational goals in newly formed organizations (Rerup & Feldman, 2011), how routines are performed across multiple organizations (Edmondson & Zuzul, 2016) and industries (Swan, Robertson, & Newell, 2016), and how routines are related to the enactment of professional work (Spee et al., 2016) and shifts in technology (Pentland & Jung, 2016).

Recent studies have also explored how routines are connected in wider networks or ecologies of routines to do more complex work (Feldman et al., 2016; Howard-Grenville, Rerup, Langley,
Tsoukas, 2016). Studies have shown how routines are connected in sequential patterns to accomplish work such as photo finishing (Kremser & Schreyögg, 2016) and garbage collection (Turner & Rindova, 2012) and coordinated in more complex reciprocal patterns to accomplish work such as preparing re-insurance quotes (Spee et al., 2016) and developing new products (Deken, Carlile, Berends, & Lauche, 2016; Sele & Grand, 2016). Evidence from the emerging research on ecologies of routines has shown how actors engage in mindful work to manage established connections between routines, within a single organization (Spee et al., 2016). However, we know less about the way actors create new connections between routines that cross organizational boundaries and how the actions of routines are changed by these new connections.

In their study of Learning Lab Denmark (LLD), Rerup and Feldman (2011) show that connecting and coordinating routines across organizational boundaries can be difficult. Ongoing brokering by a coordinator improved LLD’s acceptance of bureaucratic contract writing routines at the parent university. However, the research arm of LLD did not fully cooperate with efforts to coordinate hiring and welcoming routines because researchers viewed LLD as an entrepreneurial organization. They considered attempts by the broker to impose rules to be inappropriate meddling on the part of the bureaucratic parent university. While these findings underscore the challenges faced by brokers to facilitate connections between routines in different organizational units, we are left with only a high-level view of the broker’s actions to facilitate this work. The PAR Program provides an opportunity to take a more fine-grained look at how the work of brokering is related to the creation and coordination of routines, both within and across organizational boundaries.

I build my argument for a brokering view of routine dynamics as follows. I use the next section to explore the concepts of brokers and brokering. I then use these concepts to show how my research extends what we know about brokering to influence routines dynamics.
2.2 Brokers and Brokering

Scholars who study brokers and brokering are concerned with the social dynamics that occur among three or more actors\(^4\) (Burt, 1992). Brokers influence the flow of resources (such as information, goods, or opportunities) to build connections that facilitate social, economic, or political relations between other actors (Stovel & Shaw, 2012). Brokering is approached from both a structural and a process perspective. Scholars working within a structural perspective focus on the broker’s position and the social transactions available to brokers based on their connections and social position in relation to targets (Burt, 1992; Gould & Fernandez, 1989; Obstfeld et al., 2014; Stovel & Shaw, 2012). Scholars working within a process perspective focus on the actions of brokering and how these actions are influenced, not only by the social positions of brokers and the targets they seek to influence, but also by the wider context and specific circumstances in which the brokering occurs (Boari & Riboldazzi, 2014; Lingo & O'Mahony, 2010; Obstfeld et al., 2014; Strike & Rerup, 2016; Sturdy & Wright, 2011).

The structural perspective raises questions of who has an opportunity to play the role of broker. Significant attention is given to brokers who occupy structural holes with connections to actors who are not otherwise connected to each other (Burt, 1992). Brokers who occupy structural holes can generate benefits for themselves by acting as conduits of resources while keeping other actors apart (Burt, 1992; Padgett & Ansell, 1993). Brokers in such positions can also generate benefits for others by bringing unconnected actors together to share resources – such as knowledge – with each other (Hargadon & Sutton, 1997). More recent work demonstrates that the role of broker is not limited to actors who occupy structural holes. Actors can also play the role of broker by bringing previously connected targets together to serve a new purpose (Obstfeld, 2005; Obstfeld et al., 2014; Stovel & Shaw, 2012) or by resolving conflict that exists between the targets (Stovel & Shaw, 2012).

Scholars have also examined a broker’s ability to broker (Stovel & Shaw, 2012). For instance, in a study of innovation in an engineering division of an automotive manufacturer, Obstfeld (2005) showed how brokers with an intimate knowledge of new problems and a propensity to broker contributed to innovation by bringing previously connected targets together to address the new

\(^4\) I use the term ‘actor’ to refer to individuals.
problems. Manning and Roessler (2014) found that long-term, multi-organization collaborations, to support international development projects, were more successful when internal brokers were assisted by external brokers who possessed relevant domain knowledge. Drawing on data from multiple studies, Burt and Merluzzi (2014) showed that the social status of a broker, in relation to a specific target, enhanced the broker’s influence over that target.

In summary, a structural perspective highlights the role of brokers in bringing previously unconnected actors together for the first time (Hargadon & Sutton, 1997; Manning & Roessler, 2014), reconnecting actors to serve a new purpose (Obstfeld, 2005), and mediating to resolve differences between two or more actors (Stovel & Shaw, 2012). Successful outcomes of brokering may stem not only from opportunities to broker, based on the broker’s connections to targets, but also from the ability to broker, based on the broker’s access to other forms of influence such as social status (Burt & Merluzzi, 2014), domain knowledge (Manning & Roessler, 2014; Obstfeld, 2005), experience (Hargadon & Sutton, 1997), and a propensity to broker (Obstfeld, 2005).

A process perspective of brokering raises questions about how brokers broker based on the current circumstances and the immediate outcomes the broker seeks to achieve. For instance, in a study of country music production, Lingo and O'Mahony (2010) found that producers shaped creative outcomes by bringing targets into the creative process based on the target’s ability to reduce ambiguity about what constituted quality in the most immediate production step. Brokers worked with artists and their managers to resolve ambiguity about which songs would be selected. On the other hand, producers worked with engineers to resolve ambiguity around sound quality during the final record engineering. Strike and Rerup (2016) found that trusted family business advisors used their professional experience and social status with family business entrepreneurs to engage in brokering actions that matched the immediate sensemaking frame of entrepreneurs. When entrepreneurs were stuck in single-minded momentum for a given course of action, advisors inserted issues and information to induce pause. Advisers were then able to ask questions and insert information that would have been dismissed by entrepreneurs when they were in an entrapped frame of sensemaking.
My study is focused on brokering at the individual level. However, I mention one study at the organizational level, by Boari and Riboldazzi (2014), because it is the only study to follow the actions of an organization not only performing the role of broker, but also establishing and sustaining its role as a broker. The study followed a comic book publishing house establishing and sustaining its role as a knowledge broker among other publishers in the comic book industry. By documenting the 20-year history of brokering actions of this publishing house, Boari and Riboldazzi (2014) showed how the company established and sustained its ability to broker. It did so by hiring people with skills to translate new trends in the industry to other publishers and successfully signaling the company’s status to do so.

A process perspective of brokering is compatible with a process perspective of routine dynamics. Both perspectives take a fine-grained approach to understand how actors and their actions are situated in specific circumstances and the intended outcomes they seek to achieve. The compatibility between these two perspectives provides a foundation for crafting a theoretical and analytic approach for understanding how the process of brokering is central to the process of building and coordinating an ecology of routines. On the one hand, linking brokering to routine dynamics raises questions of what is being influenced through the actions of brokering. In the context of ecologies of routines, brokers can influence the patterning and performing of routines and the patterning and performing of connections between routines. On the other hand, linking routines to brokering raises questions of who has the opportunity (based on broker-target connections) and the ability (based on broker-target influence) to broker under specific broker-target circumstances. (Three broker social positions are relevant in the context of boundary spanning ecologies of routines: collaborators engage in shared actions with targets who perform routines; insiders work in the same organization, but do not perform the focal routines with targets; and outsiders neither perform the focal routines nor reside in the same organization as the focal routines.  

A process orientation to brokering and routine dynamics provides a fine-grained approach for unpacking the actions of brokers and the actions of actors who perform routines. Unpacking these actions across multiple broker-target relationships and occasions of brokering, and the

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5 These social positions emerged through my data and analysis. They are introduced here to frame my review of brokering in routines.
resulting changes to routines, can provide new insight into how brokering actions influence routine dynamics.

In the next section, I review the literature for evidence of brokering in routine dynamics. I use the questions of what is being brokered, who can broker, and how brokering occurs to positon my research in the routines literature. I begin by examining how brokers engage in brokering in the context of single routines. I then turn my attention to how brokers engage in brokering in the context of ecologies of routines.

2.3 Brokering in the Context of Routines

I define brokering in the context of single routines as the actions of brokers to influence the creation, performance, and patterning routines to resolve conflict between two or more actors performing routines or to represent the interests of a client for whom those routines are performed. In my review of the literature, I found no mentions of brokering from the position of collaborator or outsider. I did find two examples of insiders influencing routine dynamics that can be re-examined from the perspective of triadic broker-target relationships. Zbaracki and Bergen (2010) showed how insiders used hierarchical influence to resolve conflict between actors who performed a pricing routine. In this case, a more senior manager resolved existing conflict between marketing and sales by instructing actors to change the patterning of the routine to fit a logic of economics (favoured by marketing) instead of a logic of customer knowledge (favoured by sales). In their study of Learning Lab Denmark (LLD), Rerup and Feldman (2011) showed how insiders used information sharing to influence performances and changes to the patterning of routines to balance the needs of the administrative and research units. The administrative unit of LLD created the role of “ambassador” to influence how actors in research units performed routines. Ambassadors received additional training by the administrative unit to understand how the performance of routines in the research units connected with routines in the administrative unit. Ambassadors then worked as insiders within their research units, using their added knowledge to guide routines performances and changes to routines in the research unit so routine performances met the needs of both units.

Through their study of innovation in a robotics research lab, Sele and Grand (2016) underscore the importance of understanding target receptivity in the context of brokering to influence
routine dynamics. More specifically, they found that products were more innovative when scientists performed their routines more flexibly in response to information provided by outsiders. The Adaptive Leg Project (ALP) produced superior outcomes because ALP scientists performed their routines more flexibly in response to information provided by athletes who tested prototypes and by reviewers who gave feedback on funding applications. In contrast, the Development of the Robot Kit for Education, Art, and More (DREAM) project progressed more slowly because scientists ignored information provided by the children who tested their product, thereby blocking the potential for new information to influence the performance of routines. Other studies provide evidence that targets may actively resist changing the patterning of routines if they believe change will conflict with organizational goals (Feldman, 2003; Kaplan, 2015). Context can also play a role. In her study of a strategic planning routine, Howard-Grenville (2005) found that flexible performances did not lead to changes in the patterning because the routine was deeply embedded in wider organizational structures.

By contrasting the brokering actions and outcomes of one broker in relation to multiple targets whose routines became part of an expanding ecology of routines, my research provides the first opportunity to purposefully take a fine-grained look at the actions of brokers to influence routine dynamics.

2.4 Brokering in the Context of Ecologies of Routines

I define brokering in the context of ecologies of routines as the actions of brokers to influence the creation, flexible performance, and changing patterns of connections between two or more routines. In my review of the literature, I found two examples of brokering in this context. Spee et al. (2016) followed the work of property re-insurance underwriters to explore how the professional skill and knowledge of central brokers influenced flexible performances of an ecology of routines. Experienced underwriters acted as organizational *insiders*, using information generated by their central Deal Appraisal Routine (DAR) to coordinate routines in a standard, sequential, and more efficient way for straightforward deals, but also in a reciprocal pattern of routines to prepare quotes for more complex deals. Brokers influenced the performance of routines by brokering information passed between actors who performed the routines. For instance, the broker’s interpretation of information received from the first performance of the
modeling routine might prompt the broker to obtain additional client information which was then fed back into a second, and discretionary round of modeling. The individual skill, knowledge, experience, and discretion of brokers allowed them to produce superior outcomes by coordinating the order of routine performances and controlling the information that drove the performance of those routines.

The study of brokering by Spee et al. (2016) provides evidence that insiders can influence flexible performances of established routine connections to produce superior outcomes. However, it does not speak to how brokers create new connections and coordinate ecologies of routines across organizational boundaries where a lack of hierarchical influence, and differences in organizational goals and understandings of problems, may require a different approach to influencing the actions of others (Quick & Feldman, 2014; Stovel & Shaw, 2012). Feldman’s (2000) foundational work on stability and change in routines at Large State University suggests that the creation and coordination of such connections is possible when organizations identify a common goal. In this case, the university centralized the management of residence moving-in days and coordinated this work with other organizations to solve problems associated with traffic jams and conflicting football schedules. The central housing office asked police to create new traffic management routines, worked with residence managers to make unloading routines more efficient, and coordinated the timing of routine performances with the athletic department to avoid conflicts with football game weekends. This study showed how the central housing office assembled an ecology of routines to deal with a problem the organizations could not address on their own. However, it provided only a high level understanding of who did the brokering, how new relationships were established, and how various sources of influence and brokering actions were used to connect and coordinate routines on an ongoing basis.

I deepen our understanding of brokering to build ecologies of routines by taking a fine-grained look at the actions of an actor establishing the role of broker while building an ecology of routines, across organizational boundaries, to tackle a stubborn social problem. My research is guided by two questions. How is the role of broker established? How do brokers influence routine performances, and coordinate multiple routines, across organizational boundaries?
Chapter 3

3 Methods

My thesis explores two questions to better understand the role of brokers and brokering in the creating and coordinating of an ecology of routines. First, how is the role of broker established? Second, how do brokers influence the performance of routines, and coordinate multiple routines, across organizational boundaries? To address my research questions, I conducted an inductive, longitudinal case study of the River City Persons at Risk (PAR) Program and the work of a broker building and coordinating an ecology of routines (Langley, Smallman, Tsoukas, & Van De Ven, 2013; Yin, 2014).

The PAR Program was an appropriate setting to identify new concepts and build theory on the processes of brokering and ecology building for three reasons (Golden-Biddle & Locke, 2007). First, it allowed me to illustrate a heterogeneous set of relationships between the broker and targets of brokering while she was building and coordinating an ecology of routines (Siggelkow, 2007). Second, the introduction of a new and unconventional program made this a very visible, well-documented, and vividly-recalled process (Eisenhardt, 1989). Archival materials allowed me to trace changes to the ecology and outcomes over time. Targets of brokering recalled their history of interactions with the broker, how these interactions influenced changes in routine performances, and how the expanding ecology of routines achieved superior outcomes for the women. Finally, River City Police provided unprecedented access to observe the broker’s daily work, access to archival material, and introductions to informants in other organizations who collaborated with the broker as she was building and coordinating the expanding ecology of routines (Bamberger & Pratt, 2010). In summary, this case provided an appropriate, visible, and accessible case to illustrate the processes of interest.

3.1 Research Context

3.1.1 Street level sex work in Canada

There is no simple profile of women involved in sex work. Individual histories include a “spectrum of situations, choices (or lack thereof) and forces at play with respect to sex trade entry” (Orchard et al., 2012) (p356). However, researchers (Barrett, 2013; Orchard, Farr,
Macphail, Wender, & Young, 2013) and others who work with women engaging in sex work suggest that histories of sexual abuse, mental health issues, and drug addictions are common among these women. A sex worker’s involvement in different types of prostitution or sex work is fluid. Women move in and out of various forms of sex work and may be involved in more than one form at any given time (Orchard et al., 2012).

Street level or survival sex work is the most socially visible form of prostitution in Canada. Women who engage in street level sex work may be victims of their own histories and choices, but are not usually the victims of pimps engaging in criminal acts of third party exploitation or trafficking. The women may be supporting a boyfriend or family, but say they do so willingly. They procure dates or johns by soliciting in public places. Street level sex work is considered the lowest form of voluntary prostitution. Women engage in street level sex work because they are poor candidates for higher-end sex work or other forms of employment. Research identifies issues of addiction, mental health, and a high risk of physical and sexual assault in this population (Bodkin et al., 2015). Street prostitutes develop health issues from their addictions and sexual encounters. Finding and keeping adequate housing is a problem. The women are often unwilling or unable to access traditional housing, addiction, mental health, and physical health services for many reasons. They may exhibit erratic behaviour, lack government identification, fear stigmatization, be unwilling to disclose the nature of their work, or be unable to picture themselves outside the life they are living and worthy of help from others (Bodkin et al., 2015; Orchard et al., 2012) (Interview, Dr. Abby, 2014 July 8; Interview, Sgt. Long, 2014 July 10). The focus of this thesis is the response of one Canadian police service to the stubborn social problem of helping women to leave street level sex work.

### 3.1.2 Canadian policing of street level sex work

Police play two roles in society – law enforcement and keeping the peace (Bittner, 1967; White, 2010). Police must enforce the law related to major crimes such as murder, assaults, or missing persons. Police exercise more discretion enforcing the law for minor crimes such as speeding, disturbing the public, and public intoxication (Mastrofski, Ritti, & Hoffmaster, 1987). Actions to pursue minor crimes are driven by public expectations, police resources, informal norms among front line officers, and the official stance and level of enforcement police think are necessary to
retain their legitimacy (Mastrofski et al., 1987) (Interview, Sgt. Stuart Granger, 2013 December 3). Police activities around keeping the peace are not always guided by laws and may involve a more proactive community or problem-oriented approach (Bittner, 1967) (Interview, Inspector Geoff Smith, 2013 December 18).

Police enforce laws specifically related to prostitution. It has never been illegal for adults to sell sex in Canada. Prostitution related laws focus on protecting individuals against exploitation and reducing public nuisance (Barrett, 2013; Lowman, 2011)\(^6\). Police use laws against exploitation (running a bawdy house, living off the avails of prostitution, or trafficking in persons for the purpose of prostitution) to arrest pimps and traffickers. Police use laws against communicating in public for the purpose of buying or selling sex to arrest street level sex workers and their customers. Police balance tolerance for sex work with law enforcement to deal with the public nuisance created by prostitution related activities (Interview, Insp. Peter Inwood, 2012 November 14). Police do not pursue women who engage in sex work voluntarily. However, if public complaints are high and resources are available, police run undercover stings or sweeps to charge men and women for communicating in public for the purpose of buying and selling sex. As captured in Table 1, activities related to the public buying and selling of sex is not a major focus for Canadian police. Prostitution offences are less than one percent of all criminal charges in the province of Ontario and across Canada.

Women arrested for public communication proceed to the court system where punishment typically includes a small fine and conditions to stay away from the affected neighbourhood (MacDonald, 2012). Interviews with police officers, judges, and crown attorneys involved in this work suggest the women largely ignore these conditions. At best, these measures move the problem down the street or to another area of the city (Interview, Chief Frank Mitchell, 2012 November 20). Beyond these charges for nuisance offences, anecdotal evidence from police and court officials suggests that the women’s addictions, involvement in sex work, and circle of associates cause them to perpetrate and be convicted for more serious crimes of theft, assault, and drug trafficking. Multiple arrests and convictions for these crimes can eventually lead to jail

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\(^6\)Laws prohibiting public communication for the purpose of buying and selling sex were suspended by the Supreme Court of Canada in December 2013. Following this change, RCP did not arrest sex workers or their customers for these offences during 2014. These changes did not affect the findings of my research. Sgt. Long continued to engage with sex workers on the street and when they were arrested and brought into jail cells for other offences.
Table 1
Prostitution Charges as Percent of Total Criminal Charges, from 2005 to 2014, for Canada and the Province of Ontario

Statistics Canada, Table 252-0051
http://www5.statcan.gc.ca/cansim/a33?RT=TABLE&themeID=2102&spMode=tables&lang=eng
Retrieved November 9, 2015

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<tr>
<td>Total, all Criminal Code violations (excluding trafficking) [50]</td>
<td>2,361,974</td>
<td>2,359,804</td>
<td>2,271,754</td>
<td>2,204,479</td>
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<td>2,094,338</td>
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<td>Total prostitution [320]</td>
<td></td>
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<tr>
<td>Total Charges</td>
<td>5,787</td>
<td>5,679</td>
<td>4,668</td>
<td>3,820</td>
<td>3,534</td>
<td>3,020</td>
<td>2,452</td>
<td>2,102</td>
<td>2,046</td>
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<td>As a percent of Total Criminal Code violations</td>
<td>0.25%</td>
<td>0.24%</td>
<td>0.21%</td>
<td>0.17%</td>
<td>0.16%</td>
<td>0.14%</td>
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<td>0.11%</td>
<td>0.11%</td>
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<tr>
<td>Total, all Criminal Code violations (excluding trafficking) [50]</td>
<td>658,656</td>
<td>683,616</td>
<td>653,112</td>
<td>630,111</td>
<td>615,893</td>
<td>591,287</td>
<td>560,703</td>
<td>543,388</td>
<td>498,028</td>
<td>486,384</td>
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<td>Total prostitution [320]</td>
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<tr>
<td>Total Charges</td>
<td>1,287</td>
<td>1,442</td>
<td>1,341</td>
<td>1,069</td>
<td>1,230</td>
<td>974</td>
<td>574</td>
<td>512</td>
<td>495</td>
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<td>As a percent of Total Criminal Code violations</td>
<td>0.05%</td>
<td>0.06%</td>
<td>0.06%</td>
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</table>
time and a criminal record for many sex workers. Police and members of the wider justice system describe these women as caught in an endless cycle of addictions and criminal activities, and a revolving door of arrest and punishment without access to the services they need to break the cycle (Interview, Assistant Crown Attorney, Steve Jamieson, 2014 November 17).

3.1.3 Changing the policing of street level sex work in River City

In 2005, River City was like any other Canadian city – making little headway to reduce the nuisance associated with street level prostitution. River City Police (RCP) developed a new outreach program to address street level prostitution when local and national events caused them to consider a new purpose of helping sex workers to leave the trade and a new means by which to achieve that purpose. Locally, there were growing complaints about prostitution in the affected neighbourhood. Nationally, the country was shocked by the grisly case of Robert Pickton, a serial killer of Vancouver sex workers (Oppal, 2012). In May of 2005, RCP initiated the Persons at Risk (PAR) Program to gather intelligence and build relationships with sex workers that focused on helping women to exit the trade, enhancing safety for those who remained, and preparing police to deal with crimes that might be committed against the women. Between 2005 and 2014, the PAR Program identified 327 sex workers, convinced 172 women to formally register in the PAR database, helped 27 women to exit prostitution work, and brought harm reduction strategies to many others.

3.2 Data Collection

Unconventional research settings provide opportunities to challenge the limitations and assumptions of current theories (Bamberger & Pratt, 2010). However, gaining access to these settings may be difficult. My affiliation with the River City Police Services Board allowed me to enter and observe the unconventional work of one police service to tackle a problem that is often hidden. My interest in the PAR Program began in 2010 when I had the opportunity to ride-along with Sgt. Barbara Long, the PAR Coordinator. I was impressed by the results the program had achieved and curious to learn why police were leading this work. When I returned to school for doctoral studies in 2011, I thought about the PAR Program again. I was now interested to understand how police marshalled the work of so many other actors toward a new shared
purpose. I applied for and received ethics board approval from Western University and the permission of River City Police to study the program for my thesis work.

The main period of data gathering began on October 16, 2012 and concluded on August 25, 2015. However, in addition to my original ride-along in 2010, I also returned to the field when opportunities arose to speak with new informants or to observe the actions of actors in court rooms and jail cells. In total, I engaged in participant observation and interviews with Sgt. Long on twelve occasions, conducted semi-structured interviews with 34 other institutional actors, conducted 17 semi-structured interviews and conversations with sex workers, and reviewed 89 archival documents directly related to the PAR Program. The combination of multiple informants and multiple data sources allowed me to triangulate my data (Yin, 2014) and to reveal the actions of brokering and their effects on routines and connections between routines. See Table 2 for a summary of all data sources and Table 3 for detail of interview informants.

Table 2
Data Sources

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<thead>
<tr>
<th>Data Source</th>
<th>Number and Length</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ride- and walk-alongs with police</td>
<td>6 ride- and walk-alongs (30 hours, 47 pages of double spaced notes)</td>
<td>See breakdown of informants in Table 3</td>
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<tr>
<td>Semi-structured interviews</td>
<td>41 interviews with 39 informants (56 hours; 1034 pages of double spaced transcription notes)</td>
<td>See breakdown of informants in Table 3</td>
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<td>PAR internal progress reports</td>
<td>46 reports</td>
<td>Details regarding the ongoing mandate and activities of the PAR Program from 2005 to 2014</td>
</tr>
<tr>
<td>Other PAR related documents</td>
<td>43 documents</td>
<td>PAR registry form, release form, memo to crown, emails to PAR Coordinator, memoranda of understanding with outside agencies, news items related to PAR Program</td>
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Table 3
Detail for Ride-Alongss, Semi-Structured Interviews, and Conversations Conducted

<table>
<thead>
<tr>
<th>Ride-AND WALK-ALONGS</th>
<th>Number</th>
<th>Hours</th>
<th>Pages*</th>
</tr>
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<tr>
<td>Ride-along with Sgt. Long, PAR Coordinator</td>
<td>4</td>
<td>21.5</td>
<td>28</td>
</tr>
<tr>
<td>Ride-along with Sgt. Long &amp; Dr. Abby</td>
<td>1</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Walk Along with CA, Constable with Foot Patrol Unit, assigned to the beat where most street level sex work occurs</td>
<td>1</td>
<td>4.5</td>
<td>5</td>
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<tr>
<td><strong>Total: Ride- and Walk-Alongs</strong></td>
<td><strong>6</strong></td>
<td><strong>30</strong></td>
<td><strong>47</strong></td>
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<th>SEMI-STRUCTURED INTERVIEWS</th>
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<td><strong>River City Police (RCP)</strong></td>
</tr>
<tr>
<td>Sgt Long, PAR Coordinator</td>
</tr>
<tr>
<td>Don Barry, Chief of RCP (2010 – 2015) while research was being conducted (with Sgt. Long)</td>
</tr>
<tr>
<td>Frank Mitchell, Chief of RCP (2005 – 2010) when PAR started and during early years</td>
</tr>
<tr>
<td>Mike Terry, Deputy Chief of RCP, when PAR started</td>
</tr>
<tr>
<td>Peter Inwood, Supt. of RCP Community Policing Unit, when PAR started</td>
</tr>
<tr>
<td>Inspector in charge of RCP Community Policing Unit, at time of research</td>
</tr>
<tr>
<td>Geoff Smith, Sergeant in charge of RCP Community Oriented Response (COR) Unit at time of research</td>
</tr>
<tr>
<td>Stuart Granger, Sgt in charge of RCP Foot Patrol Unit</td>
</tr>
<tr>
<td>Staff Sgt supervising work of PAR Program at time of research</td>
</tr>
<tr>
<td>Inspector of RCP formerly Staff Sgt. supervising PAR Program</td>
</tr>
<tr>
<td>Detective Sgt in Major Crime Unit who worked with PAR Coordinator to investigate crimes against sex workers</td>
</tr>
<tr>
<td>Patrol Officer, with 20+ years working the beat where most street level sex work occurs</td>
</tr>
<tr>
<td><strong>Total: RCP Interviews (Informants)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Justice System</strong></td>
</tr>
<tr>
<td>Justice Leblanc, Provincial Court Judge</td>
</tr>
<tr>
<td>Justice Eisendhardt, Provincial Court Judge</td>
</tr>
<tr>
<td>Justice Jablonski, Provincial Court Judge</td>
</tr>
<tr>
<td>Patricia Mills, Crown Attorney</td>
</tr>
<tr>
<td>Frank Johnson, Asst. Crown Attorney</td>
</tr>
<tr>
<td>Steve Jamieson, Asst. Crown Attorney</td>
</tr>
<tr>
<td>Dan Chisholm, Defense Counsel</td>
</tr>
<tr>
<td>Irene Dantzer, Probation Officer</td>
</tr>
<tr>
<td><strong>Social Service Agencies</strong></td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>Executive Director and two outreach workers from River City Abused Women Centre</td>
</tr>
<tr>
<td>Coordinator, Coalition Assisting Trafficked Individuals</td>
</tr>
<tr>
<td>Rachel Jansen, Exec Dir of River City Homeless Program</td>
</tr>
<tr>
<td>Exec Dir and Manager of My Sisters Place</td>
</tr>
<tr>
<td>Manager of River City Cares Homeless Outreach Program</td>
</tr>
<tr>
<td>Outreach Worker with Salvation Army</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Health Care Agencies</strong></th>
<th><strong>Number</strong></th>
<th><strong>Hours</strong></th>
<th><strong>Pages</strong>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helen Marchant, Director of River City Community Health Centre</td>
<td>1</td>
<td>1.25</td>
<td>26</td>
</tr>
<tr>
<td>Dr. Abby, Family Doctor at River City Community Health Centre, also doing weekly outreach with PAR Coordinator</td>
<td>1</td>
<td>1.75</td>
<td>40</td>
</tr>
<tr>
<td>Outreach Worker with River City Community Health Centre</td>
<td>1</td>
<td>1</td>
<td>22</td>
</tr>
<tr>
<td>Dr. Gregory, Psychiatrist in charge of Concurrent Disorders Program</td>
<td>1</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Dr. Kumar, Psychiatrist working in Concurrent Disorders Program</td>
<td>1</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>Lauren Smith, Social Worker working in Concurrent Disorders Program</td>
<td>1</td>
<td>1</td>
<td>22</td>
</tr>
</tbody>
</table>

**Total: Other Organization Interviews (Informants)** | 20 (23) | 25.85 | 515 |

<table>
<thead>
<tr>
<th><strong>Sex Workers</strong></th>
<th><strong>Number</strong></th>
<th><strong>Hours</strong></th>
<th><strong>Pages</strong>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stacey</td>
<td>1</td>
<td>1.5</td>
<td>17</td>
</tr>
<tr>
<td>Lina</td>
<td>1</td>
<td>2.5</td>
<td>37</td>
</tr>
<tr>
<td>Nicole</td>
<td>1</td>
<td>1.5</td>
<td>10</td>
</tr>
<tr>
<td>Melanie</td>
<td>1</td>
<td>1</td>
<td>19</td>
</tr>
</tbody>
</table>

**Total: Interviews with sex workers (Informants)** | 4 (4) | 6.5 | 83 |

**Conversations with current and former sex workers during ride-alongs with Sgt Long (does not include women who were later interviewed)** | 13 | 0 | 0 |

**Total: Interviews and conversations with sex workers (informants)** | 17 (17) | 6.5 | 83 |

**SUMMARY**

<table>
<thead>
<tr>
<th><strong>Total:</strong></th>
<th><strong>Number</strong></th>
<th><strong>Hours</strong></th>
<th><strong>Pages</strong>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviews (Informants)</td>
<td>41 (39)</td>
<td>56.55</td>
<td>1034</td>
</tr>
<tr>
<td>Interviews and conversations (Informants)</td>
<td>54 (52)</td>
<td>56.55</td>
<td>1034</td>
</tr>
<tr>
<td>Occasions for data collection (Informants)</td>
<td>47 (53)</td>
<td>89.55</td>
<td>1081</td>
</tr>
</tbody>
</table>

*Pages of transcribed notes in Times New Roman, 12-point font, double spaced, 2.5 cm margins.**

**Pages of text for these conversations are included in the ride-alongs with Sgt. Long and Dr. Abby.**
**Sampling.** I did purposeful sampling (Yin, 2014) based on my initial interview with Chief Barry and Sgt. Long. I interviewed RCP informants who could give me a fulsome understanding of the interactions between police and sex workers before and after the PAR Program, the reasons for starting the PAR Program, and the outcomes that were achieved for sex workers before and after the PAR Program. Based on the principles of theoretical sampling (Glaser & Strauss, 1967), my list of informants expanded to include a variety of perspectives on the research setting, the work of Sgt. Long, the expanding ecology of routines, and the outcomes produced. Informants included actors in the wider justice system and local health and social service agencies who were directly involved in making new connections and performing routines that were part of the expanding ecology of routines. My questions evolved as I gained a deeper understanding of research setting and the processes I was observing.

**Participant observation and interviews with Sgt. Long (the PAR Coordinator).** In addition to my original ride-along in 2010, I had twelve opportunities to gather data from Sgt. Long, the broker of interest to my research, to enrich my knowledge of her daily work and to explore new ideas, concepts, or questions that evolved during my ongoing data gathering and analysis. I did seven interviews (for a total of seven hours). All interviews were recorded and transcribed. I participated in five ride-alongs (for a total of 25.5 hours) with Sgt. Long between October 16, 2012 and August 25, 2015. Time spent on the front lines with the sergeant gave me a first-hand understanding of the minute-to-minute actions of her daily work and the way she interacted with sex workers and other actors involved in the PAR Program (Langley & Abdallah, 2011). One ride-along included Dr. Abby, the family doctor who provided primary care outreach to the women while riding along with Sgt. Long once per week. This allowed me to observe how they interacted with each other and the sex workers we met. Within 24 hours of these walk- and ride-alongs, I used rough notes to create detailed accounts of my observations and impressions of the people, events, and processes I observed.

**Semi-structured interviews and encounters with sex workers.** I conducted interviews or had encounters with 17 River City sex workers for my research. I conducted semi-structured interviews with four additional women. (I met two women during ride-alongs, the third was referred by Sgt. Long, and the fourth was identified by another agency.) I conducted three of these interviews in person (one in a home and two in agency offices) as requested by the
informants. These three interviews were recorded and transcribed. I conducted one interview by telephone. I used detailed notes to create a final account of the interview. I used these interviews to develop a better understanding of the women’s life trajectories, involvement in sex work, how they became involved in justice system and agency routines before and after the PAR Program, how they had interacted with Sgt. Long, and the impact the PAR Program had on their lives. I encountered 13 additional women during ride-alongs with Sgt. Long. I observed Sgt. Long engaging with women in police headquarters cells when they had just been arrested; women in court cells awaiting an appearance; women in their homes and in hospital when the sergeant responded to their ad hoc requests for help; and women the sergeant stopped on the street and gave rides to so she could get updates on their lives. These encounters lasted from 15 to 30 minutes. The ride-along encounters allowed me to observe the sergeant interacting with the women and actors in the wider justice system and local agencies during a typical work day. When Sgt. Long thought it appropriate and women agreed, I asked the women how they had been helped by the work of the PAR Program. I debriefed with the sergeant about each woman’s background, her previous encounters with the woman, and the encounter that day. I augmented first-hand data gathering by asking Sgt. Long and other informants for anecdotes about the women’s encounters with work of the PAR Program.

**Semi-structured interviews with justice system and agency informants.** I conducted semi-structured interviews with 34 justice system and agency informants for a total of 50 hours. All interviews were recorded and transcribed. I interviewed eleven RCP officers. I used interviews with four senior officers to explore their reasons for starting the PAR Program and their opinions regarding what the program had achieved. My interviews with four front-line officers and three officers who supervised the PAR Program were used to document how law enforcement officers interacted with sex workers before and after the PAR Program, and how these law enforcement routines connected with and were changed by the brokering actions of Sgt. Long. A 4.5 hour walk-along with a foot patrol officer gave me an on-the-street understanding of the area frequented by sex workers.

Through my ongoing interviews with Sgt. Long, I identified justice system officials and members of local health and social service agencies whose routines were critical to the expanding work of the PAR Program. I conducted interviews with eight members of the local
justice system, including three crown attorneys, three judges, a defense lawyer, and a parole officer. I used these interviews to document how court based routines were performed before and after the PAR Program and to learn how Sgt. Long worked with justice system officials to bring about these changes. I interviewed 15 informants in local health and social service organizations including seven managers, five front-line workers, and three doctors. (I interviewed ten on their own. I interviewed five in team interviews, with two and three participants respectively.) I used these interviews to document how agency routines were performed for other members of the community and for sex workers before and after the PAR Program, how agency actors became involved with the work of the PAR Program, and what their joint work had achieved for the women. Of specific interest was how Sgt. Long influenced the patterning of existing routines and created new routines with doctors in two health care programs. I interviewed the psychiatrists and a social worker at the Regional Mental Health (RMH) Concurrent Disorders Program (CDP) and Dr. Abby, the executive director, and a social worker at the River City Community Health Clinic. As mentioned above, I rode along with Sgt. Long and Dr. Abby as they conducted outreach together.

Documents. I collected 89 documents. 46 PAR progress reports, covering the period 2005 to 2014, provided records of the number of women identified, registered, and exited, and details of meetings and other significant events with women or other actors in the justice system and local agencies. The other 43 documents included 31 letters and emails sent to Sgt. Long relating to her work, sample forms used to populate the PAR database, a Memo to Crown used by police to transfer arrest information to the court system, and two memoranda of understanding (MOUs) that established formal connections between police and other organizations.

Other data. My understanding of sex work, the lives of sex workers, and various regulatory and social service approaches to sex work was supplemented by watching documentaries recommended by Sgt. Long, reading books recommended by Dr. Abby, reading the criminal code, and reading peer reviewed research conducted with street level sex workers (Bodkin et al., 2015; Orchard et al., 2012, 2013).

I further enriched my understanding of the policing of prostitution by collecting data with two other River City Police units and four other Canadian police services. (See Table 4 for a count of
interviews, ride-alongs, and training conferences attended across these five police services.) My understanding of how RCP police officer interactions with street level sex workers differed from interactions with other sex workers was informed by interviews with seven informants and ride-alongs with the RCP Community Oriented Response Unit during a two-day human trafficking project. My understanding of police law enforcement interactions with the general population and the physical spaces in which such interactions take place was informed by participant observation during an eight-hour shift in RCP jail cells and a ten-hour ride-along with a front-line patrol sergeant.

I compared RCP’s approach to street level sex work, through the PAR Program, to that of other Canadian police services by conducting interviews and participating in ride-alongs with three other police services. (This include a total of 28 interviews and three ride-alongs.) These cities

## Table 4
Summary of Interviews, Ride-Alongs, and Conferences Attended to Gather Data Related to the Policing of Sex Work

<table>
<thead>
<tr>
<th>City (population)</th>
<th>Police Unit</th>
<th>Data Collection</th>
</tr>
</thead>
</table>
| River City (300,000+)   | PAR Program       | 39 interviews (12 police officers, 23 justice system and agency representatives, 4 sex workers)  
|                         |                   | 6 ride-alongs (33 hours)                                                       |
|                         | Human Trafficking | 5 interviews (7 police officers)                                                |
|                         |                   | 2 ride alongs for a total of 16 hours                                           |
| City #2 (100,000+)      | Vice Unit*        | 12 interviews (12 police officers)                                             |
|                         |                   | 1 ride along with patrol constable (3 hours)                                   |
| City #3 (200,000+)      | Morality Unit*    | 8 interviews (6 police, 2 social workers)                                      |
|                         |                   | 1 ride along (2 hours)                                                         |
| City #4 (1,000,000+)    | Vice Unit*        | 8 interviews (4 police, 3 prosecutors, 1 social worker)                        |
|                         |                   | 1 ride along (9 hours)                                                         |
|                         |                   | 1 conference presentation (1 hour)                                             |
| City #5 (1,300,000+)    | Human Trafficking | Attended 2-day training conference for police officers and social agency workers who deal with human trafficking |

*These units dealt with all forms of sex work including street level, indoor venues, and human trafficking
were in the same province as River City and had populations that ranged from just over 100,000 to just over 1 million. (River City has a population of just over 300,000.) I attended a training conference hosted by a fifth police service. The purpose of the conference was to train police officers and other social service agencies to deal with the extraction and follow-up care for victims of sex trafficking. In combination, these additional site visits and sources of data enriched my understanding of women who engage in various types of sex work and the importance of multi-agency approaches to assist these women to exit prostitution.

### 3.3 Data Coding and Analysis

My data analysis followed a process approach (Jarzabkowski, Lê, & Spee, 2017; Langley et al., 2013) to identify and follow the actions and emerging patterns of processes in my research setting. I enhanced the rigour and transparency of my data analysis by inviting my advisors to challenge my understanding of the processes I observed, the concepts and themes of interest to my study, and how these concepts and themes might translate into a more generalizable contribution to organizational theory (Evered & Louis, 1981). I constantly compared how new data confirmed or challenged emerging concepts and their relationship to organizational theories (Corbin & Strauss, 1990).

I began by carefully observing and documenting how Sgt. Long performed her work and how that work was different from the performance of traditional law enforcement. As archival materials became available and interviews expanded to include actors in the justice system and local health and social service agencies, further analysis revealed how Sgt. Long created connections with the work of other organizations and how actors in those organizations customized the action patterns of their work to better meet the purpose of helping sex workers. I identified these action patterns as organizational routines (Feldman & Pentland, 2003). Further reading in the routines literature helped me to identify the linking of routines and the building and coordinating of an ecology of routines as a relevant theoretical lens for my analysis (Birnholtz et al., 2007; Feldman et al., 2016). Through ongoing analysis to understand how the ecology of routines emerged and was coordinated, I came to appreciate the actions of Sgt. Long to advocate for sex workers with justice system and agency actors and to influence the dynamics of individual routines and connections between routines of so many organizations. At this point I
identified the process of brokering (Burt, 1992; Gould & Fernandez, 1989; Obstfeld et al., 2014) as a second theoretical lens that was relevant to my analysis. Thus, the unit of analysis for my study (Yin, 2014) became the actions of actors. As described in more detail below, the actions of interest included the actions of actors as they performed routines and the actions of the broker to create connections with other actors, to influence routine performances, and to coordinate routines in the expanding ecology. I now describe the six steps of my data analysis.

**Step 1: Writing thick descriptions.** I used archival PAR reports and interviews to write thick descriptions (Jarzabkowski et al., 2017) and create charts to describe events in the first ten years of creating and coordinating the ecology of routines. These descriptions included: (1) typical trips through the justice system for sex workers before and after the PAR Program; (2) events that triggered the start of the PAR Program; (3) when and how the broker connected with sex workers, actors in the justice system, and actors in health and social agencies; and (4) outcome measures for the PAR Program (including counts for the number of women identified, formally registered, and exited).

**Step 2: Documenting actions by the broker to create connections with targets of brokering.** I coded data in PAR Reports and interviews to identify actions by the broker to create opportunities to broker by creating connections with other actors. I identified three periods with distinct patterns of connections. The first period was before the PAR Program when sex workers were churning through standard performances of justice system routines without connections to agencies. The second period, which I call the early years (2005 – 2010), was characterized by the broker creating trusted connections with sex workers, repurposing existing connections with justice system actors, and creating informal connections with health and social service agencies. The final period, which I call the later years (2011 – 2014), was characterized by RCP signing memoranda of understanding (MOUs) to create formal connections with the Regional Mental Health (RMH) Concurrent Disorders Program (CDP) and the River City Community Health Centre (RCCHC). Connecting through formal agreements was a significant change from the informal connections with other agencies for two reasons. First, formal agreements signalled a commitment by these health care agencies to provide ongoing instead of ad hoc access to their health care services. Second, formal connections allowed Sgt. Long to move from the position of organizational outsider to collaborator, able to engage in shared actions of organizational
routines with CDP psychiatrists and Dr. Abby. The significance of shared actions with agency actors is expanded in Step 3 of the data analysis below. I capture these three periods, based on creating broker-target connections, in Figure 1.

**Step 3: Identifying broker social position and broker agency in relation to targets of influence.**

To further explore the process of establishing and performing the role of broker, I returned to my data to identify factors that contributed to the broker’s ability to influence each of the targets of brokering (including sex workers and actors within the justice system, agencies, CDP psychiatrists, and Dr. Abby). I identified five distinct social positions the broker held in relation to each significant target as: **insider** with hierarchical status in relation to justice system actors, **outsider** with social status in relation to most agency actors, **collaborator** in relation to CDP psychiatrists and Dr. Abby, and **law enforcement officer** and **social work cop** in relation to sex workers. (The social positions are also captured in Figure 1.) I combined individual characteristics associated with the broker (including experience, skills, knowledge, propensity to broker, and broker reputation) in a concept I call broker agency.

**Step 4: Documenting brokering actions to influence the actions of routines performed by targets.** I returned to my interview data to identify sequences of actions for individual justice system and agency routines (Poole, Lambert, Murase, Asencio, & McDonald, 2017). I shared my charts and flow diagrams of action sequences with Sgt. Long and other informants to verify my understanding of how typical performances of routines changed in response to brokering actions and how these changes affected the goal of helping women to exit sex work. This analysis revealed that different types of brokering actions (such as sharing information, asking others to change the actions of their routines, and engaging in shared actions) resulted in different changes to routine actions (including flexible performances of routines, changes to the patterning of routines, and the creation of new routines). Within the previously connected sequence of justice system routines, I contrasted how police, court, and detention centre routines were typically performed, and the outcomes they produced for sex workers, before and after the PAR Program. For instance, I identified how information sharing and engaging in shared actions with routine participants allowed the broker to change the patterning of court routines. Prosecutors inserted
Figure 1
Temporal Periods for the First Ten Years of the PAR Program

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard performances of justice system routines</td>
<td>Broker as insider, repurposing connections within justice system and changing the patterning of justice system routines</td>
<td>Broker creating formal agreements with RMH CDP, to become collaborator, changing patterning of CDP routines</td>
</tr>
<tr>
<td>Broker creating new connections with sex workers, changing from law enforcement officer to social worker cop</td>
<td>Broker as outsider, creating connections with agency actors through informal understandings, asking for flexible performances of agency routines</td>
<td>Broker creating formal agreements with RCCHC, to become collaborator, creating new primary care outreach and clinic routines</td>
</tr>
</tbody>
</table>
interruptions to seek and respond to up-to-date information and recommendations by the broker, thereby adjusting the pace and outcomes of routine performances.

Health and social service agency routines that became part of the expanding ecology had rarely been performed for sex workers before the PAR Program. In this case, I found it more relevant to code action sequences of typical performances for sex workers in contrast to typical performances for other clients. This allowed me to differentiate among two types of brokering actions and three types of changes to agency routines. First, and for most agencies, I found that actors responded to information sharing and ad hoc requests from the broker by performing their routines more flexibly. For instance, rehabilitation centre routines, that normally required a referring doctor and took weeks or months to access, allowed the broker to act as a referring agent and expedited entry for sex workers. Second, I found that engaging in share actions of performing routines with doctors allowed the broker to change the patterning of existing CDP assessment routines so they could be performed more quickly and in jail cells instead of waiting weeks or months for the psychiatrists to see the women in their clinic. And, finally, I found that the broker used shared actions with Dr. Abby – on the road and in jail cells, hotel rooms, and crack houses – to create new primary care outreach routines.

**Step 5: Documenting brokering actions to coordinate multiple routines.** To better understand the actions of the broker to coordinate the expanding ecology of routines, and the superior outcomes it produced, I documented a typical sequence of justice system routines (including police, court, and detention centre routines) as it was performed before the PAR Program and the outcomes it produced for sex workers. I then contrasted this with brokering actions to coordinate an expanded and reciprocally linked ecology of justice system and agency routines in 2014, and the outcomes it could produce for sex workers.

**Step 6: Comparing determinants of brokering, brokering actions, and outcomes of brokering across targets of brokering.** With an understanding that the process of brokering must be understood in relation to specific circumstances (Lingo & O'Mahony, 2010; Strike & Rerup, 2016) and broker-target relationships (Sele & Grand, 2016; Strike & Rerup, 2016), I created a table to contrast the process by which the broker established and performed her role as broker, and influenced routine dynamics, in relation to five unique targets of brokering. For each target, I
documented the determinants of brokering (including connections, social positions, and broker agency), brokering actions, and outcomes of brokering. First, was the process of creating a trusted connection and performing the role of broker as a trusted social worker cop in relation to sex workers. I present these findings in Chapter 4. Second, was the process of repurposing the connection and performing the role of broker from the position of insider with hierarchical influence in relation to justice system actors. This resulted in changes to the patterning of justice system routines. I present these findings in Chapter 5.

Third, was the process of creating informal connections and performing the role of broker from the social position of outsider in relation to local health and social service agencies. This resulted in flexible performances of agency routines. The fourth and fifth processes were those of creating formal connections with two health care agencies and brokering from the social position of collaborator in relation to CDP psychiatrists (to change the patterning of routines) and Dr. Abby (to create new routines). I present these findings in Chapter 6. (I pause here to note that while Chapters 4, 5, and 6 foreground each of the processes noted above, it was impossible to present data for one process without providing some evidence of how that process was connected to the processes foregrounded in the other chapters.)

This analysis revealed variation in the processes and outcomes of brokering across the five broker-target relationships. I used the heterogeneity of targets, connections, social positions, broker agency, and actions of brokering in these five broker-target relationships to create a model for the process of brokering. I used the heterogeneity of brokering actions and outcomes in terms of routine dynamics to present my findings on the role of brokering in the building of an ecology of routines. I present these findings on the processes of brokering and ecology building in Chapter 7.

Langley and Abdallah (2011) suggest that process research can benefit from “detailed elaboration and unfurling of highly specific but powerfully illustrative vignettes” (p222) because they are particularly useful to reveal underlying dynamics of actors and their actions. Following this method for the vivid illustration of processes, I used notes from ride-alongs and recollections of informants to write brief vignettes to illustrate the actions of Sgt. Long to establish and perform her role as broker and actions of brokering to coordinate an ecology of routines to deal
with the specific needs of a specific woman on a specific day. I use these vignettes to illustrate the processes of interest in Chapters 4, 5, and 6.

I begin the presentation of my findings in Chapter 4 by showing how the broker created trusted connections and the role of social worker cop in relation to sex workers.
Chapter 4

4 Creating Trusted Connections with Sex Workers

This chapter explores how a River City Police (RCP) officer used daily interactions with sex workers to create trusted connections where none had existed before. Sgt. Long used her position as a police officer to connect with sex workers in physical spaces untapped by or unavailable to other social service workers. She found sex workers on sidewalks where they worked and in police and court cells when they were incarcerated. To overcome the women’s mistrust for police, Sgt. Long distinguished her social position from that of other law enforcement officers by the actions she took and by the actions she did not take. She used interactions with the women to explain the purpose of her work, ask about their problems, share information about bad dates, and perform small acts of kindness. She avoided law enforcement actions of arresting the women. Instead, she used her position as a police officer to keep the women safe, to advocate for them on personal matters and within the justice system, and to expedite their access to health and social services. Sgt. Long constructed a new social position that was both police officer and social worker, referenced affectionately by one sex worker as “the hooker cop”. Trusted connections with sex workers, her growing broker agency, and position as the social worker cop put Sgt. Long in a unique position to broker for sex workers who were caught in the criminal justice system and willing to accept her assistance to address underlying issues that led them to depend on sex work for their livelihood.

4.1 Policing of Street Level Sex Work in River City Before the PAR Program

As one former sex worker expressed succinctly, “If you want to understand what Sgt. Long does, you have to understand the girls first.” (Lori, former sex worker, 2013 November 19) River City street level sex workers were women caught in an endless cycle of addictions, sex work, and illegal activities.

“People don’t understand this. The cycle is you get up and do a trick so you can use drugs, repeat for three days, then you collapse. And then you get up and do it again. People don’t realize that it’s not the Pretty Woman scene. [...] The problem of explaining what’s going on here is explaining the level of addictions that the women are dealing
with. It’s not just a sleeping pill and a couple of glasses of wine.” (Interview, Supt. Peter Inwood, 2012 November 14)

“It wasn’t a matter of choice back then. I didn’t have a choice. I could not stop. The drugs, you know...” (Interview, Lina, former River City sex worker, 2013 November 27)

Their addictions and chaotic lives kept the women from seeking care or feeling welcome in traditional health care settings. Addiction and mental health agencies did not have street-level outreach to deal with the complex problems these women faced.

“You tend to get someone saying get their addiction under control and we can deal with their mental health issues, or get their mental health issues under control and we can deal with their addictions. None of that can happen here. There is a huge amount of frustration, and no local residential care here. […] You realize that the care system is not set up for the person who needs this intensive level of care, who are that addicted, and have this many issues.” (Interview, Supt. Peter Inwood, 2012 November 14)

Selling sex to feed their addictions, and the public nuisance this created for one older downtown neighbourhood, made street level prostitution activities the subject of complaints to police.

When citizen complaints were high and resources available, the RCP Community Oriented Response (COR) Unit performed undercover stings by posing as customers to catch the women committing the crime of “public communication for the purpose of selling sex”. RCP officers also charged sex workers with petty crimes such as theft, assault, and drug trafficking as they did any other citizen caught during the performance of law enforcement routines. The processing of public communication charges by court routines resulted in fines and release conditions that put geographical restrictions on where the woman could be. At worst, the women ignored these conditions. At best, these measures moved the problem down the street. Judges could assign jail time for more serious criminal charges. But being arrested once or many times rarely discouraged women from leaving street level sex work if they needed money to support an addiction. This led to women being charged with further offences for breaching their bail or probation conditions.

“Occasionally, I would see them in the courtroom. [...] Because they were low end charges, they would, if they appeared, they usually had been released so they probably have a lawyer, so the lawyer was appearing for them. There wasn't a lot of person to person contact and given that our appearance court was about one third the size of this room and we are going through hundreds, hundreds of people a day, I was more interested in making sure my files and things were noted and whatnot. They often stood
behind me, so there wasn't a lot of personal contact. It was a file, like every other file, although there was more repeat business from them when I look back at it. I just thought they were more criminogenic. I suppose because they were coming through more often.” (Interview, Frank Johnson, Crown Attorney, 2014 August 20)

As captured in the quote above, the women were faceless files caught in a revolving door that took them through standard performances of police and court routines and back to the street without help for their underlying problems. Current performances of justice system routines were unable to solve the stubborn social problem of street level prostitution in River City.

4.2 The Mandate for the PAR Program

The RCP PAR Program was launched in May 2005 in response to a confluence of local and national events. At the local level, street level prostitution was growing in one older downtown neighbourhood. Citizens working to rejuvenate the neighbourhood made ongoing complaints to police. Chief Frank Mitchell asked Deputy Chief (DC) Mike Terry to find a solution. DC Terry knew he could demonstrate police commitment to reducing the nuisance of prostitution by performing existing law enforcement routines more often in the affected neighbourhood. However, he believed that more of the same old actions would simply increase the volume of women through the courts and back to the streets. Nationally, the serial murder of prostitutes in Vancouver by Robert Pickton caused DC Terry and Supt. Inwood to question RCP’s lack of knowledge about women involved in the local sex trade. Police would be held responsible for investigating crimes committed against the women. The officers wanted to know when sex workers went missing. They wanted better intelligence to run effective investigations.

“I really worried that we were going to start losing women. You saw Pickton. I thought what’s not to say that is not going to happen here. River City is one of the largest cities in the country. If we start having women plucked from the east end, we won't have the resources in this police department to deal with that. To staff all that, to now be on the hunt for the needle in the haystack.” (Interview, Mike Terry, RCP Deputy Chief of Operations, 2013 November 12)

“[DC Terry said to me,] we can’t have someone turn up dead and not be able to solve it. I want to be able to connect the dots.” (Interview, Peter Inwood, RCP Superintendent, Uniformed Division, 2012 November 14)
The combination of local and national events underscored the fact that standard performances of current police and wider justice system routines were insufficient to protect the women or keep the peace in the affected neighbourhood. Inwood and Terry discussed the actions police could take to address the underlying problems that drove women to street level sex work.

Supt. Inwood had worked with local mental health agencies and the River City Community Health Centre (RCCHC) located in the neighbourhood affected by prostitution. He believed that reducing prostitution was tied to breaking down barriers that kept sex workers from getting help for their underlying mental health and drug addiction problems. Supt. Inwood, DC Terry, and Chief Mitchell independently recalled the reason for starting the PAR Program as a commitment to better define the problem and do something about it.

“I said to Mike that it has to be someone’s problem. Our problem is that no one owns this so it is no one’s responsibility. [...] It was quick. I was asked Thursday and we decided on Friday.” (Interview, Peter Inwood, RCP Superintendent, Uniformed Division, 2012 November 14)

“Police isn’t all about law enforcement; it’s often about social services. If we weren’t going to do it, who was? No one else was going to solve this for us.” (Interview, Chief Frank Mitchell, 2012 November 20)

Inwood and Terry conceived of a program to connect with and gather intelligence about sex workers in River City. An internal report described the mandate of the new PAR Program as follows.

“In response to the issue of prostitution, and in light of the murders of this population in Vancouver and Edmonton, the Persons at Risk initiative commenced operation in May of 2005. The goal of this pilot project is to remove the sex workers from the streets and into programs that will offer them appropriate support eventually allowing them to return to the mainstream of the community.” (PAR Internal Report 2005 June 20)

Supt. Inwood assigned an experienced female police officer, Sgt. Barbara Long, to run the program. He recalled his logic as needing a female officer with experience on the street to get the job done and sufficient hierarchical rank to command respect among her colleagues and leaders of other organizations.

“And so, then it was what do I need? I need a female, there’s no question about that. I also needed someone of rank. Because again, in the policing world, if you put someone of rank in the position, in the organization it gives it a little oomph […] to hold sway to go in and say I need this done and that done. Knowing the units Sgt. Long would have to deal with, you are dealing with another person of rank. COR unit has a sergeant and [so
does] cells. When that was decided, you look around. Sgt. Long had been in charge of negotiations as well as patrol sergeant. She clearly had the speaking skills and she was well regarded as a street cop among her peers. So, I called her in and said I have a little project for you. It was probably Thursday when I got asked by Mike and I called her in on Friday. […] The little I knew her then, I think she was happy with where she was, was not looking about a feather in her cap. My sense is that it spun her a bit of what she would be able to accomplish. What are we going to do? Well, there’s nothing written down, we’re not very good at that. We’ve got a problem with prostitution and we’ve got a problem with women being killed in BC. We need to put something together that allows us to insert ourselves into this community and find out what’s going on and take some strategies to see if we can do something about this problem.” (Interview, Peter Inwood, RCP Superintendent, Uniformed Division, 2012 November 14)

Sgt. Long also recalled being given general guidance about the outcomes she needed to achieve, but also discretion to design the day-to-day actions of her new position.

“I remember Supt. Inwood said, ‘measurements, outcomes … keep that in the back of your mind.’ Ah and the only thing he said was some way of identifying, tracking and engaging with them. And then let’s just see where that gets us. Let’s just try something.” (Interview, Sgt. Barbara Long, PAR Coordinator, 2012 October 16)

4.3 Connecting with Sex Workers and Building Broker Agency

Sgt. Long started by searching police records to identify the women. Her work quickly evolved into a pattern of daily outreach actions to create connections and to build knowledge, skills, and experience to enhance her broker agency in relation to the women. A typical day included driving around in her car to intercept women on the street, going to police and court cells to identify and speak with the women, tracking down women who were reported missing, sharing information on bad johns to keep the women safe, performing small acts of kindness, and advocating for the women on personal matters, within the justice system, and with local agencies.

“It was a desk job initially, trying to figure out the tracking. Quite quickly I learned that I need to be out there. […] They gave me a car, now I have a truck to put my [laptop computer]. […] I can do absolutely everything I need to do out in that truck. It’s nice to have this office to have meetings. And the girls come in to meet me here. They like to see the wall of the girls who’ve passed away. It’s a wake-up call for them. Other than that, I don’t need to be in here. 95% of the time is out on the street and that’s where I should be.” (Interview, Sgt. Barbara Long, PAR Coordinator, 2012 October 16)
4.3.1 Actions to Identify the Women

Sgt. Long created a PAR database and modeled it after one used by another Canadian police service. (See more detail below.) She identified an initial cohort of women by searching records of previous prostitution charges and speaking to police officers who were familiar with the women. She used her position as a police officer to identify and speak with sex workers in jail cells and court cells – places a civilian social worker could not access. She patrolled the areas frequented by sex workers and stopped to speak with women whose activities suggested they might be involved.

“These are not self-identified people. [...] The growth in these numbers is partly because of Sgt. Long finding them. She’ll catch women out there, what are you doing here? I just saw you getting in and out of three cars. The fact that it has grown is credit to the identification process.” (Interview, Don Barry, Chief 2010-2015, DC of Administration in 2005, 2012 October 16)

“[The agencies] don’t go to them. That is key. There is a certain group that will gravitate to [the homeless drop in centre] for free food, a place to hang out. Not to diminish what they are doing there, absolutely, they are trying to put a model out there that holistically protects women, a place to be. That is an alternative strategy, but it only scratches the surface of the women [who are involved].” (Interview, Sgt. Long, 2012 October 16)

Police officers changed their law enforcement routines in relation to sex workers. The arresting officers and the jail cell sergeant now notified Sgt. Long so she could meet with women who were brought into police headquarters cells or court cells. Meeting with women in cells was a strategy the Executive Director of the River City Community Health Centre (RCCHC) called “engagement through arrest.” (Interview, Helen Marchant, ED of RCCHC, 2014 November 18)

The following were typical emails sent by RCP officers to Sgt. Long to notify her that a woman of interest was in cells.

Subject: Candace: “Morning Barbara, Candace is in cells and hoping to speak with you. Cheers.” (Email from police officer to PAR Coordinator, 2013 December 2, at 4 a.m.)

Subject: “Hey; Hey Barbara, just want to let you know that Marlene just got arrested [...] for assaulting a female that is unknown to her. She seems pretty hopped up on something.” (Email from police officer to PAR Coordinator, 2013 March 28)
Patrol officers also sent messages to Sgt. Long when they encountered women on the street who were engaged in sex work. They gave Sgt. Long’s card to the women and encouraged the women to speak with her.

“I get emails from frontline guys all the time. You know, here is a girl. I met her. She could use your help. I still get emails. Foot Patrol sent me two last week.” (Interview, Sgt. Long, 2014 July 10)

Barbara: “We stopped and spoke with Sally last night. She got picked up by some guy from Chatham who took her to the east court. She is using two 80 pieces of oxy a day but claims she is on some wait list for the methadone clinic. We explained your role with the police and she said she would be interested in talking to you. Her new man is Burt and she doesn't want you to call her, because she says Burt doesn't know she works. We gave her your office number. I put a street check in on the john. Cheers.” (Email from police officer to Sgt. Long, 2009 February 27)

When the women agreed, Sgt. Long brought them to her office to fill in forms so she could formally register them in the PAR database. The form used to register women included questions about additional names used, physical descriptors (height, weight, eye colour, hair colour, birthmarks, broken bones, marks, scars and tattoos), address and phone numbers, previous education and work history, health issues and treatments, other contacts (doctor, dentist, lawyer, family, and associates), and where the women currently solicited and serviced clients. (See Appendix 1 for a copy of the PAR Registration Form.) The women signed a release form that allowed police to share their information with other agencies. (See Appendix 2 for a copy of PAR Release Form.)

Sgt. Long asked the women to volunteer fingerprints and a DNA sample. Many agreed. This physical evidence was filed in the PAR Office. It was not used to investigate the women for criminal activity. Sgt. Long told women that the registry information and physical evidence would help police to know if they went missing, to identify their body, and to notify a relative if something happened. Sex workers saw Sgt. Long’s approach as brutal, but honest and caring.

“I had been attacked, assaulted, raped, stabbed but until my girlfriend went missing I never for a moment considered I could one day just disappear and no one would know why or how. I decided to give the hooker cop a chance. She didn't try filling me with promises, she simply handed me a bunch of papers to fill out. The papers asked my name, age, distinguishing marks. I asked her why she needed the info, if I was going to become a client number, if she had to have me answer these before she could talk to me and she simply said, ‘No we can still talk if you don't fill them out, these are so we can identify
your body.' This statement broke me. I was ready to listen.” (Copy of the news item forwarded to Sgt. Long in an email from the Chair of a Poverty Action Group, 2014 March 13)

A PAR database that started with 13 suspected sex workers in the first month grew to 39 in six months and 84 within a year. It reached a peak of 232 women in 2010. (See Table 5 for the number of women identified and formally registered between 2005 and 2014.)

Sex workers changed the actions they were willing to take in their relationship with police. Word on the street about the work of the hooker cop brought sex workers into police headquarters to voluntarily share their information with Sgt. Long and to report crimes committed against them. Developing a positive connection between sex workers and a police officer was a significant achievement.

“Coming into headquarters. Historically, street level sex workers, police, nope, not coming in. Two reasons: don't trust the police, second, they don't want to be seen by their peers or their dealers coming into headquarters. Now, not for all, but for a lot of them, most of them, have no problem coming into headquarters. No problem sitting in the front if I am not there because headquarters is trying to get a hold of me. So, that is huge.” (Interview, Sgt. Barbara Long, PAR Coordinator, 2014 July 10)

4.3.2 Actions to track the women and keep them safe

Outreach actions to track the women and keep them safe included actions to gather and share information. Sgt. Long shared safety strategies when she spoke to women.

“I am always talking to them about safety and saying, ‘I get why you are doing this. Always be safe about it. Where do you take the johns?’ This goes back to [information that was included in] the registry.” (Interview, Sgt. Barbara Long, PAR Coordinator, 2015 March 4)

“On the first-time meeting Barbara, it was just like "wow". She was just not like any police officer that I had ever met, really. I saw that it had nothing to do with finding out about dealers or anything like that. It was just keeping me safe.” (Lina, former sex worker, 2012 November 27)

Following concerns created by murdered and missing women in Vancouver, Sgt. Long followed up if she had reason to believe a woman might be missing or subject to personal risk. The
following is an example of the type of information that would prompt Sgt. Long to check on a woman’s welfare.

Subject: Person at risk; “Hi Barbara, Jim, who is one of the RCMP guys working with us, had a source call into him tonight and gave some information in regards to Tiffany. I’m sure you know her. The information given was that Tiffany has been beating Susie and she is fearful for her life. The source made a comment that she fears she won’t be alive in the next two weeks. Obviously, this turned into a check welfare and we had uniform involved. The report is #99999. As it stands now, PC Jones made contact with Susie’s mother in attempt to contact Susie personally to check her welfare. Susie is reluctant to speak with police tonight because of Tiffany, but has agreed to contact police tomorrow. This is all through her mother. Susie is going to her mother’s tomorrow morning at 10 am to pick up her kids. Mom is going to get Susie into the station tomorrow and at this time she does not feel there is an immediate threat. I know you are off for the weekend and I’m sorry to bug you with this information. We just wanted it passed onto you due to the possible seriousness of the incident and it is something you may want to follow up on.”

Bob Turner, Detective Constable, Guns and Drugs Unit (Email from uniform officer to Sgt. Long, PAR Coordinator, 2011 January 29)

“Sgt. Long is the one who is saving lives, for sure, because she keeps them - this is a horrible thing to describe it as - but as an inventory of these women and the last time they were seen. She contacts [probation officers] and says, ‘OK, what is going on?’ She knows. Of course, talking to the girls on the street, she knows if somebody hasn't been seen for a week and if they haven't been, she is doing everything possible to find them. She is the angel for those girls more so than we are.” (Interview, Irene Dantzer, probation officer, 2014 January 16)

Sgt. Long tracked women automatically by flagging them in the local police database and the CPIC (Canadian Police Intelligence Centre) database. This triggered automatic emails when known sex workers were charged with crimes in River City or elsewhere. The latter notifications provided evidence that a woman had moved away. In January 2011, Chief Barry agreed Sgt. Long could remove women from the active PAR database if they had exited the trade for at least a year or if they were known to be deceased or living elsewhere.

Sgt. Long tracked and discouraged men from purchasing sex. She followed sex workers when they got into cars with men. She made sure they were dropped off safely. On two occasions, I witnessed Sgt. Long pulling a car over to speak with a man once a known sex worker had exited. She used these direct conversations with men, stories from the women about bad dates, and police arrest records to develop a database of potentially dangerous men that included a physical description, and a car model and license plate. She kept arrest photos of known violent offenders.
in her office. She shared these descriptions and photos with the women to warn them about bad dates they should avoid. Sharing information about dangerous men was a way to keep the women safe and to differentiate Sgt. Long’s position and her connection with sex workers from that of police law enforcement officers. It was also intelligence gathering in case something happened to one of the women.

“Barbara has helped with bad john issues before on many occasions. I think that her presence, more than a regular police officer has made life safer for survival sex workers. Just the fact that she is there, the fact that people can call her cell phone and talk to her and she can intercede when it is prudent to do so. That does make things safer. Your level of safety decreases as your level of income decreases and that is true straight across the board, but it is especially true when you are also engaged in illegal substance use and even more profoundly when you are also engaged in sex work.” (Ed Henderson, social worker, RCCHC, 2014 January 9)

Sgt. Long kept the women safe by discouraging men from purchasing sex. She identified and interviewed men charged with public communication to educate them about the women’s problems and to discourage them from coming into the affected area. In 2010, newly appointed Police Chief Don Barry agreed to send “Community Safety Letters” to the home address of men known to be customers of street level sex workers. The letters focused on the problem of prostitution in the affected neighbourhood and asked the recipient to refrain from “bringing their vehicle into the neighbourhood unnecessarily”. 527 letters were sent between 2010 and 2013. (See Table 5 for an ongoing count of the letters and Appendix 3 for a sample of the letter.)

4.3.3 Actions to build knowledge about the women

Meeting with sex workers and listening to their stories allowed Sgt. Long to enhance her knowledge of the women’s problems and the specific help they needed. It also distinguished her position from law enforcement officers and reinforced the purpose of the new connection she was trying form with the women.

“Well that was right at 2005. Right out on the street and engaging with the women and then as I learned what the issues were going to be, it evolved from there. OK, addiction, how do we get at that? How do I address that? How can I help them with that? Mental health, overall health. As I got to know and establish the rapport with the women and learn what the issues are. We knew, as a police service, that it is going to be mental health and addiction. OK, that is great, but let me talk to these women and learn from them. That was my big thing all along. Educate me. And they loved that. They have never
### Table 5
Timelines of Significant Actions and Outcomes Related to Connecting with and Learning More About Sex Workers
(Source: PAR Internal Reports)

<table>
<thead>
<tr>
<th>Year</th>
<th>PAR Mandate, Goals, and Recognition</th>
<th>Actions of PAR Coordinator to Connect with Sex Workers</th>
<th>Outcomes (Cumulative number of women identified, registered)(^7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>On May 1, 2005, River City Police initiated a pilot project providing a coordinated response between the River City Police, justice system and various community social agencies to address the issue of female street prostitutes. (2005 PAR Year-End Report)</td>
<td>Browsing of recent records to ID current persons at risk, meetings with Crime Analysts, Vice &amp; Uniformed officers to develop initial list of women who were then flagged in Versadex (internal records system) and CPIC for tracking purposes; developed Persons at Risk Waiver form (2005 May 30)</td>
<td>December 1, 2005&lt;br&gt;61 women identified&lt;br&gt;43 registered</td>
</tr>
<tr>
<td>2006</td>
<td>PAR continues to receive hits on Versadex and SIP entries. Canada wide tracking system working well. PAR continues to maintain contact with family members of known women and has received numerous calls from family who 'suspect' daughter's involvement in trade. PAR continues to receive calls from women who have heard about program, are admitted sex workers, requesting assistance in receiving treatment and wishing to be registered. (2006 March 9)</td>
<td></td>
<td>May 1, 2006&lt;br&gt;84 women identified&lt;br&gt;57 registered</td>
</tr>
<tr>
<td>2007</td>
<td>To date, 125 women are on the Persons at Risk caseload, virtually all are addicted to crack cocaine. [...] Interviews reveal that drug addiction is the underlying reason most of the women entered this lifestyle. They generally report their addiction has become worse since entered this lifestyle. (2007 April 1)</td>
<td></td>
<td>April 1, 2007&lt;br&gt;125 women identified (# registered not reported)&lt;br&gt;12 exited</td>
</tr>
<tr>
<td>2008</td>
<td></td>
<td>February 1, 2008&lt;br&gt;163 women identified&lt;br&gt;91 registered&lt;br&gt;40 DNA obtained&lt;br&gt;26 drug assessments completed&lt;br&gt;15 completed drug treatment&lt;br&gt;2 deceased&lt;br&gt;13 exited</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>Recipient of the &quot;Community Inspiration&quot; award from River Valley Addiction Services of (2009 PAR Year-End Report)</td>
<td></td>
<td>December 31, 2009&lt;br&gt;211 women identified&lt;br&gt;115 registered&lt;br&gt;74 DNA obtained&lt;br&gt;36 drug assessments completed&lt;br&gt;23 completed drug treatment&lt;br&gt;8 deceased&lt;br&gt;17 exited</td>
</tr>
</tbody>
</table>

\(^7\) The type of data included in PAR Reports changed over time.
<table>
<thead>
<tr>
<th>Year</th>
<th>PAR Mandate, Goals, and Recognition</th>
<th>Actions of PAR Coordinator to Connect with Sex Workers</th>
<th>Outcomes (Cumulative number of women identified, registered)</th>
</tr>
</thead>
</table>
| 2010 | New chief of police agrees to sending community safety letters to men known to purchase sex from prostitutes | Obtained employment interview for a person at risk (2010 March 31) | December 31, 2010  
235 women identified  
138 registered  
88 DNA obtained  
42 drug assessment completed  
27 completed drug treatment  
11 deceased  
18 exited  
63 community safety letters to johns |
| 2011 | | | December 31, 2011  
232 women identified  
159 registered  
109 DNA obtained  
50 drug assessments completed  
29 completed drug treatment  
15 deceased  
21 exited  
255 community safety letters to johns |
| 2012 | 2011 audit completed. All 232 PAR accounted for. Chief approved removal of PAR who have resided outside of RCP jurisdiction and/or who have exited the lifestyle for more than 1 year. Resulted in removal of 69 PAR (2012 February 8) | Average 120+ police record hits/day; Average 11 daily engagements with Persons at Risk; Average 15 daily engagements with Community Agencies, Probation, Justice system, family members. During 2013 - assisted Criminal Investigative Division in 29 investigations (locate / identify / interview PAR) and Uniform Division in 26 investigations (2013 December 31) | December 31, 2012  
186 women identified  
170 registered  
120 DNA obtained  
56 drug assessments completed  
32 completed drug treatment  
18 deceased  
24 exited  
399 community safety letters to johns |
| 2013 | Contacted by Health Minister’s executive assistant re sitting on advisory panel (2013 March 11)  
Meeting with McMaster University Research team re research proposal (2013 June 3)  
River City Newspaper interview re collaboration with RCCHC (2013 August 29) | | December 31, 2013  
199 women identified  
172 registered  
122 DNA obtained  
59 drug assessments completed  
39 completed drug treatment deceased  
24 exited  
527 community safety letters to johns |
| 2014 | | | April 30, 2014  
140 women identified  
(64 removed because of audit based on evidence of relocation, exit, escorting only. No removals were conducted after 2012 audit.) |
had a cop say, ‘Educate me. Let me learn from you. What do you need? How can we help you?’” (Interview, Sgt. Long, PAR Coordinator, 2014 September 29)

“Sgt. Long began to see other things. No one gave a crap. You can’t just keep running around keeping tabs. You have to get them into programs. Re ethical organizations, the oath of office is different than other organizations. There is more work here to do than tracking.” (Interview, Don Barry, Chief from 2010-2015, DC of Administration in 2005, 2012 October 16)

Part of Sgt. Long’s expanding base of knowledge about the women and her experience trying to help them was understanding that she might wait a long time for a woman to ask for help, or that she might need to connect a woman with help multiple times, despite false starts, relapses and failures in their attempts at rehabilitation and exit.

“Barbara had a woman named [...] who was out and clean for three years but now she’s back. People have to realize that it’s incredible rare to get out on the first time of treatment. That is rare. When you are dealing with addictions you have to fight the urge to say, ‘Why would you make that choice?’ You do have that choice but it’s not the same.” (Interview, Supt. Mike Terry, 2012 November 14)

“I am sure at some level beyond how many people have been removed from the street, that just the caretaking itself and establishing the relationship is success. Just providing some of those women with the knowledge that if things get really bad, they do have someone they can talk to. To me, that is success as opposed to, we can't talk to anybody. They are so isolated. You cannot change that culture by walling people in from help. [...] It may be that they have a violent john that they are dealing with and they don't know how to deal with it. It may be that someday, maybe not that day, down the road, they are ready to get some assistance with their addiction. It may be that someday they want to return to school and may be some day they want a different lifestyle and they don't know how to go about it. That they know who to talk to. [...] It is important work because violence on the street, in my opinion and experience, comes from being isolated and alone and abandoned. Many of these women have histories of abandonment. So how do you do nothing for them?” (Interview, Dan Chisolm, Defense Counsel, 2014 August 15)

4.4 Performing Small Acts of Kindness to Help Sex Workers with Personal Problems

Within a few weeks, Sgt. Long’s outreach routines settled into a daily pattern of actions to identify, meet, share information with, and offer help to sex workers. Sgt. Long distinguished her position and connection with sex workers from police enforcement officers through repeated, daily actions of helping not arresting. Her end goal was to help the women by brokering with
justice system actors and health and social service agencies to facilitate the women’s exit from the sex trade. But helping also included small acts of kindness and brokering for the women on personal matters to achieve the intermediate goal of building and maintaining trusted connections with the women.

In contrast to law enforcement officers, whose interactions with the women were transactional and incident based, Sgt. Long maintained an ongoing relationship with the women to encourage and support their halting and non-linear journey toward exit. For instance, while on patrol with Sgt. Long on a ride-along, we pulled over to speak with Susan. She was excited to see Sgt. Long and jumped into the car to say hello. Susan was five months pregnant and seeing specialists to deal with complications from abscesses on her back. She was living with and getting support from her father. (Researcher notes during ride along with Sgt. Long, 2013 November 13) I learned months later that Susan gave birth to her baby but had to relinquish care to the Children’s Aid Society while the baby was weaned from an inherited addiction. Sgt. Long confirmed that she would act as a reference for Susan to support her request to retain care of the child. (Interview, Sgt. Long, 2014 July 10) Offering a ride provided an extended opportunity to speak with a woman and to confirm where she was living or going during her daily activities. We saw Lori at a bus stop and gave her a ride to her son’s place. She and Sgt. Long shared information about two other former sex workers and their progress. (Researcher notes during ride along with Sgt. Long and Dr. Abby, 2013 November 19) We met Lina outside a women’s drop in centre. I learned during a later interview with Lina that she considered herself to be one of Sgt. Long’s success stories. While we drove Lina home, she shared photos of her grandson and how good she felt after completing treatment for Hep C.

The actions Sgt. Long took were important, but the actions she didn’t take also sent signals to the women about the new position she had and the connection she hoped to make with them. She avoided direct displays of actions associated with those of law enforcement officers.

“… a lot of these girls are wanted all the time. So, I can't just go up and arrest them. If I see them and I can get a uniform to go and arrest them, I will do that. Then, more often than not, I will contact them. Either text them or phone them or Facebook and say, ‘Hey, there is a warrant. Where are you? I will come and get you.’ Sometimes I am sitting there watching them as they are reading their phone and they will turn themselves in to me, so it is a different way of doing the policing. [...] [You can’t do] the sort of out and out,
driving down the street, hey there is Michelle, grab her, you are under arrest because then the trust is just gone. It is totally gone. I have only done it twice in my career where I have been forced to do it.” (Interview, Sgt. Long, PAR Coordinator, 2015 March 4)

The extent to which Sgt. Long established a unique position of social worker cop was made clear to me during a ride-along when we spoke with Stacey, a former sex worker. Stacey explained her request for family advice from Sgt. Long that day by saying, “I didn’t want to call the police so I called you.” (Researcher notes during ride along with Sgt. Long, 2013 November 13)

Sgt. Long also brokered for the women to resolve personal issues. I offer two vignettes of these small acts of brokering from ride-alongs.

**Helping Mary to cash a cheque**
Mary calls from her hospital room to ask Barbara for help to cash her government support cheque. Mary can’t trust a friend to take the cheque and return with the cash. The morning is consumed with phone calls back and forth to a bank manager and government worker about the most appropriate form and process to allow Sgt. Long to cash the cheque. We find Mary at the hospital where she is recovering from back surgery to remove abscesses along her spine. Spinal abscesses are a common complication of intravenous drug abuse. Barbara visits the nursing station where she has arranged for the local government office to fax a form. The ward clerk finds the fax and witnesses Mary’s signature. Before we head out, Barbara asks Mary if we can bring anything back. Mary asks for Wendy’s chili and a Fruitopia drink. We head downtown to the Scotia Bank where the manager cashes the cheque. We walk over to the government office to drop off the form. We stop at Wendy’s to fill Mary’s order. When we return to the hospital, Mary expresses her appreciation for the money and the meal. (Researcher’s field notes from ride along with Sgt. Long, 2013 March 13)

**Negotiating a civil matter for Danielle**
Barbara has been trying to return a call to Danielle who left a message looking for help. It seems a hotel manager has locked her out of her hotel room and she cannot get her possessions back. We finally spot Danielle walking down the street. Her story goes like this. She was at the hotel with a guy who locked her out of the room. She responded by kicking in a large window. To keep the hotel owner from charging her with a crime, Danielle wants to write a contract saying that she will apologize and pay back the $1000 he claims it will cost for repairs. Danielle is suggesting a plan of $200 per week. She asks Barbara if any charges have been laid against her by the hotel manager and whether she thinks this deal is okay. Barbara confirms on her system that no incident has been reported and explains that once it becomes a contract between Danielle and the manager, that police have no jurisdiction to intercede. Barbara asks whether she had consulted a lawyer or had any confirmation of the cost but compliments Danielle on the contract and having the idea. Sgt. Long offers to contact the hotel owner. She asks him to agree to another solution – to ban Danielle from the hotel. I hear her line of reasoning with the hotel manager on the phone as follows, ‘How else did you think she was going to get the money? You are putting her back at risk by having her working the street to make that
money. I can help you out by telling her not to go back there.’ I received an email from Sgt. Long a few days later to say she had a meeting with the hotel manager and resolved the matter in just this way. (Researcher’s notes from ride along with Sgt. Long, 2013 March 13)

As captured in a 2006 internal report, building a connection between Sgt. Long and sex workers based on trust was an important, intermediate step to accomplishing the end goal of the PAR Program.

“The main challenge in meeting our objectives is building trust. The low trust that street women have of the police and the ongoing tension between the community, police, and prostitutes meant that establishing a rapport was the main priority. Business cards with cell phone and pager number are handed to the women with a commitment to be available 24/7 when a woman was “in trouble”. This means attending court proceedings, meeting them late at night, on weekends, finding them the support and help they need, when they need it, that is specific to their unique needs. Many of the women now are comfortable coming into police headquarters and asking for Sgt. Long of PAR.” (PAR Justification Reference Material, 2006)

4.5 Establishing the Position of Social Worker Cop

Sgt. Long used daily outreach actions of connecting, identifying, tracking, and helping the women to establish her position as a trusted and knowledgeable social worker cop.

“[before the PAR program] there was no trust relationship. There was no connection between street level prostitutes or individuals and police. There was more, I would think, more animus there.” (Interview, Dan Chisolm, Defense Counsel, 2014 August 15)

“Most people who come into this [probation] office […] hate the police. Hate them. It is pretty hard to hate her when […] you come up to her window and even though you are telling her to go screw herself, she gives you a couple of cigarettes and goes and buys you a coffee just because she wants to talk to you. Most of the other cops don't do that.” (Interview, Irene Dantzer, Probation Officer, 2014 January 16)

By December of 2005, seven months into the new program, an internal report identified the PAR Program as a hub connecting sex workers with the resources they needed to make more positive choices.

“During these past seven months we have seen an increased dialogue and trust develop between the River City Police Service and this ‘at risk’ population. We have continued to develop a rapport within the community in which these women work and we have seen a change in attitude towards them. We have opened doors and developed significant
partnerships with community agencies, without their support and programs, this project would not be as successful as it has been. The Persons at Risk pilot project has been the hub which connects these women to family and the necessary supports and agencies allowing them the opportunity for rehabilitation.” (PAR Internal Report, 2005 December 1)

Women helped by the PAR Program recalled a point when they overcame their mistrust and how that was accomplished. Stacey, who described her former self as a hardened addict and sex worker, recalled how multiple encounters and small favours by Sgt. Long – warnings about bad johns, buying coffee, offering cigarettes, and eventually paying for a needed methadone treatment – eventually overcame her mistrust for Sgt. Long’s motives. A chance encounter between Stacey and Sgt. Long in the River City Detention Centre provided the opportunity for Sgt. Long to help Stacey enter rehabilitation upon her release from jail. When I interviewed Stacey, she recalled this encounter as the first step on her road to exit.

“Sgt. Long goes, ‘You know what, I believe in you. I have faith in you. I believe that you can get through this.’ I got back to my cell and actually thought about it. I am finding this fucking strange. [...] She knows exactly what I have done. I broke the law. I have done all these terrible things. Prostitution charges up my ass, and she tells me, ‘I believe in you Stacey.’ She is looking at me in the eyes and I am thinking, ‘She is a cop, she can't lie.'” (Interview, Stacey, former sex worker, 2013 November 28)

In an interview with former sex worker Nicole, she emphasized how Sgt. Long made a real difference by believing in her, not making her feel ashamed, and getting her access to services she needed at the time. She expressed it in her own words in a community newsletter.

“I can't ever explain how grateful I am there was someone like Sgt. Barbara Long. I owe my life to her. Living that lifestyle, I spent a lot of time in the backs of cruisers, and I just can't help but wonder if one of those MANY times had those cops spent a minute recognizing me as a person would it have spared me a few years out in the cold.” (Copy of the news item forwarded to Sgt. Long in an email from the Chair of a GTA City Poverty Action Group, 2014 March 13)

Some of the women identified by Sgt. Long resisted her efforts to connect with them. Evidence of this can be found in Table 5 by comparing the number of women who volunteered to be registered in the database compared to the number identified by Sgt. Long as being involved in sex work. Carol, who was never arrested for prostitution related charges, resisted referrals from social service agencies to voluntarily meet with Sgt. Long because she didn't want to be in the system for prostitution. (Interview, Carol, former sex worker, 2016 May 18) When we met Tara in court cells during a ride along, she grudgingly accepted Sgt. Long’s help to track down a
friend to confirm she had a place to live. Tara had rejected requests to be formally registered in the PAR database. But that day she needed help to confirm a place to live before she went to her bail hearing. Sgt. Long explained to me that she used opportunities to perform small acts of kindness and broker on personal matters to show the women she would be there if they reached out for more help. (Researcher notes from ride-along with Sgt. Long, 2013 December 11)

Carol, Stacey, and Tara’s stories underscore the unique opportunity of a police officer to meet women in jail cells when they were facing the legal implications of their actions and more likely to accept small favours or more significant help.

“It became clear that an important point of contact was when someone came into the cells. Sgt. Long could deal with cell staff and have them call her and say someone is in custody. If they could hang onto her for a bail hearing, Sgt. Long could strike while the iron is hot, can we get you out of this? Maybe you are a bit desperate to get out. […] It is sad that the only place they can get the help they need is in jail. That’s unfortunate that this is the best we can do, but let’s use it for now.” (Interview, Supt. Peter Inwood, 2012 November 14)

A 2013 year-end report provides evidence of the daily actions by Sgt. Long, using her position as trusted social worker cop and daily outreach routines to connect with sex workers, and to broker for them with community agencies and actors in criminal justice system.

“Average 120+ police record hits/day; Average 11 daily engagements with Persons at Risk; Average 15 daily engagements with Community Agencies, Probation, Justice system, family members. During 2013 - assisted Criminal Investigative Division in 29 investigations (locate / identify / interview PAR) and Uniform Division in 26 investigations.” (PAR Year-End Report, 2013 December 31)

### 4.6 In Summary

Daily actions of identifying, tracking, meeting, sharing information, and performing small acts of kindness for sex workers allowed Sgt. Long to create a trusted connection with these women where none had existed before. This connection created opportunities for Sgt. Long to broker for sex workers. Daily interactions and occasions of brokering enhanced Sgt. Long’s ability to broker by enhancing her broker agency and by creating the new position of social work cop in relation to sex workers. In combination, the opportunities and ability to broker opened the door for police to tackle street level prostitution in River City. But this does not provide the entire
picture. Tackling the social problem of street level prostitution, one woman at a time, required the broker to advocate for women with actors in the wider justice system and local health and social service agencies. Chapters 5 and 6 foreground how Sgt. Long developed connections with and brokered to influence the routines of these important actors.
Chapter 5

5 Repurposing Connections Within the Justice System

This chapter explores how Sgt. Long used her ability to broker, based on her position as justice system insider and her broker agency gained through years on the job, to repurpose existing connections and change the patterning of justice system routines for sex workers. Before the PAR Program, justice system routines were performed to enforce the law and deliver punishment through efficient hand-offs between justice system routines. Sgt. Long repurposed these connections by brokering for sex workers with justice system actors during the women’s entry, journey, and exit from the criminal justice system.

Brokering actions included implementing new mechanisms to initiate automatic information transfer between actors, personally sharing up-to-date information with justice system actors, and advocating for women by participating in justice system routines. With respect to mechanisms for automatic information transfer, Sgt. Long flagged sex workers in the police database so she would be notified when the women were stopped or arrested by River City Police (RCP) officers or other police services. She implemented a Memo to Crown to transfer additional information during hand-offs between police and court routines.

Sgt. Long became an active collaborator in police and court routines by sharing information and advocating with crown prosecutors to change release conditions to motivate sex workers to seek help and to slow down court appearances so a woman could demonstrate progress in getting that help. With the woman’s permission, Sgt. Long coordinated a woman’s exit from jail with entry into stable housing and rehabilitation programs. Changes to the patterning of court routines and connections between police and court routines allowed time and conditions for Sgt. Long to broker with agencies to get women the help they needed to exit sex work.

5.1 Justice System Routines Before the PAR Program

5.1.1 A typical journey through justice system routines before the PAR Program

Figure 2 shows the actions of a typical journey through justice system routines before the PAR Program, including routines of police law enforcement, bail court, remand court, and trial court. A woman’s entry into the justice system began when she was arrested on criminal code matters
such as theft, assault, or drug trafficking, or caught in a sting operation on public communication charges. Police law enforcement routines included actions of physically arresting a woman, transporting her to police cells, and transporting her to bail court the next day. The police cell sergeant prepared and sent a charge package to the Crown Attorney’s office. A typical charge package contained personal information about the accused (such as name, address, a physical description, and occupation), details about the current offence and charges, and information regarding previous charges and convictions.

At bail court, a woman, her defense counsel, and the crown prosecutor appeared before a justice of the peace to enter a plea and negotiate release conditions. If a woman pleaded guilty, she was transferred to another court the same day where a judge pronounced a sentence. If a woman pleaded not guilty, the justice of the peace could release her on bail conditions or send her to the Regional Detention Centre to await her next appearance. Cases with a not guilty plea proceeded to remand court.

The sole purpose of remand court was putting matters over to another date. Crown prosecutors and defense counsel presented updates to the judge on actions they had taken since the last appearance and actions they needed to take before they could be ready for trial. The judge assigned the next remand court appearance based on these updates. Between appearances in remand court, crown prosecutors and defense counsel gathered additional evidence, prepared their case, and negotiated with each other to resolve the case – if possible – with a plea deal or dismissal to avoid a trial. A file could have multiple appearances in remand court until it was sent to trial or resolved through plea bargaining. At trial, a judge would hear the evidence, assign a verdict, and, if guilty, assign a sentence. Sentencing options included fines, probation, or jail time. Women sent to jail were incarcerated at the Regional Detention Centre located in River City.

8 For the sake of simplicity, I follow a typical journey for women who entered the court system via physical arrest by police and bail hearings. In some cases, if police believed a woman would attend her required appearance at intake court, they gave her a written notice with the date and time to appear. Women who entered the court via intake court or bail court followed the same path once they pleaded guilty or not guilty.
Figure 2
Typical Actions in Justice System Routines Before the PAR Program

Police actions: Police arrest woman and put her in HQ jail cells.

Police actions: Police create and send charge package; police transport women to court.

Bail Court

Remand court actions: Crown attorneys and defense counsel provide updates on case preparation and negotiate with judge for next appearance in remand court. Cases can appear multiple times in Remand Court.

Trial & Sentencing Court

Trial actions:
1. Charges dismissed;
2. Found not guilty;
3. Found (accept plea of) guilty; assign fines or probation

Remand court actions: Judge moves case to Trial or Sentencing Court.

Detention Centre

Trial actions:
3. Found (accept plea of) guilty; assign jail sentence

Detention Centre actions: Woman is released with or without parole conditions.

Bail court actions: Woman pleads not guilty; Crown attorneys, defense counsel, and judges negotiate release conditions or justice sends her to jail to await appearances in Remand Court.

Bail court actions: Woman pleads guilty and proceeds directly to Sentencing Court.
5.1.2 Actions of justice system routines designed to punish not help

The actions of actors in justice system routines were designed to punish the women for crimes and assign release conditions that discouraged prostitution related activities in the affected neighbourhood. The routines were not designed to help sex workers with the problems that drove them to prostitution and illegal activities. Women who cycled through justice routines many times had an increasing chance their record and criminal activity would warrant more severe punishment.

“I don't know how effective [geographical release conditions are]. Sometimes you are setting them up for [failure]. And, sure enough, a month later they are back in because they are breaching their probation by working right in the middle of the area they are not supposed to. […] Then that is pushing them more and more towards jail. It gets to the point where you run out of options.” (Interview, Sid Jamieson, Assistant Crown Prosecutor, 2014 November 17)

As Chief Frank Mitchell said, one goal for the PAR Program was to find, “an alternative to arrest, courts, back out on the street.” (Interview, Chief Frank Mitchell, 2012 November 20)

5.2 Repurposing Connections

PAR internal reports show that Sgt. Long spoke to actors in the criminal justice system about her work in the first month of operation. (Interactions with justice system actors, as recorded in PAR internal reports, are shown in Table 6.) She used her position as a respected police sergeant and known insider in the criminal justice system to meet with crown prosecutors, judges, defense counsel, probation officers, and the head the Regional Detention Centre. Sgt. Long asked them to support the purpose of the PAR Program to assist sex workers to exit prostitution.

“I asked for a meeting with the judges just to tell them, this is what we are going to try to attempt as a pilot, so if they see me in court or if […] women that are charged with prostitution are in their courts, they know that this project is going to be happening. I also spoke to the Crowns as well, so that everyone was on the same page and then eventually, the Defense lawyers all started to become aware of it as well. But the Judges and the Crowns were first and foremost. I needed to rely on them for referrals, but also just as another tool in the toolbox, that they know that RCP is trying to start this work. […] I just wanted them to be aware that this is an initiative that we are trying to do to help these women and if they had any referrals, they could do it in court to the Crown or the lawyer and either one of them could contact me. […] I just wanted them to be aware that this
<table>
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<tr>
<th>Year</th>
<th>Actions and Changes to Routines (PAR Internal Report Date)</th>
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| 2005 | Memo to Crown template developed to flag Persons at Risk charged with a criminal offence (indicates specific addictions, police requested conditions, and assistance request by the individual, i.e. rehab). […] Meetings with: Managers of Probation & Parole, Head Crown Attorney, numerous lawyers who support women (2005 May 30)  
As most of these women view a period of incarceration as an opportunity to get clean it is an ideal time to have them assessed if they want to get into treatment. The Superintendent of the EMDC has permitted the Aids Committee to conduct assessments within her facility. This was not done prior to this project. The Crown Attorneys and the Provincial Court Judges are now familiar with our project resulting in a coordinated effort timing the release from custody as close as possible to the start date of treatment. Specific treatment facilities are aware of the project and acknowledge this ‘at risk’ population by expediting their admittance whenever possible. The coordinated effort with the judiciary also includes Probation and Parole. A constant dialogue is ongoing with them. (2005 October 20) |
| 2006 | Probation/Parole (quarterly meetings with committee formed to coordinate with PAR) (daily contact with various Probation Officers currently assigned to women); Crown/Courts (judges are assigning as conditions of probation "to participate in Persons at Risk project."); Judges and Federal Crown routinely request coordinator to attend and address the court re specific issues; Regional Detention Centre (Continued liaison with women's social worker / working in collaboration for conducting assessments) (2006 March 9) |
| 2007 | Local Probation and Parole staff, who meet regularly with the PAR officer, assisted in the development of a charge package template. Referred to as a "protocol" by the judiciary it consists of a standard set of bail and probation conditions geared towards rehabilitation. There is an effort by Crown counsel, defence counsel and the judiciary to coordinate release dates from custody, with start dates for treatment. The PAR project has teamed with numerous agencies that assist with addiction/mental health treatment, counselling, employment, housing, shelter, and healthcare services. (2007 April 1) |
| 2008 | No comments related to judicial system routines in 2008 |
| 2009 | 8 community case conferences (2009); 18 case conferences with Probation/Parole (2009); 16 case conferences with Crown and Defense counsel (2009); 2 interviews with lawyer for CAS and subsequent attendance required in Family Court; Contacted for assistance in locating/identifying PAR by the following Police Services - Halton Regional, Hamilton, Oxford Community, Aylmer, Sebringville OPP, OPP (Witness Protection), Toronto, Waterloo Regional, Niagara Regional, Halifax RCMP (2009 December 31) |
| 2010 | 14 community case conferences (2010); 16 case conferences with Crown and Defense counsel (2010); 9 successful referrals to Adult Therapeutic court (2010) (December 31, 2010) |
| 2012 | Ongoing meetings/liaison/referral with the following agencies and community collaborators: Probation and Parole, Crown Attorney’s office. (2012 year-end report dated 2013 February 6) |
| 2013 | Assisted Sexual Assault/Crown re PAR location and preparation for court (2013 March 11)  
1 case conference with Crown and Defence council; 3 PAR located/interviewed [as witnesses] for Sexual Assault case. (2013 August 29) |
was what we were trying to do and they were 100% supportive of it. […] I think it is because they realize, OMG here is this poor woman, homeless, working the street, addiction, mental health issues. Great, the police are also trying to help these people. How can you say, ‘No. I think that is a bad idea.’?” (Interview, Sgt. Long, 2014 September 29)

In my interviews with court officials, they mentioned three reasons to support the work of the PAR Program for this population of women. They saw a need to help the women escape the endless cycle of crime that brought them before the court. They knew current justice system routines were not facilitating this help. And, they respected the rank and reputation of the sergeant who was asking for their cooperation. I expand each point below.

Judges and crown attorneys recognized the underlying issues that brought the women before the courts again and again. They had a genuine interest in seeing the women get help to break the cycle.

“I, quite frankly, think judges, for the most part, would rather not see these women before the court at all. […] you are always going in the back of your mind, ‘Is there something better we could do?’” (Interview, Dan Chisholm, Defense Counsel, 2014 August 15)

Court officials knew that performances of court routines and the outcomes they produced were focused on moving files toward a quick journey and exit from the court system via dismissal or guilty plea.

“There were conditions and if it was appropriate to withdraw that charge, plea to two or three others to keep the administration of justice rolling then I would do it.” (Interview, Frank Johnson, Assistant Crown Prosecutor, 2014 August 20)

“… the Attorney General introduced the Justice on Target program, which typically means in an intake court, which is an appearance court, you have 90 days to get your disclosure, review it and set a trial date. With a person at risk, that often is not enough time.” (Interview, Dan Chisholm, Defense Counsel, 2014 August 15)

Assigning probation conditions was intended to encourage more positive social choices, but anecdotal evidence suggested the intent of such measures were rarely fulfilled. Services were limited and the women were non-compliant.

“There is a hope that by putting somebody on probation and [telling them to] get counselling that it will take them out of the system. But the reality is, you also have to look at probation and the counselling services that are often ... I can only describe it
anecdotally, but a lot of times my clients come back and tell me they didn't get the counselling that was supposed to happen. Either there is a poor connection between probation and counselling service or there isn't enough follow-up.” (Interview, Dan Chisholm, Defense Counsel, 2014 August 15)

Other sentencing options did nothing to help the women. Assigning fines put the women back to the street to earn money. Incarceration did not help because jails did not offer rehabilitation programs.

“The first time through, you would get alternative measures because you don't have a record, but the next time you come through, we know about the first one, so you got one chance, so the second, you don't get a second chance. You then are prosecuted. Those were the rules. […] That led a lot of those women to be continually prosecuted because they got one free chance. […] So there was really nothing that was working for the women at that point. They were just another file in the criminal justice system. […] we try fines. Well of course you couldn't pay a fine without going out and working, so then you are in the jail. There are only the three alternatives. […] A sentencing judge has probation, has fines, and has jail.” (Interview, Frank Johnson, Assistant Crown Prosecutor, 2014 August 20)

Court officials also recalled a willingness to work with Sgt. Long based on her rank, their respect for her reputation inside the justice system, and the assumption she could get the job done.

“I think that to have someone who is involved in the justice system and law enforcement to be involved, I think that is good because you need to have members of that organization who have understanding and empathy and can think outside the box to try and help these people, and have credibility in the system that a social worker doesn't necessarily have because somebody might just say, ‘Oh well, bleeding heart, social worker type person, blah, blah, blah.’ Whether it is Sgt. Long or someone else similar doing that kind of work, it has this credibility. It has this meaning within this system.” (Interview, Patricia Mills, Crown Prosecutor, 2014 November 17)

“I think she garners a lot of respect. She has been around a long time. […] Also the fact that she is a Sergeant. She isn't a constable, so that speaks to her abilities. It speaks to her integrity. It speaks to her experience and so on. So, having the [sergeant] stripes also gives you a bit of an edge.” (Interview, Justice Sarah Eisendhardt, 2014 December 3)

Sgt. Long used the general support she received from actors in the justice system, and her position as trusted broker with the women, to change the patterning of justice system routines and connections between them during a sex worker’s journey through the criminal justice system.
5.3 Changing the Patterning and Outcomes of Justice System Routines

5.3.1 Brokering to change routines for a sex worker’s entry into the justice system

RCP obligations and activities related to law enforcement did not change when the PAR Program was created. Law enforcement officers continued to arrest sex workers for criminal activities as they would any other individual committing crimes such as theft or drug trafficking. Furthermore, the Community Oriented Response (COR) Unit continued to run prostitution focused operations to demonstrate their efforts to deal with the ongoing nuisance of these activities in certain neighbourhoods. Although this seems counter to the RCP’s commitment to help the women, the PAR Program was not designed to absolve the women of their responsibilities to obey the law. Ironically, the women’s ongoing interactions with the law enforcement side of the house provided Sgt. Long with opportunities to offer her assistance. Sgt. Cory Talbot, of the COR Unit explained the collaborative relationship between the helping work of the PAR Program and the law enforcement work of his unit as follows.

“Sgt. Long is the proactive, the helpful, the preventative. We work together. If she has a new girl working in town [the woman] may be reluctant to talk to her. The first thing she does is say, here is a picture. She might have snapped it off on her phone or whatever. Can you see if you can get her identified for me? My guys will be out there and within the next few days will have her identified. […] [The COR Unit is dealing with prostitution] from a quality of life issue, not the quality of life of a prostitute, the quality of life of the people affected by the prostitution going on in the street. […] The relationship between us and Sgt. Long is very intertwined. I am guessing that Barbara has to distance herself in their minds from us as much as she can because they know we are out there […] trying to pick them off […] Barbara and I have known each other a long time. […] she has such a great working relationship and is so well respected among this crew. She could walk in here and say, ‘Look, I am trying to get Sally into a program, whatever. I need this charge to go away. What do you think?’ Done. What do you need us to do? That is the relationship. One of the things you have to wrap your head around with the prostitution stuff, from our perspective, it is pretty low level criminal offense. […] It is a social issue. It is not a criminal issue. […] It is sad and tragic the situations that these ladies are coming from and we have our heads wrapped around that. We just need to deal with it as best we can to try and keep it from running away on us. But no, as far as the opposing philosophies and heads butting, no, there really is none of that stuff that goes on. There really isn’t.” (Interview, Sgt. Cory Talbot, COR Unit, 2013 November 29)

Sgt. Long took advantage of times when the women were arrested by setting up mechanisms for automatic information sharing that prompted two changes to law enforcement routines when sex workers entered the justice system. The first change related to the actions of police arrest
routines. As mentioned in Chapter 4, Sgt. Long connected with police law enforcement routines by setting up flags in the police record system so she would be automatically notified when a registered sex worker came into police or court cells. This allowed her to meet the woman, to explain the purpose of the PAR Program, and to offer to broker in the justice system and with agencies on the women’s behalf. Sgt. Long knew that women were more likely to be released on bail or have first offenses dismissed if they had a place to live and were trying to engage in more positive social choices. She offered to advocate for them inside the justice system if they followed through with the connections she provided to addiction treatment and social support services. (See Figure 3 for a visual summary and Table 7 for a text based summary of this and other changes to justice system routines and connections between them as described in this section.)

The second change in police law enforcement routines was to the hand-off between police arrest routines and court based routines. Sgt. Long repurposed this connection by creating a mechanism to change the information that flowed between police and the crown prosecutor’s office. She worked with probation officers to create a new “Memo to Crown” for police to include as part of the existing charge package they sent to the crown’s office. (See Appendix 4 for a sample Memo to Crown.) The Memo identified the woman as a person at risk and recommended general release conditions to be considered during the performance of court routines. A PAR internal report indicates the Memo became known to crown prosecutors as a standard protocol. (PAR Internal Report, 2007 April 1) If available, the Memo also provided more specific information about the woman’s history and her underlying issues. The Memo to Crown prompted prosecuting attorneys to add conditions that required the women to seek and maintain treatment for their underlying problems. (PAR Internal Report, 2005 October 20)
Figure 3
Typical Actions in Justice System Routines After the PAR Program

Brokering actions and outcomes within the justice system:
A. Flags in police record systems and ongoing connections with women alert broker so she can meet women in places other social workers cannot go.
B. Memo to Crown added to charge package to trigger prosecutors to recommend bail or release conditions that motivate women to seek help.
C. Broker uses knowledge of woman and her current situation to advocate with justice system actors; to set release conditions that motivate sex workers to seek help; to allow files to churn longer in remand court while women make progress to obtain help; to time release from detention centre with access to housing and / or rehab.
Table 7
Comparison of Routine Connections and Action Patterns in Justice System Routines for Sex Workers Before and After the PAR Program

<table>
<thead>
<tr>
<th>Repurposing existing connections between justice system routines</th>
<th>Action Patterns in Justice System Routines:</th>
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<tbody>
<tr>
<td><strong>Before the PAR Program</strong></td>
<td><strong>After the PAR Program</strong></td>
</tr>
<tr>
<td><strong>Entry to justice system</strong></td>
<td>Sgt. Long notified by RCP and CPIC database or fellow police officers when women are arrested</td>
</tr>
<tr>
<td>Sgt. Long sets up flags in police record systems</td>
<td>Police add newly created PAR Memo to Crown to charge package for known or suspected sex workers. Memo identifies woman as person at risk and suggests standard actions for the crown’s office.</td>
</tr>
<tr>
<td>Sgt. Long inserts more information into court routines by creating the PAR Memo to Crown</td>
<td>Crown prosecutors use the Memo as a standard protocol to recommend bail and release conditions to encourage women to seek help.</td>
</tr>
<tr>
<td><strong>Journey through justice system</strong></td>
<td>Sgt. Long initiates or responds to requests to broker between women and crown prosecutors and defense counsel to assess a women’s situation, what might be done to direct her toward help, and recommendations for next steps in court based routines.</td>
</tr>
<tr>
<td>Sgt. Long encourages help seeking actions by meeting with women and following their progress to obtain help.</td>
<td>Sgt. Long stays connected with women.</td>
</tr>
<tr>
<td>Sgt. Long brokers for women by speaking directly with crown prosecutors and defense counsel.</td>
<td>Crown prosecutors follow the advice they receive from Sgt. Long. They more often recommend actions the women could take to have their charges dismissed or release conditions that would direct women toward help. They slow down court routines by allowing cases to churn longer in remand court if a woman is making progress that might lead to a better outcome.</td>
</tr>
<tr>
<td><strong>Exit from justice system</strong></td>
<td>Sgt. Long stays connected with women.</td>
</tr>
<tr>
<td>Sgt. Long acts as broker to connect women with the help they need and to monitor and encourage their progress.</td>
<td>Sgt. Long connects the women with health and social services and tracks their progress while their cases are churning in court or when they are released on conditions. Sgt. Long works with justice system officials and agencies to time a woman’s release from jail to coincide with arrangements for housing and / or entry into rehab.</td>
</tr>
<tr>
<td>Police create and forward charge package with standard information.</td>
<td>Police do not interact with perpetrators on an ongoing basis.</td>
</tr>
<tr>
<td>Crown prosecutors recommend standard bail and release conditions as they would for any other case.</td>
<td>Crown prosecutors treat women like any other file. Actions of court officials are focused on processing cases as quickly as possible. Actions to resolve cases focus on guilty pleas with probation, fines and punishment; actions do not attempt to connect women with agencies to address the underlying issues behind the criminal behaviour.</td>
</tr>
<tr>
<td>Police do not interact with perpetrators on an ongoing basis.</td>
<td>Women exit court proceedings or time in jail with limited coordination of social supports to change their behaviour.</td>
</tr>
</tbody>
</table>


5.3.2 Brokering to change routines for sex worker’s journey through the court system

Most cases for minor charges had no continued involvement by police. However, Sgt. Long took advantage of her connections within the justice system to become a more active police officer collaborator in court routines, brokering through shared actions with crown prosecutors, defense counsel, and the women themselves as a woman’s case entered and progressed through the justice system. The ongoing, proactive involvement of a police officer with court officials and the accused woman represented a new pattern for court based routines. Sgt. Long used her interactions with court officials to influence routine performances using her knowledge of the justice system and specific circumstances of the woman and her charges.

As described above, case files were required to be processed through a standard series of routines in the court system. However, crown prosecutors and judges exercised a significant amount of discretion with respect to actions for a specific case in terms of setting the next date for remand court, recommending bail and probation conditions, negotiating plea deals, assigning sentences, and dismissing minor charges.

“As a judge, there is a lot of discretion and it is sort of a scale. You look at the record. […] First of all, my personal thing is, if you are here for a prostitution charge and you have 20 convictions for the same thing, I am not putting you in jail. It is going to serve no purpose and I don't think it helps anybody. It certainly doesn't help the system. Sometimes probation is harder on them than jail because they have to go to meetings, they have got to see their officers, they may have to get some counselling they don't want to do, but it is going to be part of the probation. Sometimes they breach. […] Now you have seven judges on this floor and you have seven different opinions on that because everybody has their personal opinion as to what is appropriate. But I am really a firm believer in trying to help as opposed to putting people in jail. So, prostitution people who come before me, I don't ... I can't remember the last person I have ever sentenced to any jail. […] Starting with Crowns, it depends on how much compassion you have and how much you care about people.” (Interview, Justice Sam Jablonski, 2015 January 7)

Sgt. Long used her participation in court routines to broker with crown prosecutors and defense counsel regarding the actions they should take for a specific case. When a known sex worker came before the courts, Sgt. Long called the crown’s office or defense counsel to translate her knowledge of a women’s situation into recommendations for the next steps in court proceedings. The reverse also occurred. Crown prosecutors and defense counsel called Sgt. Long to invite her recommendations and to get up-to-date information on a woman’s progress. Crown prosecutors
came to rely on Sgt. Long’s growing experience with sex workers and her knowledge and judgement of individual women, their specific needs, current situation, and the ongoing progress they were making (or not) to get help and develop a more stable lifestyle. Advice from Sgt. Long influenced the crown prosecutor’s actions to dismiss or pursue charges, to release a woman or not, and to apply certain sentencing or release conditions.

“So, we like to release people on bail, but we would liaise with Sgt. Long to say, ‘What is your information about this person. If we release her, do you have any suggestions as to bail conditions; where she might live?’ That kind of thing.” (Interview, Patricia Mills, Crown Prosecutor, 2014 November 17)

“If you wanted to be creative with sentencing, a quick phone call to Sgt. Long to find out what is going on with the woman's life, like what can we do with this to not run trials. [Running trials] was a huge use of resources. […] Sgt. Long was good because she had a sense of who could assist them and what their needs were and the plan was to get them off the street somehow and involved in a more pro social life. […] So she is a great, valuable source of information.” (Interview, Sid Jamieson, Assistant Crown Prosecutor, 2014 November 17)

“The crowns […] will call or they will email asking ‘What are your thoughts on this? Are you still working with her? Where is she at? Is she making some improvement? Is she not?’ Same thing with the lawyers. ‘You know, I have so and so up in court on Tuesday, just want to be able to explain to the judge that she is working with you, you know. Is that confirmed? You know, where are you at?’ That kind of stuff.” (Interview, Sgt. Long, 2014 July 10)

There was a recognition among experienced justice system actors that it was rare to see an overnight success. They understood the need to give a woman more than one chance when she was trying to get help.

“You have to get used to the fact that most of your initiatives are going to fail. You have to keep making the effort. […] These are people are at the very lowest rungs of the ladder. That is why it is sort of neat when this program or any other program helps people take one step up the ladder. You don't expect miracles, but when they happen, they are really wonderful. But if you see guys, women that come before you and they have helped themselves a bit, we all know what addiction is like and how tough it is. They are not stupid. They go, ‘You know I am trying.’ What more can you ask for? Sgt. Long is a proven source, by her job, by her history.” (Interview, Justice Sam Jablonski, 2015 January 7)

Actions by crown prosecutors in remand court, to set dates for the woman’s next appearance, were driven by advice from Sgt. Long regarding the progress a woman was making to stabilize
Sgt. Long worked with crown prosecutors to let a woman’s file churn through repeated visits in remand court while she helped the woman to access housing, income support or treatment programs that would demonstrate personal stability and progress that might justify a more lenient outcome.

“If you are talking about this population and the work that we do, yeah, we would ... ok, we will have a next court date just to check in. I know Justice LeBlanc has done that a couple of times, like I am going to bring you back to court in a month, just to check in, to see where we are at, what steps you have made. Justice LeBlanc and I and [Assistant Crown] Frank Johnson have talked about this. I am not chasing them around and they are like, ‘Good, we don't want you chasing them around.’ [The women] will come to me and say, ‘OK, I am ready now’ or ‘I have done this, I haven't done this’, but then it is up to them when they go back to court to say, ‘Judge, I have done this’ or ‘I haven't done anything’. We are all on the same page. We all want to see some effort made. It doesn't always happen, which we get, but when it does happen, it is a good thing. So, they will defer the court date again and again and again. Hopefully there is a positive outcome.” (Interview, Sgt. Long, 2014 September 19)

Sgt. Long’s ability to broker the actions and outcomes of court routines gave her the leverage she needed to convince women to initiate and continue to get help that would justify more lenient outcomes. However, Sgt. Long required the women to take the initiative to follow through when she opened doors to get them help.

“...you need time to make the necessary arrangements to not only put the resource in place, but to engage the client and get the client to buy in to using the resource because with no buy in from the client, you can have a wonderful court to receive them, but if there isn't a buy in, it is a waste of time. I guess that is the key part Sgt. Long plays is that she gets the buy in by building trust with the clients at the street level knowing that she is not there as a typical police officer trying to enforce the laws but more interested in the welfare of the women who are at risk and when they are ready to have open doors to get the resources to them.” (Interview, Dan Chisholm, Defense Counsel, 2014 August 15)

Sgt. Long worked with first time offenders to attend diversion programs and get the other help the women needed to have their charges dismissed. Avoiding a criminal record was important if a woman wanted to find employment. In the following vignette, Lina explains how Sgt. Long rescued her from her addictions and helped to get first-time charges dismissed.

**Helping Lina to Avoid a Criminal Record**

Lina’s history was similar to that many women selling sex on the street, one of chronic abuse and addictions that left her caught in a life she could not escape on her own. Lina described her upbringing as from a good, hardworking family. Yet, in the same breath,
she mentioned childhood abuse and having an alcoholic mother. Lina’s addiction to drugs and alcohol began when she moved with her parents from Ireland to Canada at the age of 13. She quit school at 16 and worked to support herself. Lina returned to live in Ireland, married, and had two children. She moved back to Canada with her children to escape what turned out to be a violent and abusive husband. Lina attended college to become an administrative assistant while her parents helped with the children. She entered a relationship with James, who also suffered from addictions. Lina described this period as two functioning addicts, able to work and take care of their children. Then a car accident put Lina’s addiction to pain medication out of control. Insurance money from a house fire was spent to feed their addictions. The children moved in with their grandparents. Lina and James were sleeping in a park. They were no longer functioning addicts. He couldn’t keep a job. She started panhandling. One day she “crossed the line” and was selling sex to support both their habits.

Lina was estranged from her family. She saw no escape from the cycle of sex work and addictions. In her words, ‘I was literally starving... I didn't think I was worth food.’ When police arrested Lina the first time, they gave her Sgt. Long’s card. Lina’s previous encounters with police on the street made her skeptical a police officer wanted to help. Her opinion changed when Sgt. Long took her for coffee, explained the Persons at Risk Program, and registered Lina in the database. Sgt. Long arranged for the court to drop the criminal charges if Lina completed an education program with the Salvation Army. But Lina’s need for money to feed her addiction did not change overnight. She was back on the street and arrested again before the diversion program was complete. This time Lina remained in jail overnight and was sent to bail court the next day. She was granted bail with a curfew and a restriction to stay away from the area where she was arrested. Lina recalls reaching out to Sgt. Long again. In her words, Sgt. Long moved mountains to get her the help she needed, finding her a temporary place to live in a woman’s shelter, working with a social worker at the River City Community Health Centre to get Lina a health card and, with it, access to methadone treatment. With stable housing, treatment, and social supports in place, the crown prosecutor dropped all criminal charges with an admonition that Lina would not get a second chance. Lina recalled how Sgt. Long’s help continued. Sgt. Long gathered evidence about the abuse Lina suffered from James and used this evidence to advocate with the local housing authority to expedite Lina’s entry into a secure, subsidized housing apartment. Sgt. Long connected Lina with Dr. Abby, and Dr. Abby got Lina into treatment for Hep C and liver failure.

When I met Lina, she was still living in the modest subsidized housing apartment. She described her history in a voice filled with significant anguish and embarrassment. Yet she was also filled with hope for the future. She had just finished her Hep C treatment, was volunteering at a homeless shelter, and was reunited with her daughter and grandson. My notes described Lina as a nice and now somewhat plump middle aged woman, particularly proud of a photo of her daughter and red-haired grandson. Lina described her encounter with the justice system and the Persons at Risk Program as the reason she was alive. ‘I honestly think I didn't get arrested, I got rescued. […] If Sgt. Long hadn't been there, what would have happened to me? I would be dead. Honestly, I wouldn't have had any hope. She was the first sense of hope that I got.’ (Based on my interview with Lina, former sex worker, 2013 November 27)
A greater challenge for the work of the PAR Program was breaking the cycle for women with long histories of addictions and involvement in the criminal justice system. Women who faced more serious charges or had a long criminal history were unlikely to have their current charges dismissed. Sgt. Long used her knowledge of a woman’s situation to successfully advocate with court officials to offer leniency on release conditions or guilty pleas for women if she thought it was justified.

“I can't ever remember disagreeing with Sgt. Long. In my view, she was out on the street with these people. She knew them. To me they were a name on a file and sure I could look at their criminal record, but that doesn't tell me everything I need to know. If she said, ‘Yep, give her a shot’ then I would say, ‘Well, she has had one or two shots already at the program’, but ‘Oh, well ....’ and she would give reasons. I would say, ‘Ok, that's fine’ because she was not soft in the sense that if there was a reason to give somebody a third or fourth chance, she told me what it was and it made sense to me, bingo and sometimes she would say, ‘No, she is totally fucking up. Don't give her... prosecute’. [...] It just made sense. Sgt. Long was the one that knew the people that were out there, hooking them up with the various agencies, getting them what they needed. Who was I to say, ‘No, we are going to prosecute this breach.”’ (Interview, Frank Johnson, Assistant Crown Prosecutor, 2104 August 20)

On the other hand, when women refused to help themselves or accept Sgt. Long’s repeated offers to broker assistance for them, Sgt. Long encouraged crown prosecutors to take their regular course of action for sentencing.

“I do know from past involvement with Sgt. Long that, say [a] woman has shown an unwillingness to commit or change or try, then Sgt. Long may come back to us and say, ‘You know what, I tried, but right at this moment, I can't do anything for her because she is not willing to help.’ And then you say, ‘OK’, maybe the time has come right now where we can't do anything. [...] She will tell it like it is and will hold people accountable.” (Interview, Patricia Mills, Crown Prosecutor, 2014 November 17)

For instance, when I arrived for a ride-along one day, Sgt. Long was dealing with Melanie who was being held in police cells. The next vignette provides an example of the actions that had not worked in the past and the tough recommendations Sgt. Long planned to give court officials for this case.
Time for Melanie to go to jail

“It's like this girl we have downstairs right now. She is one of mine. [...] The homeless drop in centre called for a wraparound response because they are struggling with how to deal with her. So anyways, I signed up for that and I came real close a couple of times saying, I'm stepping away from this. [...] They don't get it. So, you have a lot of mental health workers tripping over themselves every time this girl is calling crisis. They're all over it instead of just stepping back. ‘You know what, she's a big girl, just let her crash and burn.’ This last weekend, RCP had five/six involvements with her and I'm like, come on. She was at hospital five or six times. [...] So she gets arrested yesterday. I got the hit about 5:00 pm. So, I let it settle down in cells and then I phone the cells Sergeant and I go, ‘Melanie Crosby?’ ‘Oh yeah,’ I said, ‘How bad is she?’ ‘She's pretty bad.’ I said, ‘OK, what's the plan?’ He goes, ‘Oh, we're punting her out.’ I said, ‘Do you have to?’ and he goes, ‘Why?’ and I said, "Because I've had enough of this; she needs to go to court’. He goes, ‘Really?’ I go, ‘Well, can we not do it? She's already on two other shoplifting charges.’ And he says, ‘Yeah, I guess we can, but normally we punt her out.’ I go, ‘Well, that's not helping anything so unless there's a reason for you guys to punt her out, by all means punt her out. I'd like to see her go to court’. He's like, ‘Okay’. So, that's why I was downstairs in cells.

[So she is] going to court. Pissed off. I'll go over to court and talk to the Crown and say, ‘Keep her in’. Game over now. We're not doing this running around in the community picking up the pieces every time. [...] Dan Chisholm’s the lawyer and I'll say, ‘Dan, this is what we're doing and he'll go, ‘Okay.’ I know all the mental health workers will be there and they'll be like ‘Oh, well, you know, we have to support her.’ No, not any more. Done with that. Probably through mental health court, but it won't be today. She'll just be overnight arrest and hopefully held over to the Regional Detention Centre. Maybe get into mental health court tomorrow.

But she's got a terrible history. She was sexually assaulted by her father at the age of two or three, like all through her teenage years. He started feeding her vodka at three years of age, so she's an alcoholic. It's terrible, but going around and picking her up (meaning the social workers) doesn't help because we'll pick her up and sit her down for two hours and then she gets out. Then she's out. She's wandering around causing problems. Let's pick her up again. No, no, no. Done with this. Work with her when she's sober and say, ‘This stops now.’ But we'll be the bad guys again. ‘You're locking her up.’ Yeah, at least she's safe. No more running around because they're looking foolish. I'm getting texts from other agencies because we're on this BBM big group. Every time someone has involvement with her, they're all texting and I'm like, ‘Really?’ I was off for the weekend and I came back to 170 emails, 100 of them were [related to] Melanie Crosby. [...] Yeah, so this is not working. So now, we're going to do a different thing. You guys have had your chance.” (Interview, Sgt. Long, 2015 August 25)
5.3.3 Brokering to change routines for a sex worker’s exit from the justice system

Incarceration was seen by many women as a chance to get clean of their addictions. To take advantage of the time the women spent in jail, Sgt. Long convinced the Superintendent of the Regional Detention Centre to let outside professionals perform rehabilitation assessments with the women while they were in jail.

“As most of these women view a period of incarceration as an opportunity to get clean it is an ideal time to have them assessed if they want to get into treatment. The Superintendent of the Regional Detention Centre has permitted the Aids Committee of River City to conduct assessments within her facility. This was not done prior to this project.” (PAR internal report dated 2005.10.20)

Having the assessment done in jail allowed Sgt. Long to work with the women and judges, crowns, defense counsel, the detention centre superintendent, and local agencies to coordinate a woman’s entry to rehabilitation treatment with their exit from jail, thereby taking advantage of a time when motivation was still intact.

“There wasn't really too much I can do with them while they are in custody. Sometimes if they were ready, which they all are when they are in custody, they want to go into treatment and all that kind of stuff. So, is that so they can get out of jail or is it because they are truly ready? Stacey, for example, I did her assessment while she was in jail. Got her into rehab but that is when we really slowed it down to time the release date from jail as close as possible to the start date of treatment, so there are no gaps. […] We will slow it down or sometimes speed it up, but you have to have the Judge involved. You have to have the Crown, the lawyer, and the woman in agreement.” (Interview, Sgt. Long, 2014 September 29)

Stacey’s story offers an example of work by Sgt. Long to coordinate the actions of multiple organizations to break a deeply embedded cycle of addictions and criminal behaviour that included 46 times in jail. Sgt. Long arranged for temporary housing and quick entry into rehabilitation to take advantage of Stacey’s resolve to turn her life around.

Breaking the Endless Cycle for Stacey

Stacey was caught for many years in an endless cycle of addictions, sex work, and encounters with the criminal justice system. Her history was one of childhood sexual abuse leading to addictions and failed relationship with parents, partners, and children. Stacey described herself while she was on the street as ‘a walking bag of nothing’, someone both she and everyone else had given up on. Her record included 76 convictions and 46 periods of incarceration. Despite her best intentions to quit each time she got clean in jail, her resolve would disappear upon release.
Stacey recalled her very rude resistance to early attempts by Sgt. Long to connect with her. Many encounters with police had given Stacey a deep sense of mistrust for Sgt. Long’s intentions. However, she recalled Sgt. Long’s persistence, including outreach actions on the street to provide her with cigarettes and information about bad johns. It was Sgt. Long’s actions on a specific day that turned the tide on their relationship. Stacey was lying in the sidewalk one day, vomiting, yet still hoping to turn a trick to pay the $5 for her methadone treatment. Sgt. Long offered her a ride to the clinic, walked in with Stacey and paid $15 for money owing for the previous day, that day, and the next day’s dose of methadone. From that day on Stacey recalls being open to connecting with Sgt. Long over coffee. Stacey reached out for a different kind of help when she was in the Regional Detention Centre.

Hearing there was a chance her husband would lose custody of their children gave Stacey hope for reconciliation with her son and daughter. But she knew reconciliation would depend on getting clean and staying clean after her release from jail. When she saw Sgt. Long at the Detention Centre, she asked for help to get into rehab. Sgt. Long put a series of actions in play to help Stacey. She returned the next day to help Stacey complete the required assessment forms. Knowing how quickly drug dealers find addicts released from jail, Sgt. Long worked with a judge, the jail superintendent, and the rehab centre to compress the time between Stacey’s release from jail and her admission to a treatment centre. She arranged a halfway house to host Stacey over Easter weekend while she waited. Sgt. Long made Stacey call her twice a day for support and drove her to the city where the rehab centre was located. Sgt. Long arranged supportive housing where Stacey lived and received counselling for a year following her release from rehab.

When I interviewed Stacey, she showed me the many scars on her body from years of drug injections and the physical abuse of johns. She also spoke proudly of being six years clean. Her record hadn’t been perfect over those years, but she said, ‘Any day in the last six years is 100 times better than any day out there.’ (Interview, Stacey, former sex worker, 2013 November 28)

Exit stories like those of Lina and Stacey were the end goal imagined for the PAR Program. But Sgt. Long and other justice system actors also recognized the value of continued involvement with women who could not escape their addictions or involvement in sex work. Intermediate measures of success included small acts of brokering to help the women access harm reduction strategies and just maintaining connections by talking to the women on sidewalks or in jail cells so they knew someone was there when they reached out for help or were ready to make a change.

“Well coming out of the Drug Treatment Court environment, we measure success quite differently. We don’t just look at graduates. We look at harm reduction. We look at if we move people off ... if someone goes from using a harder substance to using just marijuana, or they are using only once a week as opposed to they were using daily.
Maybe from a prostitution perspective, instead of being out there every day of the week, you only see them out there once a week or once a month. I, quite frankly, think judges, for the most part, would rather not see these women before the court at all.” (Interview, Dan Chisholm, Defense Counsel, 2014 August 15)

“So many of these gals don't have any support. They have the pimp. That is not their support as such. This was finally somebody who was familiar with the scene, who was consistent in being available to them should they choose to reach out and take the hand. My own sense was that because they had somebody out there in the community who was sort of in their corner, that they might be more motivated or more strongly motivated to really try and do something with their addiction or with their family or what have you.” (Interview, Justice Sarah Eisendhardt, 2014 December 3)

A PAR Internal Report, dated 2006, summarizes the work of Sgt. Long to broker for women within the criminal justice system.

Because of PAR there is now a conduit to provide open information to the courts that may support a range of options including lenient conditions and terms or a period of incarceration. Discussions and referrals routinely take place between the PAR coordinator, defence counsel and the Crown Attorney to advocate for the right kind of help. These are often presented as a joint submission to the court.

A Memo to Crown template was developed with the assistance of Probation and Parole and is attached to each woman’s charge package. Now referred to as a “protocol” by the judiciary, it consists of a standard set of conditions geared towards rehabilitation.

Meetings were held with the judiciary to explain the project and the template. Through these meetings we discussed and identified practical solutions. By connecting the justice system with practical steps and providing consistent solutions there was significant “buy in” and support. For example, the Judges acknowledge the effort of the PAR project, routinely follow the template, and through court order, direct the women to report to PAR and instruct them to abide by conditions set by PAR. A committee formed with Probation and Parole meets regularly with the coordinator of PAR.

“Congratulations; you are performing a tremendous service to the community and especially to the women you have rescued. Congratulations, too, to your ‘girls’ and to Mary who should feel a great sense of accomplishment.” Justice Kelsey

The project has developed a coordinated effort involving the Crown Attorney’s office, defence counsel, probation and parole and the judiciary which works together in an attempt to time release dates from custody with start dates for treatment.

The Superintendent of the Elgin Middlesex Detention Centre now permits drug assessments to be conducted within the facility and has since had one of her staff trained in conducting assessments in order to assist the project. (PAR Justification Reference Material, 2006)
Table 8 provides a summary of Sgt. Long’s actions and outcomes to change justice system routines, and connections between them.

### Table 8
**Impact of Brokering Actions on Justice System Routines**

<table>
<thead>
<tr>
<th>Overview</th>
<th>The broker changed outcomes of the women’s encounters with the justice system by repurposing existing connections between police and other justice system actors and changing the patterning of existing routines and connections between routines.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions to repurpose connection</td>
<td>Meeting with justice system actors (police, probation officers, crown prosecutors, judges, and defense counsel) to invite their cooperation</td>
</tr>
</tbody>
</table>
| Actions to influence routines and connections between routines | Placing flags in police record management systems  
Adding Memo to Crown to charge file  
Providing ongoing, up-to-date, insider information about the women and their progress  
Advocating for women by making recommendations to actors who perform police, court, probation, and jail routines during a woman’s journey through the justice system |
| Changes to actions of routines | Changing the patterning of existing routines and connections between routines |
| **Routine Actions** | Crown prosecutors and judges add release conditions to promote help seeking by women; extend time between court visits while women seek help; dismiss cases more often and assign more lenient sentences; coordinate the women’s release from the detention centre with entry into housing rehabilitation programs |
| **Timing / pace** | Justice system routines timed to match the progress made by women to get help or makes changes that would allow for more lenient outcomes |
| **Place** | No change |
| **Change in routine purpose and outcomes for women** | Purpose expands from only punishment to include the purpose of motivating and rewarding help seeking by offenders  
Release conditions make women more likely to initiate and maintain actions to obtain help.  
Help seeking efforts may result in dismissal of charges or more lenient punishment. |
5.4 In Summary

Chapter 4 showed how Sgt. Long created a new connection with River City sex workers and positioned herself as a trusted and knowledgeable broker to connect the women with the help they needed to exit sex work. This chapter foregrounded how Sgt. Long repurposed existing connections between police and other justice system actors to change the patterning of justice system routines for this population of women. Sgt. Long met with fellow justice system actors to enlist their assistance to help women exit prostitution. She placed flags on the women’s names in the police database so she would know when they were arrested. She created a Memo to Crown to add information to the file that connected police routines with court routines. She engaged with justice system actors by translating up-to-date information into recommendations as a woman’s case progressed through the justice system. Police and other justice system actors now contacted Sgt. Long to broker for sex workers who entered the criminal justice system.

The involvement of Sgt. Long changed the purpose of justice system routines from meting out punishment to also include the purpose of creating incentives and rewarding women for seeking help. Crown prosecutors recommended release conditions that encouraged women to seek help and changed the pace and timing of routine actions (such as remand court appearances and jail release) to match the women’s progress in making more pro social choices. Justice system officials had a broker they trusted to keep the women on track with the opportunities the courts provided. The women had a broker they trusted to advocate for them inside the justice system and connect them with the help they needed. In Chapter 6, I show how Sgt. Long created new, boundary-spanning connections with actors in health and social service agencies to build an ecology of routines to provide that help.
Chapter 6

6 Creating New Connections with Health and Social Service Agencies

This chapter examines how Sgt. Long used her social position as a police sergeant to create new connections with local health and social service agencies to broker access to services for sex workers. Sgt. Long connected with agencies in three ways, each with an increasing repertoire of brokering actions and influence over the actions of targets as they performed routines. First, Sgt. Long created informal understandings with agencies and brokered from the position of organizational outsider by sharing information and asking agency actors to perform their existing routines more flexibly. When asked by Sgt. Long, agency actors found ways to relax their application criteria or to speed up the processing of a woman’s application for service or entry into care.

Second, Sgt. Long created a formal connection between River City Police (RCP) and Regional Mental Health (RMH). This allowed Sgt. Long to broker by sharing information and engaging in shared actions, as a collaborator in routine performances, to change the patterning of existing Concurrent Disorders Program (CDP) routines. Psychiatrists changed the timing and location of existing routines to conduct rapid-response, off-site assessments for sex workers in jail cells while escorted by Sgt. Long. Third, a new, formal connection between RCP and the River City Community Health Centre (RCCHC) allowed Sgt. Long and Dr. Abby to engage in information sharing and shared actions, as collaborators, to create new health care outreach routines. Dr. Abby joined Sgt. Long on Tuesdays to diagnose and treat women wherever they could find them – in jail cells, hotel rooms, and crack houses. To provide ongoing care for the women, Dr. Abby established a new practice at RCCHC in the core area frequented by the women and just down the street from police headquarters.
6.1 Creating Informal Connections with Health and Social Service Agencies

6.1.1 Routine performances before the PAR Program

Sgt. Long identified a gap between the women’s needs and the services provided by local agencies. For one, agency intake routines did not provide quick turnaround when the women reached out for help.

“If you were a family member trying to get someone into addiction services it would take three to four weeks. We needed to get them in there, if they agreed, within 24 hours.” (Interview, Chief Frank Mitchell, 2012 November 20)

“She went in and challenged a lot of the social agencies by saying, ‘This is not working what you are doing. You are Monday to Friday, 8:30-4:30. That is no good. When a woman crashes (they call it crashing when they hit the wall), [they say] I’m done, pick me up and shove me into a room somewhere and look after me.’ Get off of the drugs, get off of the street and the meth and all the rest of it. Sgt. Long said, ‘8:30-4:30 Monday to Friday is no good.’ All that changed.” (Interview, DC Mike Terry, 2013 November 9)

Furthermore, agency intake criteria were often too rigid to deal with a woman’s history or current circumstances.

“Just take for example Ontario Works. It is social assistance. It is a horrible system. But when we think about the women, they were not on Ontario Works because they screwed up at some point in time with their case worker and didn't think they could get it again.” (Rachel Jansen, Executive Director, River City Homeless Program, Interview, 2013 December 23)

“If they have been in housing before and there has been damage done and then they leave and they screw off and now the damage is owed. That kind of stuff.” (Interview, Sgt. Long, 2014 July 10)

6.1.2 Creating informal connections with local agencies

PAR internal reports show Sgt. Long creating informal connections with local health and social service agencies in the first month of her work. She met with agency leaders to introduce her new position and to explain why their intake routines were not meeting the needs of sex workers.

“The addiction agencies in the city when Sgt. Long would bring someone in they wouldn’t know what would hit them. They wouldn’t know how to deal with them. […] There’s nothing wrong with that. We have to get over this. They weren’t set up to deal with this. But we need to set up something to deal with this. Don’t worry about the fact
that you can’t deal with it. We would like to know how you can expand to deal with this population. Sgt. Long would tell me that they were asking her girls to sit down and have tea. Of course, the women would turn to Sgt. Long and say, ‘You’ve got to be kidding me.’” (Interview, Supt. Peter Inwood, 2012 November 14)

Internal progress reports show that six connections in June of 2005 grew to over 40 connections. (See Table 9 for timeline of initial meetings with agencies.)

Table 9
List of Agencies with Connections to the PAR Program, and Timing of Creating those Connections
(Source: PAR Internal Reports)

<table>
<thead>
<tr>
<th>Date of Internal PAR Report</th>
<th># Agencies or Programs</th>
<th>Organization Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New (Cumulative)</td>
<td></td>
</tr>
<tr>
<td>2005.05.30</td>
<td>6 (6)</td>
<td>Addiction Services Committee, Addiction Services of River Valley, East River City Women's Mental Health Resources, My Sisters Place, Ontario Works, Regional Mental Health</td>
</tr>
<tr>
<td>2005.06.30</td>
<td>6 (12)</td>
<td>Aids Committee of River City, Heartspace, Methadone clinic (Dr. J), River City Abused Women's Centre, River City Community Health Centre (RCCHC), Women's Community House</td>
</tr>
<tr>
<td>2005.10.20</td>
<td>1 (13)</td>
<td>House of Sophysene</td>
</tr>
<tr>
<td>2005.12.01</td>
<td>3 (16)</td>
<td>Centre for Addiction and Mental Health, SOLE Project, Unity Project</td>
</tr>
<tr>
<td>2006.03.09</td>
<td>5 (21)</td>
<td>Children’s Aid Society, River City Housing, River City Health Sciences Centre - PTSD program, TRI-POD project, Rotholme Withdrawal Management Centre</td>
</tr>
<tr>
<td>2006.05.01</td>
<td>14 (35)</td>
<td>Counterpoint, John Gordon Home, Infectious Disease Care Program, Legal Aid Ontario, Mental Health Crisis Services, Nokee Kwe, Optimism Place, Pivotal Services of River City, Portage, River City Clerk's Office, St. Leonard's Society, Salvation Army Centre of Hope, Sexual Assault Centre of River City, Westover</td>
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<tr>
<td>2009.03.31</td>
<td>2 (37)</td>
<td>River City Homeless Program, Family Service of River Valley</td>
</tr>
<tr>
<td>2009.12.31</td>
<td>8 (45)</td>
<td>Alcontrol, John Howard Society, Madam Louise Arbour, Renascent Treatment Centre, River City Health Unit, Streetscape, Victim Witness Assistance Program, WOTCH</td>
</tr>
<tr>
<td>2011.05.05</td>
<td>1 (46)</td>
<td>Erotic Canada</td>
</tr>
<tr>
<td>2011.08.30</td>
<td>3 (49)</td>
<td>Craigwood, Oxford Recovery Clinic, Options Clinic</td>
</tr>
</tbody>
</table>
Sgt. Long connected with agencies that provided government identification, income support, subsidized housing, and addiction and mental health care services. Informal agreements with these agencies allowed Sgt. Long to expedite the women’s access to needed services because agencies modified the actions of their intake routines.

“Favourable comments have been received from agencies pleased with the coordination with PAR and the increased communication between agencies. Coordinator met with River City Housing representatives to explain project and to discuss what can be done to lessen 'wait' times.” (PAR Internal Report, 2006 March 9)

6.1.3 Broker as outsider influencing flexible performances of agency routines

Sgt. Long brokered with agency actors to lessen wait times when she had a woman ready to accept their help. Helen Marchant, Executive Director of RCCHC, remembered Sgt. Long challenging RCCHC to provide faster access to basic health care programs.

“The other thing I recall is she really held us to account as an agency and saying, ‘So what are you guys going to do different because when I bring a woman in, I don't want to be waiting. They are not waiting. If I have them ready to do a change, I need them ... we need to be able to capitalize on that right away.’ That was the same message she was giving to addiction services and mental health. ‘Yeah, yeah, yeah, your waitlists, I am not interested. I have got a woman who is ready to make a different choice right now and you are going to help me make her make a different choice right now.’” (Interview, Helen Marchant, ED of RCCHC, 2014 November 18)

In response to the brokering actions of Sgt. Long, agency leaders encouraged front line workers to use their experience and discretion to speed up intake routines for sex workers.

“My job becomes a bit of a gate keeping, gate opener and making the relationship between PAR and the Ontario Works [income support program] manager that is responsible for looking at, what we define as the 151s. Today, if there is a problem with a woman who doesn't have income, Sgt. Long not only has a direct contact to the Ontario Works manager, she gets a response that she needs immediately. […] That means that we can get now, typically, a same day response. […] One person, a case worker can make a hell of a difference to somebody's life just by the kindness and helpfulness of saying, ‘I know how to work this policy. Let's get you what you need.’” (Rachel Jansen, Executive Director, River City Homeless Program, Interview, 2013 December 23)

In an internal PAR report, dated October 20, 2005, Sgt. Long noted that, “Specific treatment facilities are aware of the project and acknowledge this 'at risk' population by expediting their admittance whenever possible.” Flexible performances of routines to expedite access to services
required agencies to overlook standard intake criteria. For example, River City housing officials provided a subsidized apartment for a woman despite a history of causing damage when she and her former husband had used this service. Rehabilitation centres bypassed rules for a medical referral by allowing Sgt. Long to refer women for care who did not have a doctor.

“I would phone the rehab and they know me and they will say, "Here's the deal. She doesn't have a doctor. Are there any medical issues we need to be aware of?" I say, "No. She is not on any medication and she doesn't suffer from seizures or anything.” So, they would kind of turn a blind eye [to the fact they need a medical referral].” (Interview, Sgt. Long, date, 2014 July 10)

6.1.4 Ability to coordinate the routines of multiple agencies

Connections with individual agencies and their commitment to perform their routines more flexibly provided opportunities for Sgt. Long to broker with agencies to get help for the women. However, getting women the complex mix of services they needed was also a result of Sgt. Long’s growing ability to coordinate the actions of multiple agencies to meet the specific needs of a specific woman on a specific day. The following quote captures Chief Barry and Sgt. Long discussing Sgt. Long’s broker agency.

CHIEF BARRY: “The model is siloed, there is no model really, each has their expertise, but there is no model to wrap around the people who fall outside of mainstream society. You need a Sgt. Long who can march individuals through the system. SGT. LONG: It’s not rocket science. It’s no brainer work, but it is a lot of work and that’s where I think some places fall back, because it is a lot of work. There was a problem with a case, “We can’t take part in this because it’s a lot of work.” I couldn’t believe they said this.”

(Interview exchange between Chief Don Barry and Sgt. Long, 2012 July 24)

Sgt. Long acted as broker by helping the women to complete the required paperwork to access services.

“I find now, in the last couple of years, that rules are getting much stricter getting into rehab and I am not sure what has happened or maybe it is this government mandates, tightening down. I don't know, but when they send the forms now ... it is like, Sgt. Long here is our new updated forms and I am like, ‘What? Come on.’ There is a psychiatry, mental health component. It is like, ‘Wow’. You have to sit down with these women and say, ‘I know this is going to be tough, but we have to work through this.’ I am like, ‘Do you need a break? I need a break.’” (Interview, Sgt. Long, 2014 July 10)
Brokering actions included driving the women to first appointments or rehabilitation programs to ensure they showed up for the care she had arranged. Supt. Inwood remembers turning a blind eye when the location of the rehabilitation centre required an out-of-town trip.

“I would look the other way when she would drive them to Toronto for treatment. I would have to look the other way… That’s how you do the work.” (Interview, Supt. Peter Inwood, 2012.11.14)

But even expedited referrals took time to arrange. Opportunities to get the women into treatment programs were often the very brief hours when a woman was in police headquarters or court jail cells facing the implications of their addictions and illegal actions. Two opportunities for more reliable and immediate access to ongoing treatment emerged in 2011.

### 6.2 Creating a Formal Connection with Regional Mental Health

In 2011, RCP signed a formal agreement with RMH to provide rapid access to mental health and addiction treatment for women identified as persons at risk. In many cases, Sgt. Long brokered the women’s access to care by taking them for an expedited assessment at the RMH CDP clinic. A critical improvement over flexible performances to expedite care at an agency’s location, was the willingness of CDP psychiatrists to change the patterning of their routines by leaving their clinic to perform rapid-response, on-the-spot assessments when sex workers came to court cells. This required joint action with Sgt. Long because she had physical access to court cells that psychiatrists could not access on their own, knew when the women would be there, and could provide the necessary escort for CDP care providers to meet with the women. PAR internal reports show the first assessment occurred in December of 2011. Eleven women received CDP assessments during 2012.

#### 6.2.1 Creating a formal connection between RCP and RMH

In 2011, Dr. Gregory was lead psychiatrist for the RMH Concurrent Disorders Program (CDP). The CDP provided ongoing, intensive case management for “quadrant four” patients who suffered from both severe mental health and severe addiction problems. Dr. Gregory also worked part-time in a local methadone clinic. Having a foot in both camps, he understood the need to treat the underlying issues that drove women to sell sex. Dr. Gregory was aware of the PAR Program and Sgt. Long from sex workers he treated in the methadone clinic. He mentioned his
interest in the PAR Program to Supt. Inwood who in turn mentioned it to the sergeant. Sgt. Long recalls jumping at the offer to get faster access to CDP assessments and care for the women. She arranged a meeting with Dr. Gregory to discuss how they could work together.

“Supt. Peter Inwood and Dr. Gregory had spoken [...] about this program. Peter and I were talking about something one day and he said, ‘Do you know Dr. Gregory?’ and I said, ‘No’. He said, ‘Well, he showed some interest in this. You might want to think about connecting with him.’ I am running out of the office, back down to here, picking up the phone and he was, ‘Yeah, I would love to meet’.” (Interview, Sgt. Long, 2015 March 4)

A formal agreement for a pilot project was approved by the head of psychiatry at RMH and the Deputy Chief of Operations for River City Police. The proposal for the joint CDP / PAR Pilot Project described actions that included faster assessments and ongoing treatment.

“Following an exploratory meeting between Dr. Gregory (CDP Clinician Lead) and Sgt. Long (PAR Coordinator) on December 5, 2011, the idea of a pilot project to provide rapid psychiatric and addiction consultation was triggered. Goals of the Project: 1. To provide a rapid outreach service to assess the mental health and addiction treatment needs of persons at risk as identified by Sgt. Long; 2. To work closely with River City Community Health Centre in a collaborative care model; 3. To follow-up (where feasible) patients identified with severe and persistent mental illness (SMI) as per the mandate of the RMH Concurrent Disorders Program; 4. To facilitate access to addiction treatment services - either residential or ambulatory.” (Concurrent Disorders Program, internal document, RMH PAR Project Framework, June 30, 2011)

Actions to create a formal connection with RMH, as captured by PAR Internal Reports, are shown in Table 10.

6.2.2 Broker as collaborator influencing change in the patterning of routines

Sgt. Long discussed changes to CDP routines with Dr. Gregory, then put these plans into action by participating in CDP initial assessment and, sometimes, in the ongoing care routines for the sex workers she referred. A typical performance of CDP routines for other patients included the following pattern of actions. A primary care physician or specialist sent a referral to the CDP. The CDP nurse arranged for an initial assessment a few months later at the Regional Mental Health facility. A CDP nurse used the first two hours of an initial assessment to collect information on the patient’s mental health, addiction, and personal history. A psychiatrist joined the assessment to speak with patients during the third hour. When a patient did not fit a quadrant
### Table 10

**Actions to Create a Formal Connection with Regional Mental Health and to Change the Patterning of CDP Assessment Routines**

(Source: PAR Internal Reports)

<table>
<thead>
<tr>
<th>Year</th>
<th>Actions (Date of PAR Internal Report)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>Meetings with psychiatrists at RMH (June 30, 2005)</td>
</tr>
<tr>
<td>2006</td>
<td>1 woman committed to care indefinitely (March 9, 2006)</td>
</tr>
<tr>
<td>2011</td>
<td>Following an exploratory meeting between Dr. Gregory (CDP Clinician Lead) and Sgt Long (Sgt. Long) on December 5, 2011, the idea of a pilot project to provide rapid psychiatric and addiction consultation was triggered. 1st Consultation – December 19, 2011 (Court Cells) (PAR RMH CDP Project Outline, undated)</td>
</tr>
</tbody>
</table>
| 2012 | Meetings with Dr. GM & head psychiatrist of RMH, 27 hours spend on pilot project with RMH CDP (February 8, 2012)  
Meeting with Sgt. Long, RCP Deputy Chief of Operations and senior administration of RMH, 48 hours spend on pilot project with RMH CDP (May 2, 2012)  
68 hours spent to date on pilot project with RMH CDP (June 28, 2012)  
1 person at risk committed to CDP; 69 hours spent to date on pilot project with RMH CDP (August 30, 2012)  
In 2012 the Persons at Risk program entered a pilot program with Regional Mental Health Centre providing immediate access to mental health assessments by one of two psychiatrists trained in Concurrent Disorders. 11 individuals were referred to RMH in 2012. (PAR 2012 year-end report, February 6, 2012) |
| 2013 | Continued pilot with Concurrent Disorders Program / Regional Mental Health (February 4, 2013)  
Ongoing pilot with Concurrent Disorders Program / Regional Mental Health (March 11, 2013)  
Meeting with Sgt. Long, RCP Deputy Chief of Operations and Psychiatrists of RMH CDP (August 29, 2013)  
Ongoing pilot with Concurrent Disorders Program/Regional Mental Health (3 PAR assessed for ongoing MH treatment) (November month-end report, dated December 3, 2013)  
Pilot program with Regional Mental Health Centre has resulted in 9 women accepted into Concurrent Disorder Program. (December 31, 2013) |
| 2014 | Ongoing pilot with Concurrent Disorders Program/Regional Mental Health (1 assessment completed) (January month end report, February 4, 2014) |

The psychiatrist returned the patient to their referring doctor with recommendations for ongoing care. A CDP psychiatrist continued to supervise the care of quadrant four patients with the help of a program nurse who managed the patient’s day-to-day
care. Given the persistent nature of the mental health problems of these patients, cure was not a realistic goal. The goal was to keep patients out of the hospital, to support them living in the community, and to engage them in harm reduction strategies.

“Success is staying out of hospital, reducing substance use, so a harm reduction model and getting better control of their psychiatric symptoms. [...] What we do is try to control symptoms rather than expect to cure.” (Interview, Dr. Gregory, 2014 July 22)

The actions of CDP assessment and ongoing care routines were changed in three significant ways for sex workers referred by Sgt. Long. (See Table 11 for a comparison of the actions of CDP initial assessment and patient care routines for the general population versus persons at risk.) First, recognizing these women rarely had a primary care physician, the psychiatrists changed the intake process by eliminating the need for a referring doctor. Sgt. Long called or emailed a referral directly to Dr. Gregory or his colleague Dr. Kumar. Second, psychiatrists performed a shortened initial assessment at times and locations that matched the woman’s situation. This could be the same day in court cells or within a few days at the RMH facility.

“They are given a priority. [...] There is this hurry to see if we can jump on the opportunity of helping them exit the lifestyle. They get rapid access to a psychiatrist and all that entails. Possibly the correct medication, access to the team, access to an experienced / excellent social worker.” (Interview, Dr. Gregory, 2014 July 22)

In late 2013, a new social worker joined the CDP and was more available than the psychiatrists to do rapid-response, off-site assessments. This made same day assessments for sex workers more likely. The final change related to ongoing treatment. In the absence of a referring doctor, CDP psychiatrists continued to follow the women for treatment, even if the women were not true quadrant four patients.

“Dr. Gregory and Dr. Kumar had, on occasion, gone to the cells themselves, but their availability is so limited to be able to just get up and go that it was felt that if I do the first piece of the assessment and see whether they might need a psychiatric assessment then I would make that link. [...] The way it works is important. Because these women are often so disconnected, their only point of contact would be with police and so that is an important piece. I think that if the PAR Program didn't exist, we wouldn't be tapping into these women in the same way. This group is so disconnected. The only people they are seeing that are not involved in the trade itself, either by customer or colleague, are the police. [...] I get the phone call and say, ‘I will meet you there.’ [I am] able to have face to face contact that is not police, but supported by the police. [...] When Sgt. Long asks is this something you would be interested in and [the women] consider it, I get to liaise.
think I don't see it happening any other way really.” (Interview, Social Worker Lauren Smith, 2014 July 22)

Sgt. Long’s role as trusted broker between sex workers and CDP psychiatrists started with but did not necessarily end after the initial referral and assessment. Sgt. Long played the role of broker by triggering the assessment and providing information to the care team about the women’s symptoms or behaviour as input to the initial CDP assessment and plan for ongoing care. She physically delivered women to the CDP clinic and escorted CDP workers to court cells they could not access on their own. Sgt. Long also remained an essential contact for the ongoing CDP care team and their care routines by brokering information and ongoing connections between the women and the care team. She shared updates with the care team about the women’s condition or activities. She re-established a connection between the care team and the women if the women missed appointments. The CDP team shared information with Sgt. Long about the women’s progress or concerns that might trigger Sgt. Long to check on a woman’s welfare.

“Sgt. Long remains as part of the team. I have regular contact with Sgt. Long regarding many of the women that I have met, that I continue to support. She is part of the sharing of the information. Because the reality is, these women continue to have multiple involvements with police, so for her to be kept up to speed on where things are at, where they are at, what we are doing, how they are doing, if they are following through, whatever. If they want to have contact with her again, feeling the need to touch base with her ... so when we have had people here as an in-patient, one of the women was an in-patient, Sgt. Long came in and was part of the team meeting because she continues to be, you know ... if they are still out on the street, and she continues to be part [...] of the treatment team.” (Interview, Social Worker Lauren Smith, 2014 July 22)

“I will get referral from her about patients or she will see somebody and question them about something wrong and give me a heads-up that something is different with them. She may ask whether I can see somebody more frequently or whether I am going to be seeing them soon and if she has some concerns about something that is happening with them. [...] The other thing we have is because we have that release of information, when we have a case that we have seen and that person goes missing or there is a question about what is happening. They are not showing up for appointments, we can then contact Sgt. Long and say, ‘Have you heard anything? Is something going on?’ If we have a concern about that individual, we can then contact Sgt. Long and say, ‘Can you help us with management around this risky period?’ There was one ... one of our cases recently was having intense homicidal thoughts about her family and vanished from the hospital, so at that point it was a ‘Sgt. Long can you help us with this?’ because: 1. We need people to be looking for her. And 2. We need to track down people she would target. So, Lauren and Sgt. Long were driving around finding these people.” (Interview, Dr. Kumar, 2014 August 12)
### Table 11
Comparison of Actors and Actions in CDP Routines for the General Population vs. Persons at Risk

#### 11a. INITIAL ASSESSMENT

<table>
<thead>
<tr>
<th>Routine characteristics</th>
<th>General Population</th>
<th>Persons at Risk</th>
</tr>
</thead>
</table>
| Actors and their actions | Referral must be performed by physician  
  Assessment interview of patient performed by nurse then psychiatrist  
  Assessment interview is typically 2-3 hours | Referral may be performed by Sgt. Long  
  Assessment interview of patient performed by social worker, with or without psychiatrist  
  Assessment interview no more than one hour  
  Sgt. Long escorts CDP personnel to court cells and may drive women to appointments at RMH  
  With permission of patient Sgt. Long may participate in the assessment |
| Location | RMH CDP Clinic | RMH CDP Clinic or jail cells or other location at request of patient |
| Timing | A few weeks after referral | Sometimes the same day (if court cells); within a week after referral if at RMH |

#### 11b. ONGOING CARE

<table>
<thead>
<tr>
<th>Routine characteristics</th>
<th>General Population</th>
<th>Persons at Risk</th>
</tr>
</thead>
</table>
| Actors and their actions | Patient returned to referring physician if not Q4  
  For Q4 patients, CDP care team develops and performs individualized plan for ongoing care by team members at RMH  
  Care is supervised by psychiatrist but delivered by nurses | Patients without referring doctor receive care even if they are not Q4  
  Care planning is the same  
  Social worker may substitute for nurse in ongoing care; Sgt. Long remains part of the care team through two way sharing of information about the women and their progress; Sgt. Long may be asked to reconnect care team with women who are no shows for appointments |
| Location | RMH CDP Clinic | RMH CDP Clinic |
| Timing | Ongoing unless patient leaves | Ongoing unless patient leaves |
6.2.3 In summary
A formal connection between RCP and RMH allowed Sgt. Long to change the patterning of CDP routines. As was the case for other agency routines, Sgt. Long brokered by sharing information about the women and asking CDP psychiatrists to expedite access to their services. In this case, however, Sgt. Long also became a valued collaborator with psychiatrists in CDP intake assessment and ongoing care routines. Dr. Gregory recognized the influence of these shared actions by saying, “It starts with Sgt. Long and ends with Sgt. Long.” (Interview, Dr. Gregory, 2014 July 22)

Getting fast and reliable access to mental health and addiction care was a significant milestone for the PAR Program. However, it stopped short of providing a consistent and trusted point of access to the full breadth of health care services these women needed. The chance to fill this gap came when a local family doctor called Sgt. Long to offer her assistance.

6.3 Creating a Formal Connection with the River City Community Health Centre
The final and most closely integrated connection with a local agency was the creation of a formal agreement between RCP and the River City Community Health Centre (RCCHC). This allowed Sgt. Long and Dr. Abby to become collaborators in the creation of new primary care outreach routines. Dr. Abby changed the patterning of her old family practice routines by establishing a new clinic-based practice at RCCHC that focused on sex workers. By 2014, interactions between Dr. Abby and sex workers, brokered through the actions of joint outreach, prompted 90 sex workers to form an ongoing connection with Dr. Abby in her RCCHC clinical practice. Six years after the start of the PAR Program, a trusted and readily available connection between sex workers and stable medical care had been created.

6.3.1 Creating a formal connection between RCP and RCCHC
In March 2011, after 30 years in a traditional family practice, Dr. Abby was looking for work with more social engagement. She knew about the work of the PAR Program from a patient who was also a registered person at risk. Dr. Abby called Sgt. Long to offer her assistance to the Program. Sgt. Long invited Dr. Abby to meet at police headquarters to discuss working together.
“[Dr. Abby] contacted me. She still had her private practice. One of the girls was her patient and she had heard about me through this woman. […] Dr. Abby phoned me and explained who she was and said that she had been hearing about my work and just wondered if we could have meeting. I said, "Ok, sure." So, she came into my shitty little office downstairs. […] Anyway, she walks in and I have got three heaters on the go because it was like January. I'm like, yeah, I know, welcome to the RCP. Anyway, she lays out her history and I've been thinking about giving that up and I am just interested in the work that you do. Do you think you have any need for a doctor? I am like, ‘Yay! Yes! Yes!’” (Interview, Sgt. Long, 2014 July 10)

In separate interviews, Sgt. Long and Dr. Abby expressed to me how quickly they fell into planning how they would perform joint outreach routines to provide sex workers with primary care services. They agreed that the best way to do this was for Sgt. Long to broker interactions between sex workers and Dr. Abby during Sgt. Long’s established daily outreach activities.

“‘We talked about the health problems and sort of bounced around how it could work. I said the biggest thing is to go where the women are at and try to do on-the-spot healthcare there. I know it is not ideal, but at least get them to get to know you and know where can we take them from there. She is making notes and she is just loving it. So, I am loving it too.”’ (Interview, Sgt. Long, 2014 July 10)

“The nature of the conversation was indeed her women were really sick and often felt they weren't treated well in the medical system and didn't trust the medical system. So, they waited until they were very ill to seek care. We talked about if there was a way for me to piggyback onto her program and gain some trust and get a relationship. That way I could be a primary care provider where they could be ... they could know that they could come in without any judgement. They could know that whatever it is that they had to tackle that I was there to help if they wanted that. And, also, hoping to really treat their medical problems before they got too profoundly ill and into the emergency department.” (Interview, Dr. Abby, 2014 July 9)

Sgt. Long used her previous connection with RCCHC to introduce Dr. Abby to RCCHC Executive Director Helen Marchant. Marchant leapt at the chance to provide sex workers with health services at RCCHC in collaboration with the PAR Program. She hired Dr. Abby to establish a practice focused on the needs of sex workers.

“‘… feedback from [Sgt. Long] saying that some women were not comfortable coming here […] that our process for getting them into primary care created some barriers for women because […] if they want to see a nurse practitioner or the physician they have to be rostered to us, which means they have to go through this in-take process. We get their back information. We are making sure they are not double doctoring. […]’ Sgt. Long was like, ‘Yes, and I have these women and sometimes nursing is enough and some of the
times it is not. But sometimes, I know they need care and they are just so disconnected from the healthcare system because they have been so badly abused by it. Even though I know you guys are great, I can't get them here. We need a different way.’ We are like, ‘OK, well what might that look like?’ […] She started talking to us about … ‘I know this physician who is looking to make some changes. Any chance you guys…?’ She had the physician. She had connected with Dr. Abby.” (Interview, RCCHC Exec. Dir. Helen Marchant, 2014 November 18)

Just three months later, in June of 2011, Dr. Abby signed a contract for a half-time position at RCCHC to provide clinic-based services to sex workers. A formal connection was established when RCP and RCCHC signed a Memorandum of Understanding (MOU) to allow Dr. Abby to work with Sgt. Long once per week during daily outreach. The timing of these events and the number of shared outreach shifts by Sgt. Long and Dr. Abby, as captured by PAR Internal Reports, are shown in Table 12. The MOU described the working relationship as follows.

“In recognition of the necessity for the attendance of a health professional to certain calls for service by the River City Police Service Persons at Risk Unit, River City Community Health Centre has offered to provide service as a resource to the Persons at Risk Unit. THEREFORE, THE PARTIES AGREE AS FOLLOWS: 1.0 River City Community Health Centre agrees to make appropriate Health Centre Staff available by telephone or other electronic methods for consultation when contacted by a member of the Persons at Risk Unit and, if requested, to attend the scene. 1.01 If required, the Persons at Risk Unit will arrange for transportation for Health Centre Staff to attend the scene.” (Internal Document, Signed by: River City Police Service and River City Community Health Centre, 2011 September 2)

### Table 12

**Actions to Create a Formal Connection with the River City Community Health Centre and to Create New Primary Care Outreach Routines with Dr. Abby**  
(Source: PAR Internal Reports)

<table>
<thead>
<tr>
<th>Year</th>
<th>Actions (Date of PAR Internal Report)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>Sgt. Long meets with executive director of RCCHC (June 2005)</td>
</tr>
<tr>
<td>2006</td>
<td>Sgt. Long notes that referrals are made to RCCHC outreach workers and vice versa (March 9, 2006)</td>
</tr>
</tbody>
</table>
| 2011 | 11 shifts with Dr. Abby (August 30, 2011)<sup>†</sup>  
Official copy of MOU signed between RCP and RCCHC for joint outreach with Dr. Abby & Sgt. Long (MOU, September 29, 2011) |
| 2012 | 48 shifts with Dr. Abby (August 30, 2012) |
| 2013 | 78 shifts with Dr. Abby (August 28, 2013); 84 shifts with Dr. Abby (December 3, 2013) |
| 2014 | 96 shifts with Dr. Abby (as of May 1, 2014) |

Cumulative shifts
6.3.2 Broker as collaborator influencing the creation of new joint outreach routines

Sgt. Long engaged in brokering to create new outreach routines by getting in the car with Dr. Abby and driving around to engage with sex workers to see what worked.

“[the RCCHC clinic manager was] like, you know, ‘How are we going to do this?’ I go, ‘We are just going to fly by the seats of our pants and we are just going to jump in. Hit the ground running and what works, works. And what doesn't work, doesn't work. And it is going to be fine.’ She is like, ‘Well, I know, but I just need to ...’ ‘No, No, No. We just have to pick a day. We are going to start. We are going to do these hours and we are just going to go from there.’ Yeah, they wanted, you know, how are we going to do this and, you know, let's have it all documented. Yeah, that is your business. We are just going to go do this. Just see how it works.” (Interview, Sgt. Long, 2014 July 10)

What started as a two-hour ride-along every Tuesday from 1 – 3 p.m. quickly expanded to a four-hour shift of 11 a.m. – 3 p.m. to accommodate the volume of work.

Despite her 30 years of clinical practice, Dr. Abby was at first overwhelmed by what she saw and the nature of the problems she encountered. She recalled being very quiet on the first two shifts, hesitating to act and unable to immediately adapt the actions of a traditional family practice to the new situation. On the other hand, after twenty-five years of policing and six years running the PAR Program, Sgt. Long had experience that made her predisposed to taking on-the-spot actions. She found herself nudging Dr. Abby to initiate medical care when they were out together. Two early examples were recalled by Sgt. Long. The first was a house call for an infection that occurred in a local hotel room.

Making a house call at the shit box hotel (As told to me by Sgt. Long)

“I remember one of the first ones we went out to ... it wasn't the American Hotel, it was the other shit box one, right at the corner of Main and Centre. It has the cougar room and the honeymoon suite. So, we are driving there and I said, ‘OK, one of the girls has called and she has an infection in her mouth and she doesn't want to go to the hospital so let's just go and have a look.’ So, she is right in the corner and I am sure it was the cougar room. Anyway, you walk in and your skin is crawling and she is like, ‘Come on in. Have a seat.’ I'm like, ‘No, we're good.’ Dr. Abby is so funny because she is just doctor through and through. You could just see her ... [ACTIÓN BY SGT. LONG LIKE PULLING BACK IN DISGUST]. It is just funny. The big heart shaped bath tub, right in the living room with shag carpet. You've got fits and needles and stuff everywhere. The lighting is terrible and you can see that her mouth is out to here. So, we are chit chatting. ‘This is Dr. Abby.’ ‘Very nice to meet you.’ I am like, ‘Dr. Abby, do you want to look?’ ‘Oh, yeah.’” (Interview, Sgt. Long, 2014 July 10)
In the second incident, Sgt. Long worked with Dr. Abby to assess a patient in a local crack house and to sign papers to commit the woman to the psychiatric unit.

*Don’t let her die on my couch (As told to me by Sgt. Long)*

“So, a girl phones me and says, ‘Lenore is here. She is dying. She is going to die on this couch. I don't want her dying in my apartment. Can you come and get her?’ I am like, ‘Ah, OK. Give me the address.’ [...] So Dr. Abby and I walk in, and this place is bad, like it is really bad and I said to Dr. Abby, ‘You do your thing. I am just going to watch your back because I don't know who else is in here.’ So, Connie opens the door. There is one other woman in there and Lenore is on the couch. [...] So Dr. Abby is doing her thing and I am talking to Stella and Stella is like, ‘Get her out of here.’ ‘Stella, like, yes, we are going to get her out of here, but thank you for calling.’ ‘I didn't know who to call. I didn't want an ambulance. I didn't want cops.’ No cops. (SGT. LONG SAYS IRONICALLY.) Anyways, I go [to Lenore], ‘Hey, what the hell is this all about? Come on. Let's get up and go.’ And she goes, ‘No, I am good, I am good’. Stella has been telling me she hasn't bathed in a week. She hasn't gone to the bathroom. She is not eating and she looked like death to me. Dr. Abby is like, ‘Well, you know. Why don't you come to the clinic tomorrow and ...’ [...] I am listening to how Lenore is responding and she is OK, but she is not with it. So, I [said to Dr. Abby], ‘Can I talk to you for a minute in the hall?’ [...] We get out into the hallway and I go, ‘What are you doing?’ She goes, ‘Well, yeah, she is really sick.’ I go, ‘Well, we are getting her out of here one way or the other.’ So, she is either coming with us in an ambulance to go to the hospital because she is dying or we are forming her. ‘Forming her?’ ‘Yeah, mental health act. Can't care for herself.’ [Dr. Abby says.] ‘I don't think we have the grounds for that.’ I go, ‘I am telling you, I have the grounds for that. The problem is if I do it, we are stuck guarding her until a psychiatrist yeas or nays it. If you form, it is a piece of paper and they have to take her.’ ‘Well, I don't think I have the grounds.’ So, I go back, ‘Hey, Lenore. What day is it?’ ‘Well, it’s Christmas.’ It is like July. I go, ‘What time is it?’ ‘I don't know. It is like 4 pm.’ It is like 11:00 am. I look at Dr. Abby. She goes, ‘OK’. So, I said, ‘Here is the deal Lenore, you are going to the hospital.’ ‘No, I am not.’ ‘Oh, honey, you are so going to the hospital. So, we are going to do it one of two ways. You are either going to enjoy the ride from EMS, the hot EMS guys, or we are going to have to do it another way, which isn't as nice. But we are going to do it anyway and it is under a mental health act form because I don't think you are picking up what we are laying down here.’ And then she started to go really wonky. So, Dr. Abby is feeling better about it now. She is kind of like, ‘Ok, I am good with this now.’ So, it is just ... I think Dr. Abby in her practice wouldn't see that kind of in-the-moment stuff whereas, 29 years as a cop, you see it. Anyways, it all worked out. [...] Lenore was in the hospital for three months. She was going to die for sure. There’s a ton of that.” (Interview, Sgt. Long, 2014 July 10)

By the third ride along Dr. Abby was stepping up to initiate actions to give advice, make a diagnosis, and administer treatment for a wide range of health problems.

“The women, they frequently contact Sgt. Long about a medical issue that is going on and then she contacts me and, if it is a day that we are together, we will go see the
patient. That can be an abscess, it can be a respiratory infection, it can be a decision to enter rehab, which involves a drug assessment plus a medical, like a medical assessment, so I can do a quick medical assessment. It can be a discussion of finally wanting to get on methadone and sort of giving them the information and the encouragement for that. It can be issues related to pregnancy.” (Interview, Dr. Abby, 2014 July 9)

The following vignette, based on notes during my ride along with Dr. Abby and Sgt. Long, shows how Dr. Abby used a chance meeting with a woman in court cells to update her knowledge of a women’s health status and provide improvised medical care.

**Diagnosis and treatment in court cells**

We start the day with a visit to Gini who is in cells at courthouse for an appearance. We go to the front desk manned by RCP court security officers. Sgt. Long and the officers greet each other jokingly. Sgt. Long asks to see Gini. Dr. Abby and I wait while they take her out of the bullpen and Sgt. Long asks for permission for us to join them. We are escorted up an elevator from the basement to the second floor by a police cadet. I note that the elevator has the back half with bars and a padlock to lock the prisoner away from the officer during transit. We do not use it. Sgt. Long and Dr. Abby have not seen Gini for a while. Both provide glowing remarks about how great she looks. (They state this to each other and to Gini directly, so I believe this is their honest opinion and they are not just trying to make her feel good about herself.) Gini seems pleased to hear this. Dr. Abby asks Gini about her general health, confirms that she is getting her ‘drink’ [methadone] at the Regional Detention Centre. Dr. Abby looks at Gini’s right hand which seems red and inflamed. It’s the site of an infection Dr. Abby has treated before. Gini says it often feels warm and is stiff. Dr. Abby borrows a pen and draws a circle around the edge of the red area and tells Gini to let the detention centre doctor know if it goes beyond this boundary as this would suggest that it is infected and that the infection is expanding. It had gone up her arm on the previous occasion. We reverse the trip to return Gini to the general cells and leave. Dr. Abby tells me later that she had to find non-traditional antibiotics to treat Gini on the previous occasion, as these women get tough infections and this one was going up Gini’s arm by the time they treated it the first time. (Notes from ride along with Sgt. Long and Dr. Abby, 2013 November 19)

Sgt. Long and Dr. Abby did eleven outreach days between June and December of 2011. In the first three years of shared outreach, between June 2011 and May 2014, they performed 96 shifts together.

**6.3.3 Dr. Abby taking actions to expand her knowledge of the women’s problems**

Dr. Abby expanded her knowledge of the complex problems these women presented and how she could help them. She read books, attended conferences, and questioned other professionals in the RCCHC homeless program. In October of 2011, Dr. Abby and Sgt. Long attended an addiction treatment conference in Vancouver. Sgt. Long organized a ride along with local police
through the infamous Downtown Eastside of Vancouver where so many sex workers encountered serial killer Robert Pickton. Dr. Abby organized a visit to InSite, a safe injection clinic. An InSite staff member took them to the industrial areas where sex workers moved when gentrification of the Downtown Eastside put pressure on them to leave. Sgt. Long was appalled that Vancouver was pushing sex workers into darker places. On the other hand, the pair was impressed with a Downtown Eastside medical clinic that provided care for at-risk people. Dr. Abby recalled that she and Sgt. Long left the trip feeling good about the collaborative program they were creating in River City.

“It certainly solidified that we both felt committed to our program and that it was a good thing for us to work together. I mean we already felt that way, but it just kind of gelled it for us. We saw what they were doing and we thought what we were doing maybe was a good thing. We actually thought we were making some progressive steps here […] by having a positive relationship with the police and Sgt. Long, which then connected them to other healthcare services. And, also, all the education that she's done with her other officers who often are very caring towards the women. I get frequent reports that police say they are checking and seeing how they are and did they need anything. I think [there is a] feeling that everybody's working for their health and their safety rather than a lot of places [where] the Police are very scary for people. Specifically, when we saw where the women were working in Vancouver and […] that there was no discussion whether that was good or a bad thing. We clearly thought it was a bad thing. We thought, ‘Wow, that is surprising that that is going on’ in view of the Robert Pickton case having just happened because this is just asking for more deaths.” (Interview, Dr. Abby, 2014 July 9)

Dr. Abby recalled expanding her knowledge of the women’s needs by asking questions and listening to the women themselves. When I interviewed her, she was quick to tell me that I needed to see the lives of women who worked on the street as complex and difficult, more than she or I could imagine or likely withstand. She corrected me when I used nouns like addicts, noting they were women with histories of abuse, women with addictions, women with mental health problems, and women with medical problems caused or exacerbated by a combination of these factors and life on the street. When I asked questions that used phrases such as “how the women came upon bad times” or “how their lives went downhill”, she challenged the judgemental tone of such phrases and reminded me their issues were complex and their histories often unbelievably brutal and rarely of their own making.

“I have gotten to know them. They are beautiful people who are funny and strong. They are much stronger than I am. I always say, ‘How come you survived?’ Because I always
say, ‘I don't think I would have survived’ what they had to go through. I feel very certain I probably would have committed suicide or something because it is too much. They tell me they survived with the drugs. The drugs let them survive.” (Interview, Dr. Abby, 2014 July 9)

6.3.4 Actions of joint outreach routines evolving over time

Performing outreach routines together gave Dr. Abby and Sgt. Long the time and benefit of shared experience to imagine and try new ways of working together. They extended their scheduled Tuesday outreach days to include ad hoc times and places for shared action. Sgt. Long might text Dr. Abby to start their outreach earlier to catch a woman coming into court cells or to squeeze someone into her clinic schedule. Dr. Abby would text Sgt. Long to look for someone who missed an appointment.

“We have modified the program over the years. We always try to have creative ideas of what may and may not work. One thing that changed in a positive way was that we weren't texting too much in the beginning. […] Then we started to say ... I would text her and say, ‘You know, I don't have many people booked today. If there is anything you want me to come and see, I am free.’ Or she started to text me and say, ‘Can I book so and so? When is your next available?’ […] I find to do this work, that having flexibility and being available right when the women need you makes a huge difference. And again, you might just meet them now and they might not follow through. But by golly, six months later they are in and they are ready to go.” (Interview, Dr. Abby, 2014 July 9)

Riding along with Sgt. Long allowed Dr. Abby to meet and provide care to women in places the doctor could not access on her own. Dr. Abby trusted Sgt. Long to keep her safe when they met women on the street, in apartments, jail cells, and crack houses.

“A lot of things I can do because I am with her and that's because I wouldn't go on my own to a dangerous situation. Sgt. Long is careful with me. We don't go to situations that she feels are in any way unsafe. She is extremely careful. But if we get a call that somebody is extremely ill and they are at a crack house, we go to the crack house and walk in.” (Interview, Dr. Abby, 2014 July 9)

During my ride-along with Sgt. Long and Dr. Abby, I observed them sharing information about women they had seen together or independently. During interactions with a woman they often mentioned how well she looked and encouraged the positive actions she was taking. They provided support and encouragement by suggesting what else a woman might try and what this further commitment by the woman might produce.
Providing care to women on an ad hoc basis was important, but the end goal was for women to connect with Dr. Abby in wellness and harm reduction strategies on a more consistent basis without ongoing brokering by Sgt. Long. As Dr. Abby and Sgt. Long hoped when they talked about their goals for the outreach program, sex workers came to trust Dr. Abby because she was introduced to them by Sgt. Long. The women visited Dr. Abby and registered as patients at RCCHC. The women referred other sex workers to the clinic practice. Dr. Abby’s clinic practice became a trusted and readily available point of access to connect women to a wide range of social support and health care services available through the PAR Program and RCCHC.

“They follow-up and become patients here so they now independently come here. They will often come here and say, ‘I'm looking for Sgt. Long. Can you get a hold of her?’ It now goes in a circle of care.” (Interview, Dr. Abby, 2014 July 9)

6.3.5 Changing family practice routines to meet the needs of sex workers

Dr. Abby changed the actions of traditional family practice routines to accommodate the needs of the women. She called the provincial College of Physicians and Surgeons for guidance on record keeping for patients without provincial medical cards, a full name, or date of birth. She was advised to do the best she could. She opened patient files with whatever information the women provided. She tapped Sgt. Long’s data base for missing demographic details. She shortened the time and information required for initial assessments to match the women’s limited attention span.

“There are so many things that don't work. That's what we have learned. Traditionally, in our clinic, we do an intake where you have to come in and do a full, sort of an intake. Tell your history, [...] We do a social determinacy of health intake. We do an extensive, probably 1.5-2-hour intake. Then we get your medical records. Then we see you. That would be for a patient who was stable. None of my women have gone through that intake. Well, the stable women have. They can't sit and do that. So, that is why you have to get them on a good day.” (Interview, Dr. Abby, 2014 July 9)

After 30 years of family practice, Dr. Abby felt comfortable providing basic medical care and counselling to the women. A typical day might include diagnosing and treating infections and disease, giving advice on issues during pregnancy, counselling the women for mental health and trauma issues, and performing assessments required to enter drug rehab. Dr. Abby learned that the timing and purpose of routine performances was largely determined by the women.
“When they are ready, we work together to get them stable so you can get them treatment for their HIV, or HEP C or their horrible infection where their arm is going to fall off. […] I practice medicine very differently now. (Interview, Dr. Abby, 2014 July 9)

Dr. Abby herself became a trusted broker by connecting the women with health services Sgt. Long could not access directly. Dr. Abby referred the women to social workers and nurses at the RCCHC. She signed as the required medical reference on forms for Ontario Disability Support Program (ODSP) and subsidized housing applications. This gave the women a place to rest and recover, and to reduce their need to work the street. She used connections to health and social service agencies established through the work of Sgt. Long, such as the CDP clinic described above. Sgt. Long still called with direct referrals to the CDP, but Dr. Abby would sign the referral sheet later and manage follow up treatment recommendations for women who did not match CDP quadrant four criteria. Having a family doctor to send an informed referral letter to specialists and accept patients back for ongoing treatment provided greater continuity of care for the women.

“So then the advocacy piece that I do for my patients is that I try to write a good consult note that explains things very well so they will have all the information for the attending physician at the hospital to make a good decision. […] Sometimes I have more background information than the patient is able to supply themselves. I also try to make it really clear about my opinion as a physician. What I think should happen so it is a written document on their chart and that also can help advocate for somebody to get the care they need, rather than getting sent home.” (Interview, Dr. Abby, 2014 July 9)

Dr. Abby performed her new office routines to accommodate spontaneous visits by the women. She fit them into her schedule and took time to deal with their needs when they made time to visit. She was never sure when she might see them again.

“I have come to realize that you strike while the iron is hot and, you know, if I have to take extra time with somebody on a certain day and do as much as I can while they are there, then I do that. I don't say, oh, five minutes is up, so I am very fortunate again. They give me time for complex care here and if I have a no show then there are always other women that are waiting to see me, so we put them in and we try to do as much as possible when they are here because if they go back to jail or what have you, then I don't see them for a while.” (Interview, Dr. Abby, 2014 July 9)

By the time I met Dr. Abby in 2014, she was a knowledgeable collaborator with Sgt. Long and a trusted broker in her own right, using her connections in the medical community to expand the ecology of routines available to help the women. For instance, she and Sgt. Long were
advocating with the infectious disease team to hold a clinic at RCCHC. The idea was hatched by Sgt. Long and Dr. Abby together, but it needed Dr. Abby to speak on a peer-to-peer basis with other physicians to make it happen.

“That is another a huge piece of the advocacy thing is we are now ... we are like a little gang. So, we go in places. I am sure it is a little intimidating at times. […] We are advocates, so we do go places and we advocate. […] Having the police beside you really helps. They know that we have an issue, a problem that we need our women taken care of and they know that. They also know that we are not going to go away so let's talk, solve this. […] We have worked for some time to get a connection with infectious disease because we have a lot of our patients that have HIV that don't get treated because HIV care has been moved to the hospital and the hospital is a really hard place for our patients to go to for a variety of reasons and so they just don't go on anti-retro virals. I have been meeting with infectious disease for, I am going to say our first meeting was maybe, I don't know, eight months to a year ago. Then we had another meeting and now I have a specialist who is onboard who is going to work with me and we are going to start treating HIV here. That is huge. […] It is nice, but also, it took a lot of discussion about valuing everybody's life, no matter who they are and valuing the fact that their life experience puts up some barriers for them and we need to find more creative ways to treat them and so ... the team is going to come.” (Interview, Dr. Abby, 2014 July 9)

6.3.6 Modifying expectations for the women’s commitment and outcomes

Dr. Abby changed the patterning of her former family practice routines to accommodate the needs of sex workers she met on the road and in her clinic practice. She also modified her expectations about what could be achieved for these patients. She learned to accept that health care goals for the women were moving targets. Instead of cure or abstinence, she focused on harm reduction. She did not expect the women to engage in care programs immediately or to remain compliant. Making a connection was an achievement because it created an opportunity to provide care in the future. Dr. Abby saw success in incremental steps that started with a first connection or getting the women through some version of an initial assessment. Dr. Abby shared this vignette of patient progress that came from planting seeds for an unconventional harm reduction strategy.

“So, my successes are things like, you know, it is planting seeds that I hope later on will take hold and it is surprising they do. I saw an 18-year old, who at one point was injecting her jugulars. Oh, my gosh. Such a young person and that is just a road to death, right? Because if you inject into your jugulars, you get abscess right up into your brain. It is like end stage drug use, but she was 18. I said, ‘Ok, why are you doing this?’ ‘Oh, well I can't
find my peripheral veins.’ But she said she got a better high. […] After they do that, it is hard to get people to go to peripheral vein access. So, I said, ‘You are going to kill yourself. You are 18.’ I explained to her about the brain abscesses and stuff and I asked her to go over to our health unit and learn how to get a peripheral vein access so that at least she could inject, you know, in her hands and her feet. She didn't do it right away. But, she walked in six months later and she was clean. She has now been clean for two years.” (Interview, Dr. Abby, 2014 July 9)

Better outcomes for the women included brief periods of better health and wellness or a commitment to try again.

“She's some of my women aren't necessarily clean all the time, but they will have a good year. If I can get somebody who is dying of HIV and get them on anti-retro virals and do harm reduction and decrease their drugs and they have a much better life than what they have had before. They may still be using, but hopefully, much less. And getting into less dangerous situations so they wouldn't necessarily, totally exited but they would have changed their life substantially and had a lot more health and a lot more safety and self-awareness of who they are and some joy in life.” (Interview, Dr. Abby, 2014 July 9)

6.3.7 In summary

A formal connection between RCP and RCCHC provided the opportunity to broker a more permanent connection between sex workers and a primary health care provider. Sgt. Long used her previously established opportunities and ability to broker with sex workers to create new primary care outreach routines with Dr. Abby and, through this outreach, new connections between Dr. Abby and sex workers. Before long, Dr. Abby was an active outreach routine collaborator, using her growing knowledge of sex worker problems to initiate health care actions that matched the location and specific needs of women they encountered. Dr. Abby changed the patterning of her family practice routines to accommodate the timing and needs of the women’s visits. Creating and performing joint outreach routines with Dr. Abby increased Sgt. Long’s opportunities and ability to broker help for sex workers.

6.4 In Summary

Chapter 4 showed how Sgt. Long used interactions with sex workers to establish the position of social work cop and trusted broker. Chapter 5 illustrated how Sgt. Long repurposed existing connections between police and other members of the justice system and changed the patterning of justice system routines to encourage and reward sex workers for seeking help. This chapter
followed Sgt. Long creating new connections with agencies and building an ecology of routines to provide that help. For most agencies, Sgt. Long remained an outsider, connecting with agency actors through informal understandings and brokering by sharing information and asking agency actors to perform their existing routines more flexibly. For two health care centres, now connected with the PAR Program through formal organizational agreements, Sgt. Long became a collaborator with doctors, able to broker through information sharing as well as the shared actions of performing routines together. Engaging in shared actions allowed the broker to change the patterning of existing CDP assessment routines and to create new outreach routines with Dr. Abby. Table 13 compares Sgt. Long’s actions to create connections and influence routine performances of the agency targets she sought to influence.

The overall purpose of the agency routines – to provide health and social services – remained the same. Flexible performances, changes to the patterning of routines, and the creation of new routines, through the escalating involvement and brokering actions of Sgt. Long, were designed to break down barriers that kept sex workers from accessing agency services during the brief opportunities when they reached out for help. Helen Marchant, Executive Director of the RCCHC, expressed her reasons for being receptive to the brokering actions of Sgt. Long.

“I think that when you are doing something that nobody is doing before, there has to be a willingness in leadership to just try it and we will figure it out as we go and be willing to document some stuff as we go. […] I think you can get analysis paralysis very easily in a project. There are all kinds of reasons why this shouldn't work and there are all kinds of risks related to it. I am sending a physician out who is basically treating on the street. […] There is this synergy that happens so when you take the leap, it there has to be enough from the bottom to be able to leverage the leadership from the top because it can't be driven down from the top and then can't be slowly driven up from the bottom. There has to be, in this kind of a program, that willingness to leap on both ends. […] I am really passionate about the work. I am passionate about the health centre. It gives us lots of opportunities to do it. I think I really did say, ‘No, we are doing it because it is the right thing to do. I will deal with whatever needs to be dealt with later.’” (Interview, RCCHC Exe. Dir. Helen Marchant, 2014 November 18)
### Table 13
Impact of Brokering Actions on Agency Routines

<table>
<thead>
<tr>
<th>Target Agency</th>
<th>Social Service and Health Care Agencies</th>
<th>Psychiatrists at Regional Mental Health (RMH) Concurrent Disorders Program (CDP)</th>
<th>Dr. Abby and River City Community Health Centre (RCCHC)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview</strong></td>
<td>The broker created new, informal connections across organizational boundaries to influence flexible performances of agency routines</td>
<td>The broker created a new, formal connection across organization boundaries allowing her to collaborate in making changes to the patterning of routines</td>
<td>The broker created a new, formal connection across organization boundaries allowing her to collaborate in the creation of new routines</td>
</tr>
<tr>
<td><strong>Actions to create connections</strong></td>
<td>Meeting with agency leaders to enlist their support in response to specific requests</td>
<td>Signing an MOU for a Pilot Project between RCP and RMH to allow psychiatrists to be escorted by Sgt. Long to do assessments in response to specific requests</td>
<td>Signing an MOU between leaders of RCP and RCCHC to allow Dr. Abby to accompany Sgt. Long during outreach on a regular basis</td>
</tr>
<tr>
<td><strong>Actions to influence routines</strong></td>
<td>Sharing information, asking agencies to perform routines more flexibly</td>
<td>Sharing information, engaging in shared actions of performing routines</td>
<td>Sharing information, engaging in shared actions of performing routines</td>
</tr>
<tr>
<td><strong>Changes to actions of routines</strong></td>
<td>Flexible performances of existing routines</td>
<td>Changes to the patterning of existing routines</td>
<td>Creation of new routines</td>
</tr>
<tr>
<td><strong>Actions</strong></td>
<td>Standard intake criteria relaxed</td>
<td>Standard intake criteria relaxed, shorter intake assessment</td>
<td>Providing diagnosis and treatment on the road; modified clinic practices</td>
</tr>
<tr>
<td><strong>Timing / pace</strong></td>
<td>Faster provision of service</td>
<td>Faster provision of service</td>
<td>One day per week, plus respond to ad hoc requests</td>
</tr>
<tr>
<td><strong>Place</strong></td>
<td>---</td>
<td>Outside usual clinic; jail cells and other places a doctor could not go alone</td>
<td>Outside usual clinic; jail cells and other places a doctor could not go alone</td>
</tr>
<tr>
<td><strong>Change in routine purpose and outcomes for women</strong></td>
<td>Same purpose with expedited access. Access / faster access to a wide range of services to reduce reliance on sex work (income support and housing) and engage in harm reduction strategies / address underlying problems (addiction and rehab assessments and care)</td>
<td>Same purpose with expedited access. Faster access to initial assessments and treatment to engage in harm reduction strategies / address underlying problems related to both mental health and addiction problems</td>
<td>Purpose expands from treatment to include harm reduction. Access to a trusted and informed primary care provider and the wider ecology of healthcare routines she can access to engage in harm reduction strategies / address underlying problems</td>
</tr>
</tbody>
</table>

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Sgt. Long and Chief Barry summed up the achievements of the PAR Program as a willingness of Sgt. Long to engage in the hard work of brokering to help sex workers combined with the receptivity of target agencies to respond to the broker’s requests.

SGT. LONG: “Getting them housed, getting them on welfare. When I asked, many weren’t aware they could apply for welfare. ‘Ontario Works. What is that?’ they ask. There are just different increments, big and little. I can point to anyone our list and mention a couple of successes. Dr. Abby and I work together on Tuesdays. We get them to register with her at the River City Community Health Centre. They are registering with Dr. Abby and the clinic is keeping its own stats, intake, follow up. Then there is the mental health piece, we have two psychiatrists Dr. Gregory and Dr. Kumar. I can fast track the women into assessments with them. Initially they had to be referred into a treatment program by a doctor to get a psychiatric assessment, but now I can do it or Dr. Abby will do it. The psychiatrist will come to court cells, will come to my office. There’s the outreach component.” CHIEF BARRY: “Dr. Abby says it’s unheard of. We’ve leveraged the care and now breached some of those obstacles we had in the past. You’re not going to take one of these women directly into the clinic, you need the people like Dr. Abby or [CDP psychiatrists] who will go to them. Hopefully you have now built a process. And that’s still evolving.” (Joint Interview, Chief Don Barry and Sgt. Long, 2012 October 16)

In 2005, sex workers were faceless files, churning through encounters with the justice system with little hope of accessing help to deal with their underlying problems. In 2014, ten years after the inception of the PAR Program, Sgt. Long was the hub of an ecology of routines, coordinating the work of justice system and agency routines to motivate and then help women to exit sex work. I capture this expanded ecology of routines and the work of the broker in Figure 3.

In the next chapter, I revisit the work of Sgt. Long through a theoretical perspective to show how she established the role of broker and used this role to create and coordinate an ecology of routines.
Figure 4
Coordinating an Ecology of Routines

- **Police Headquarters**
  - X
  - Outcomes: New outreach routines with Dr. Abby provide on-the-spot health care and a connection to ongoing care at RCCHC.

- **Bail Court**
  - X, Y
  - Outcomes: Rapid response CDP assessments provide access to addiction and mental health care.

- **Remand Court**
  - X, Y

- **Trial & Sentencing Court**
  - X, Y

- **Detention Centre**
  - Z
  - Outcomes: Women move directly from detention centre to social and addiction support services.

- **Agencies**
  - W
  - Outcomes: Because agencies perform their routines more flexibly, women get faster access to health and social services.

**Brokering actions and outcomes related to health and social service agencies:**

- **W.** Broker advocates with health and social service agencies to provide faster access and relaxed intake criteria.
- **X.** Broker engages in shared actions to create new primary outreach routines with Dr. Abby.
- **Y.** Broker engages in shared actions to allow CDP psychiatrists to provide rapid response assessments in police and court cells.
- **Z.** Broker arranges for psychiatric and addiction assessments to be conducted in the Regional Detention Centre, facilitating referral to rehab before woman is released.
Chapter 7

7 Brokering to Build and Coordinate an Ecology of Routines

Chapter 4 showed how the broker created trusted connections, a position of social work cop, and growing broker agency in relation to sex workers where none had existed before. Chapter 5 illustrated how the broker used existing connections, her social position as justice system insider, and her existing broker agency to change the patterning of police and court based routines for sex workers. Connections with sex workers and justice system actors, and a revised repertoire of brokering actions as an insider, participating in justice system routines, created opportunities for the broker to motivate the women to seek help for their underlying problems. Chapter 6 showed how the broker used her social status of police sergeant to create new connections, across organizational boundaries, with health and social service agencies. Agency actors performed their existing routines more flexibly, changed the patterning of their existing routines, and created new routines for this population of women. Connections with sex workers and agencies, and an expanded repertoire of brokering actions to influence health care routines, created opportunities for the broker to deliver the help the women needed to exit sex work.

In this chapter, I return to my research questions to discuss my findings through a process perspective of brokering and routine dynamics. In the first section, I foreground the concept of brokering to show how the broker established her role. In the second section, I foreground the concept of routines to show how the broker used the building blocks of justice system and agency routines to build and coordinate an ecology of routines.

7.1 Establishing the Role of Broker

I begin this section by introducing a model for the process of brokering that emerged from my research. I find that the broker established her role by expanding opportunities to broker and enhancing her ability to broker. The broker expanded her opportunities to broker by creating connections with the targets she sought to influence. The broker enhanced her ability to broker by enhancing her broker agency and expanding the social positions she held in relation to each target. I use the concept of broker agency to capture the broker’s knowledge, skills, experience, propensity to broker, and reputation for brokering. I use the concept of social position to capture
the broker’s organizational position or social status in relation to each target. The broker’s agency, social position, and connections, in relation to a specific target of brokering, determined the *repertoire of brokering actions* that were available to the broker on a given occasion. These concepts and relationships between them are captured in Figure 4. I now use this model to describe how the broker created and performed her role as broker to help sex workers exit prostitution.

### 7.1.1 Creating opportunities to broker

Sgt. Long created and expanded her opportunities to broker by repurposing existing connections and making new connections with the targets she sought to influence. I discuss each target in turn with the reminder that the broker was creating connections with justice system actors, sex workers, and agency actors simultaneously and from the first month the PAR Program was underway. As a police sergeant, the broker had the advantage of starting with connections to actors within the justice system. She worked with fellow justice system actors (police officers, court officials, probation officers, and the detention centre superintendent) to repurpose existing connections. Connecting to enforce the law and mete out punishment remained but were balanced with the added goal of assisting sex workers to get the help they needed to exit prostitution. Sgt. Long made the important transition from a person of influence within the justice system, to a boundary-spanning broker, by making connections with sex workers who needed help and with actors in health and social service agencies who could provide that help.

The broker created a trusted connection between police and sex workers where none had existed before. She used her position as a police officer to meet sex workers on the street, and in jail cells or court cells where other outreach workers could not go. Acting as a broker between sex workers and actors in the justice system provided opportunities for the broker to motivate the women to seek help for their problems. The broker reached out, across organizational boundaries, to create connections with health and social service agencies. Acting as a broker between sex workers and agencies provided opportunities for the broker to assist women to access the help they needed. The broker became the hub, with connections to targets of brokering that included sex workers and actors in the justice system and local agencies. With this
Figure 5
Determinants of Brokering

**Situation for Brokering**
(Who are the targets? What is being brokered?)
understanding of the *opportunities* to broker in place, I now turn to my findings regarding the broker’s *ability* to influence the actions of each of these targets.

### 7.1.2 Expanding the ability to broker

In relation to targets of brokering within the justice system, the broker had the advantage of starting with an ability to influence actors based on her organizational position (as an officer of rank and justice system insider) and her broker agency (as someone with knowledge, experience, and a reputation from previous performances of justice system routines). Her social position and broker agency enabled the use of brokering actions that included information sharing; advocating with justice system actors; and implementing new mechanisms to connect her work with police law enforcement routines (through flags in police data systems) and court routines (through the new Memo to Crown). She used this extensive repertoire of brokering actions to change the patterning of justice system routines, and connections between police and other justice system routines, for sex workers.

The broker’s social position, as an organizational outsider in relation to health and social service agencies, prevented her from engaging in shared actions of performing routines as she had within the justice system. The broker’s ability to influence performances of agency routines was based on the social status associated with being a police sergeant. She used this influence to engage in brokering actions of information sharing and asking agencies to perform their routines more flexibly. Agencies relaxed their intake criteria and expedited access to services for the women. The broker’s agency in relation to these targets was enhanced through meetings with agency leaders and the experience of helping women to access agency services. These actions enhanced her knowledge of *what* services each agency could offer and her experience of *how* to access those services for the women.

I mark a transition between the early and later years of the PAR Program based on a significant expansion of the broker’s repertoire of brokering actions in relation to two agencies. In 2011, the broker expanded her ability to broker access to mental health, addiction, and ongoing primary care by transitioning from informal to formal connections between River City Police (RCP) and two health care centres (Regional Mental Health (RMH) and the River City Community Health
Centre (RCCHC)). Previous work with these agencies, through informal connections, had allowed her to broker information to influence flexible performances of routines. Formal agreements between RCP allowed the broker to transition from the position of organizational outsider to collaborator who could broker by engaging in shared actions with doctors from RMH and RCCHC. The broker escorted Concurrent Disorders Program (CDP) psychiatrists from RMH to jail cells to change the patterning of intake assessments and took Dr. Abby of RCCHC in the car with her each week to create new primary care outreach routines.

In contrast to targets in the justice system and agencies, the broker’s starting social position was a liability in relation to sex workers. The women associated her position of police officer with the animus and distrust they felt for law enforcement officers who arrested them. The broker transformed her social position from one of distrusted law enforcement officer to one of trusted social worker cop by engaging in actions of asking sex workers about their problems, sharing information to keep them safe, performing small acts of kindness, and brokering with justice system and agency actors on their behalf. Occasions of brokering enhanced her broker agency by expanding her knowledge and experience of the women’s problems and what could be done about them, and by creating a reputation among sex workers that she could successfully broker with actors in the justice system and agencies on the women’s behalf. Her growing reputation as a trusted social worker cop and effective broker created more opportunities to broker because sex workers who heard about her work now connected with the broker voluntarily.

7.1.3 In summary

The broker expanded her repertoire of brokering actions, to help the women exit, by expanding her opportunities to broker and her ability to broker in relation to multiple targets of brokering. The broker expanded her opportunities to broker by repurposing connections in the justice system and creating new connections with a growing cohort of sex workers and agencies. The broker enhanced her ability to broker by expanding the social positions from which to broker. She added the role of organizational collaborator to those of organizational outsider and insider, and transformed herself from law enforcement officer to social worker cop. Her broker agency grew in relation to all targets through her ongoing occasions for brokering. All targets came to trust and appreciate the broker’s ability to influence others. Sex workers believed the broker
could influence actors in the justice system and local agencies. Actors in the justice system and agencies believed the broker could keep the women on track through her ongoing monitoring and encouragement. Before long, all targets – including sex workers, justice system actors, and agency actors – called the broker to ask for her assistance.

The broker’s repertoire of brokering actions was situated in the broker-target relationship and the purpose for a specific occasion of brokering. Some brokering actions were available to the broker across all targets and circumstances for brokering. The broker’s ability, as a police officer, with permission from the women to do so, allowed her to share information with members of the justice system, agency workers, and doctors. The broker made a significant breakthrough with two health care centres to enable brokering through shared actions of performing outreach and assessment routines with doctors. The broker had the largest repertoire of brokering actions in the justice system where she could implement new information sharing mechanisms and engage in shared actions during performances of justice system routines. I compare the broker’s actions to enhance her opportunities, ability to broker, and brokering actions in relation to all targets in Table 14. In the next section, I use this target-specific understanding of the broker’s repertoire of brokering actions to explain how the broker built and coordinated an ecology of routines to help women exit sex work.

7.2 Building and Coordinating of an Ecology of Routines

The broker started with an understanding of the routines that cycled women through the justice system with few opportunities to connect them to the help they needed. She engaged with sex workers and agencies to learn more about the women’s problems and the barriers that kept them from accessing help from agencies on their own behalf. The broker built an ecology of routines to help sex workers exit by changing the patterning of existing justice system routines to motivate sex workers to seek help and by customizing the performance of health and social service agency routines to provide that help. She used the ecology of routines to coordinate justice system and agency routines to meet the specific needs of a specific woman on a specific day. Table 14 compares the brokering actions and their impact on the routines of each target of brokering described below.
7.2.1 Brokering to change the patterning of justice system routines

The broker established a foundation from which to build the ecology by changing the patterning of existing routines and connections between routines in the justice system. Before the PAR Program, police routines connected with court routines through simple hand-offs based on an exchange of information contained in a charge file. Justice system actors performed court based routines (in bail hearings, remand court, and trial court) in an efficient, sequential pattern to keep files moving and to mete out punishment to fit the crimes committed. Sex workers passed through these routines and back to the street with no connections to the help they needed to escape the endless cycle of addictions, sex work, and trips through the justice system. The broker changed the standard patterning of justice system routines and connections between routines by inserting interruptions that triggered court officials to take actions to motivate the women to seek help and to provide time for women to make progress on getting that help. She did so by engaging in brokering actions from the beginning to the end of a woman’s journey through the criminal justice system.

The broker put flags in the RCP and CPIC databases so she would be notified when known sex workers were being brought into police or court cells. This allowed her to meet with the women. The broker created a Memo to Crown for police to include in the charge file that connected police routines to court routines. The Memo interrupted standard performances of court routines by reminding prosecutors to perform their routines in new patterns for sex workers. Prosecutors now added conditions to motivate the women to seek help and called the broker for additional advice. The broker met with women in jail and court cells to share information about the assistance she could provide if a woman was committed to seeking help with their problems. The broker changed the timing, pace, and outcomes of court routines by sharing information and engaging in shared actions of case conferences with prosecutors and defense counsel to identify creative release or sentencing deals to be offered during bail hearing and remand court routines. She negotiated creative release conditions that allowed justice system actors to withdraw first time charges for women who agreed to seek help. The broker provided up-to-date information so prosecutors could justify delays in the woman’s next court appearance while the woman made progress that might warrant more lenient outcomes. The broker negotiated with court and
Table 14
Determinants of Brokering and Repertoire of Brokering Actions by Target of Brokering

<table>
<thead>
<tr>
<th>Target of Brokering</th>
<th>Sex Workers</th>
<th>Justice System Actors</th>
<th>Agency Actors</th>
<th>CDP Psychiatrists and Dr. Abby</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opportunity to Broker</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connection between broker and target</td>
<td>Created a new connection</td>
<td>Repurposed an existing connection</td>
<td>Created new, informal connections</td>
<td>Changed informal connections to formal connections</td>
</tr>
<tr>
<td><strong>Ability to Broker</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Position</td>
<td>Changed from distrusted law enforcement officer to trusted and knowledgeable social worker cop</td>
<td>Insider with hierarchical influence as police officer of rank</td>
<td>Outsider with social status as police officer of rank</td>
<td>Collaborator with social status as police officer of rank</td>
</tr>
<tr>
<td>Broker Agency</td>
<td>Knowledge, skill, experience, and reputation grew over time through brokering for women</td>
<td>Knowledge, skill, experience, and reputation based on previous performances of justice system routines</td>
<td>Knowledge, skill, experience, and reputation grew over time through brokering of agency routines</td>
<td>Knowledge, skill, experience, and reputation grew over time through brokering of health care routines</td>
</tr>
<tr>
<td><strong>Repertoire of Brokering Actions to Influence Routine Actions and Coordinate Routines</strong></td>
<td>Implementing new mechanisms</td>
<td>N/A</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Sharing information</td>
<td>N/A</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Asking actors to change the actions of their routines</td>
<td>N/A</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Engaging in shared actions with actors performing routines</td>
<td>N/A</td>
<td>√</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td><strong>Outcomes of Brokering</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual routines</td>
<td>N/A</td>
<td>Changes to patterning of routines</td>
<td>Flexible performances of routines</td>
<td>Changes to the patterning of routines and creation of new routines</td>
</tr>
<tr>
<td>Ecology of routines</td>
<td>N/A</td>
<td>Sequential pattern of routines now interrupted while agency routines performed</td>
<td>Agency routines called as needed</td>
<td>CDP routine called as needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dr. Abby outreach routines intertwined with PAR outreach and justice system routines</td>
</tr>
</tbody>
</table>
detention centre officials to time a woman’s release from jail with the date the broker had arranged for the woman to enter rehabilitation. These changes to justice system routines and connections between routines provided a foundation from which to build and coordinate an ecology of routines that included boundary-crossing connections to agency routines.

7.2.2 Brokering to influence flexible performances of agency routines

The broker enhanced her opportunities to broker help for the women by creating connections with actors in health and social service agencies, and using these connections to influence the performance of health and social service agency routines. As an outsider, the broker influenced flexible performances of agency routines by sharing information and asking agencies to perform their existing routines more flexibly. Flexible performances could include relaxing intake criteria or expediting access to services to accommodate the brief moments when a brush with the law or other events prompted the women to seek help for their problems. Multiple occasions for brokering between women and the agencies increased the broker’s knowledge of what services were available from the agencies and how to access them. For services provided by most agencies, brokering information to influence flexible performances of intake routines was sufficient to break down barriers to help sex workers access standard services provided by the agencies. However, the broker was not yet able to access a consistent source of health care for the women. In 2011, the broker made two significant breakthroughs in her ability to connect the women with immediate and ongoing access to mental health, addiction, and primary care.

7.2.3 Brokering to change the patterning of psychiatric assessment routines and create new primary care outreach routines

In 2011, the broker increased the services she could broker for the women by creating more formal connections with the Concurrent Disorders Program (CDP) of RMH and with RCCHC. Signing formal memoranda of understanding allowed doctors to ride along or be escorted by the broker to jail cells, crack houses, and other places where it would be difficult for civilians to go on their own. Opportunities to do outreach with doctors changed the broker’s position from organizational outsider to collaborator in relation to these targets. The broker influenced the actions of doctors by engaging in shared actions during routine performances. The broker shared her knowledge of the women’s problems and history and made suggestions about what the
doctors should do next. Brokering through information sharing and engaging in shared actions allowed the broker to change the patterning of CDP assessment routines and to create new primary care outreach routines with Dr. Abby of RCCHC.

The broker also brokered trust between the women and the doctors. The women trusted the doctors because they trusted the broker who was making the connection. The goal of making trusted connections between the women and the doctors went beyond the immediate transaction. The goal was for the broker to make a direct connection between the doctors and sex workers and to then remove herself from the relationship. Although the broker could be called by CDP psychiatrists or Dr. Abby to reconnect them with women who did not report for appointments, the outcome for many women was an ongoing connection with the doctors that did not require further work by the broker. In the case of Dr. Abby, she became a broker herself, extending the ecology of routines yet again by connecting the women to specialized health care services Sgt. Long could not access.

**7.2.4 In summary**

Before the PAR Program, sex workers were faceless files passed from police routines to a sequence of standard performances of justice system routines. Standard performances of justice system routines did not provide opportunities to connect the women with the help they needed to escape this cycle. Standard performances of agency routines created barriers that kept sex workers from accessing agency services. The broker created opportunities to motivate women to seek help by brokering to change the patterning of justice system routines and, when appropriate, to change the pace at which justice system routines were performed. The broker used the opportunities and time allowed by changes in justice system routines to connect the women with the help they needed. The broker expedited access for women to get this help by brokering to influence the performance of agency routines. Actors in agencies performed their routines more flexibly, changed the patterning of their routines, and created new routines to meet the needs of this population of women. The broker was the hub of the ecology with an expanding knowledge of how to coordinate connections between routines in the ecology to meet the specific needs of a specific woman on a specific day.

In the next chapter, I discuss the implications of my findings for theory and practice.
Chapter 8

8 Discussion

Previous studies provide evidence that brokers play a central role in coordinating ecologies of routines to produce superior outcomes (Feldman, 2000; Spee et al., 2016). Yet these studies are limited by their focus on the work of established brokers in a single organization (Spee et al., 2016) or their high-level view of brokering across boundaries (Feldman, 2000). My study advances our understanding of brokering in the context of routine dynamics by providing a fine-grained view of how a broker created and coordinated an ecology of routines across organizational boundaries. I make three contributions based on this work. First, by following the co-creation of opportunities to broker and ability to broker, I propose a process model that extends our understanding of how actors establish, perform, and continue to enhance their role of broker. Second, by following the process of a broker building an ecology of routines involving multiple organizations, I move beyond recent work on the dynamics of existing ecologies of routines in a single organization to show how brokers build and coordinate ecologies of routines across organizational boundaries. Finally, I extend our understanding of collaborative case management models by showing how brokers help agencies to perform their work in new ways to address stubborn social problems.

8.1 Establishing, Performing, and Enhancing the Role of Broker

A structural perspective of brokering (Burt, 1992) posits that brokering actions are determined by connections between a broker and two or more targets who may or may not be connected to each other. Studies that follow the process of brokering, within a single project or organization, show that brokering actions are also determined by the purpose for a specific occasion of brokering (Lingo & O'Mahony, 2010; Spee et al., 2016; Strike & Rerup, 2016) and the individual characteristics (Manning & Roessler, 2014; Obstfeld, 2005; Spee et al., 2016) and social position of the broker (Strike & Rerup, 2016; Zbaracki & Bergen, 2010). My model of brokering extends this research in two ways. First, by following the work of a broker to influence a variety of targets, inside and outside her own organization, I show that a broker’s repertoire of brokering
actions varies depending on the broker’s social position and broker agency *in relation to a specific target of brokering* (Burt & Merluzzi, 2014; Stovel & Shaw, 2012).

For instance, as an outsider, with influence based on social status and limited broker agency, the broker was constrained to brokering actions of information sharing and asking others to perform their routines more flexibly on a given occasion. In contrast, as an insider with influence based on hierarchical position and high broker agency in relation to her targets, the broker’s repertoire of brokering actions also included implementing new information sharing mechanisms and engaging in shared actions to show others how to change the patterning of their routines. The distinction is important because, as this study showed, access to a wider repertoire of brokering actions allowed the broker to have a greater influence over the customization of organizational routines to serve a new purpose.

Second, by examining how an actor established (Anteby, Chan, & DiBenigno, 2016; Boari & Riboldazzi, 2014; Tsoukas & Chia, 2002) the role of broker, I show how opportunities to broker (based on connections), ability to broker (based on social position and broker agency), and repertoire of brokering actions are co-created. Research that takes a process perspective of brokering has most often focused on how established brokers – such as music producers (Lingo & O’Mahony, 2010), trusted advisors (Strike & Rerup, 2016), and insurance brokers (Spee et al., 2016) – use their existing opportunities, abilities, and repertoire of brokering actions to influence the targets of interest. We know little about how brokers establish and continue to enhance their positions of influence in relation to targets. (See Boari and Riboldazzi (2014) for an exception at the industry level.) I extend our understanding of the process of brokering by providing evidence of how connections, social position, broker agency, and repertoire of brokering actions are co-created as brokers establish their role in relation to specific targets.

I provide two examples from my research to illustrate how these determinants of brokering are co-created. In one instance, the broker created more formal connections to change her social position from outsider to collaborator. This allowed her to bridge organizational boundaries so she could engage in shared actions of routine performances with the targets of brokering. In another instance, the broker used the positive outcomes of brokering actions to enhance her reputation for brokering in relation to a skeptical target. This allowed her to bridge boundaries.
based on mistrust by transitioning from a social position of mistrust to one of trust in relation to that target. Bridging these boundaries enhanced the broker’s repertoire of brokering actions and, therefore, her ability to make progress on the stubborn social problem for which her role was established.

In summary, my study provides a model that shows how brokers establish, perform, and enhance the role of broker within and across organizational boundaries. Brokers expand their repertoire of brokering actions and, therefore, their ability to influence others, by building on their strengths and overcoming their weaknesses in terms of their connections, organizational position, and broker agency in relation to specific targets. Understanding how brokers expand and enhance their determinants of brokering is important for boundary-spanning brokers (Okhuysen & Bechky, 2009; Quick & Feldman, 2014) because it is unlikely that a broker will begin from a position of strength in relation to all targets. Making trusted connections with new targets, or repurposing connections with existing targets, expands a broker’s opportunities for brokering. My research suggests that brokers can enhance their ability to influence targets by actively managing their social position and broker agency in relation to targets. This will be especially important when brokers seek to establish positions of influence across organizational boundaries, where they do not have access to hierarchical influence (Zbaracki & Bergen, 2010) and across social boundaries where they may need to build trust to make targets receptive to their influence (Strike & Rerup, 2016).

8.2 Brokering to Build an Ecology of Routines

Previous studies provide evidence that brokers are central to the creation (Feldman, 2000) and coordination (Rerup & Feldman, 2011) of boundary-spanning connections between routines. However, these studies provide little detail of how routines are connected (Feldman, 2000) or examine only simple, sequential hand-offs (Rerup & Feldman, 2011) between two units. I advance this work by unpacking the actions of brokering and routine dynamics across a variety of broker-target relationships. In doing so, I show how a broker created and coordinated a more complex ecology of routines, spanning multiple organizational boundaries, and involving over 40 organizations. I argue that boundary-spanning brokers play three interrelated roles in creating and coordinating complex ecologies of routines.
First, brokers act as repositories of knowledge about the current state of a problem and routines available to address it. Previous work on brokering in the context of routine dynamics shows that brokers produce superior outcomes when they have access to and can share up-to-date information about the problem (Feldman, 2000; Rerup & Feldman, 2011; Spee et al., 2016). This allows the broker to fill gaps in their knowledge by acquiring additional information (Spee et al., 2016), to fill gaps in action by connecting with new routines (Feldman, 2000), and to coordinate routines to address the current state of the problem (Rerup & Feldman, 2011; Spee et al., 2016). However, these studies follow brokers with recognized broker-target relationships and well developed sources of knowledge about the problem and routines that are needed to deal with it. I advance our understanding of brokering across organizational boundaries to influence routine performances by prompting questions about who can create and maintain access to up-to-date knowledge about the problem and the routines to address it. In my study, the broker used her social position to establish access to up-to-date knowledge about the problem that was not available to actors in other organizations. Identifying an actor with the potential to access up-to-date knowledge of a stubborn social problem and, therefore, to play the role of broker, is the first step in building an ecology of routines.

Second, brokers create connections with targets whose routines are needed to tackle the problem. This provides the opportunity for the broker to influence routine performances. Previous work provides a high-level view of brokers creating connections with targets to tackle a shared problem (Feldman, 2000; Rerup & Feldman, 2011). My study provides a fine-grained view to compare how different connections between brokers and targets result in different actions of brokering and outcomes of brokering. When they remain outsiders to the organization where targets reside, brokers are limited to brokering by sharing information about the problem and asking targets to perform existing routines more flexibly. When they are brokering from inside their own organization or as a collaborator with targets from other organizations, brokers can influence routine dynamics by engaging in shared actions to show routine participants how to change the patterning of routines and create new routines (Bucher & Langley, 2016; Kellogg, 2009). As insiders, brokers can also create new mechanisms to manage connections between routines in the absence of hands-on brokering of shared actions. New mechanisms represent one-time acts of brokering that allow the broker to influence connections between routines and the performance of routines without ongoing, direct intervention.
Finally, brokers use these newly created connections with targets and knowledge of how routines are performed to coordinate routines to address the problem on a specific occasion. Previous work shows that individual characteristics of skill, knowledge, experience, and propensity to broker (Obstfeld, 2005; Spee et al., 2016; Strike & Rerup, 2016) are important to the broker’s ability to influence the work of others. I add to these individual attributes by showing that a broker’s ability to broker also depends on the broker reputation and status in relation to specific targets (Sele & Grand, 2016; Strike & Rerup, 2016). Accounting for variation in broker-target influence is especially important in boundary crossing ecologies because brokers do not have access to the same sources of influence in relation to all targets. Adding broker reputation to the concept of broker agency acknowledges that a broker’s ability to broker depends on knowing what tasks need to be accomplished but also on having targets of influence willing to change the patterning or performance of their routines to accomplish those tasks. Adding broker reputation also helps us to understand why broker influence may vary across targets and change over time through repeated occasions of brokering with the targets of interest.

8.3 Brokering in the Context of Stubborn Social Problems

My research extends our understanding of collaborative case management models by showing how brokers help agencies to perform their work in new ways to address stubborn social problems. Previous research identifies two challenges for brokering by case managers to tackle complex social issues such as homelessness and street level prostitution (Gronda, 2009; Matthews, 2014; McDonald & Zetlin, 2004). First, case managers must identify and form relationships with clients who need help and with actors who can provide help. Previous work has addressed how case managers in established agency roles forge trusted broker-client relationships with marginalized clients (Gronda, 2009). My research extends this work by showing how brokers use different actions to create connections with different targets of brokering. In the case of the PAR Program, the broker repurposed existing connections within the justice system by asking actors to work with her in new ways. In contrast, creating new, trusted connections with sex workers required ongoing demonstrations of actions to help and not arrest these women.
The second challenge for case managers, in tackling complex social problems, is to identify and then broker to resolve gaps in needed services and barriers with respect to how services are delivered to the most marginalized clients. My research moves beyond previous studies that identify the challenges of changing how agencies perform their work (McDonald & Zetlin, 2004) by providing a fine-grained look at how brokers can help agencies to make changes to their routines to better meet the needs of marginalized clients. More specifically, I show that providing better information about the client’s needs and asking agencies to perform existing routines more flexibly is an important first step. However, forging connections that allow the broker and agency workers to engage in shared actions allows for a greater customization of agency routines for clients. In the PAR Program, the broker engaged in shared actions with doctors to influence the timing and location of assessment routines and to create new health care outreach routines dedicated to the needs of sex workers.

8.4 Limitations

Developing theory based on a single case raises questions of generalizability (Eisenhardt & Graebner, 2007). I studied the PAR Program and the creation of the role of PAR Coordinator because it provided a well-documented and accessible case to answer my research questions and to build theory about the role of a broker to create an ecology of routines across organizational boundaries (Bamberger & Pratt, 2010). I argue this case provides early insights and a basis for further theorizing about two underdeveloped processes – establishing the role of broker and brokering to build an ecology of routines. Further limitations relate to conditions that may be specific to the setting for my research. In my study, ecology building was assisted by a general agreement among target actors regarding the value of working with the broker to help sex workers. Hence, my study provides insights of how an ecology is built but does not provide insights regarding the motivation to do so or the resolution of conflict among actors regarding the interpretations of the problem and what should be done about it. Further, the broker entered the field with some level of hierarchical and social status in relation to the actors whose assistance she needed to deal with the problem. This may not be the case in other settings.
8.5 Implications for Practice

Routines account for much of the work of organizations (Cyert & March, 1963; March & Simon, 1958; Nelson & Winter, 1982). My research suggests that even simple changes to the performances or patterning of existing routines can make a big difference in tackling stubborn social problems (Weick, 1984). It also suggests that brokers can increase their ability to influence the routines of other actors by becoming involved in shared actions. However, forging connections to move from outsider to collaborator, and engaging in shared actions requires more time and effort than brokering to influence routine performances by sharing better information and asking others to perform their routines more flexibly. The art of brokering may lie partly in balancing what is necessary, in terms of customizing routines, versus what is possible, in terms of increasing one’s repertoire of brokering actions in relation to specific targets.

With respect to brokering, my findings also suggest that organizations should think carefully about the potential of specific individuals (Spee et al., 2016; Strike & Rerup, 2016) to play the role of broker based on who the potential targets of brokering will be. This will help to identify brokers who have, or could enhance, their connections, social position, and broker agency in relation to those targets. Actors will have an advantage if they begin from a social position of influence and broker agency in relation to the targets. Caution should be exercised regarding the possibility that a broker could have liabilities and well as abilities in relation to some targets. However, my research suggests that brokers need not be limited by their starting position in relation to targets of influence. Brokers can actively manage their repertoire of actions for brokering by expanding their connections, social position, and brokering agency in relation to specific targets.

8.6 Future directions

My findings trace how one broker created an ecology of routines within and across organizational boundaries by successfully convincing others to perform their existing routines more flexibly, to change the patterning of their existing routines, and to create new routines in collaboration with the broker. However, my findings are focused on successful occasions to connect with and influence the performance of routines. My data do not provide examples of
failure or how actors overcame internal difficulties (Deken et al., 2016; Howard-Grenville, 2005) to make these changes possible. Future research should contrast examples of successful and unsuccessful occasions of brokering in the context of routine dynamics, across organizational boundaries, to further advance our understanding of brokering in boundary spanning ecologies of routines.

My findings show that the broker successfully built and coordinated an ecology of routines because she actively managed the co-creation of connections, social positions, and broker agency while she established and performed the role of broker in relation to multiple targets. Future research should deepen our understanding of the concepts and relationships in the model of brokering developed here. For instance, my study identified three social positions (of insider, outsider, and collaborator) and three ways of connecting (based on historical connections, informal understandings, and formal agreements) in relation to targets. These social positions and ways of connecting were relevant in the context of brokering across organizational boundaries and brokering to influence routine dynamics. Future research should explore other social positions and ways of connecting to understand their impact on brokering actions and the outcomes that various types of brokering actions produce.

8.7 Concluding Thoughts

My first encounter with the PAR Program prompted me to ask why this was a job for police. My questions expanded with my curiosity to understand how one actor influenced and coordinated the actions of so many others to tackle a stubborn social problem. My work is the first to explore how actors establish and then use their role as broker to build a boundary-spanning ecology of routines. I contribute to the literature on routines by showing how brokers influence emergence and change in routines and connections between routines. I contribute to the literature on brokering by showing how brokers establish and continue to enhance their opportunities and ability to broker in a wide range of broker-target relationships. I trust the model of brokering and ecology building introduced by my research will prompt future academic research. I hope it will also help practitioners to imagine how they can tackle stubborn social problems in their own communities. This is important because a better understanding of how to tackle such problems will help actors to move past the question, “Why me?” and more often ask, “Why not?”


Learmonth, D., Hakala, S., & Keller, M. (2015). "I can't carry on like this": barriers to exiting the street-based sex trade in South Africa. *Health Psychology and Behavioral Medicine, 3*(1), 348-365.


Organizational Routines: How They are Created, Maintained, and Changed (pp. 203 - 234). Oxford: Oxford University Press.


Appendices

Appendix 1
Persons at Risk Registry Form

PERSONS AT RISK REGISTRY

NAME
______________________________

Alias/Nickname/Working
______________________________

DOB
___________________________

Address
________________________________________

Descriptors
HT ______ WT ______

Eye colour ____________
Natural hair colour ____________
Current hair colour ____________

Marks/Scars/Tattoos
Birthmarks
________________________________________

Fingerprints
Y  N
(If no, do you consent to provide your fingerprints for this registry?)

Y  N

Do you consent to provide your DNA for this registry  Y  N

Next of Kin
________________________________________

Broken Bones
________________________________________

Family Doctor
________________________________________

Dentist
________________________________________

Dental records
Y  N
Work clothing

Jewellery that is NEVER taken off

Cell phone service provider

Bank

Medical concerns/health

Treatment

Areas of work

Service Area

Previous city of work

Associates

Drug/Narcotic Use

H:/forms/persons at risk registry
<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Lawyer</td>
<td></td>
</tr>
<tr>
<td>Previous Work History</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2
Persons at Risk Release Form

PERSONS AT RISK RELEASE FORM

I ______________________ authorize

to release any of my personal information in their possession to any

social service agency(s) that may offer assistance to me.

Signature

Date

May 2005

River City Police
Appendix 3
Sample Community Safety Letter Sent to Known Purchasers of Sex

August 27, 2014

Mr. John Smith
123 Easy Street
River City, ON A9A 9A9

Dear Mr. Smith;

**Vehicle:** Ford – Licence #ABC 123  
**Location:** River Road and Main Street  
**Date and Time:** 26 August 2014, 3:30 a.m.

The River Road Corridor community, in conjunction with the River City Police Service, is committed to improving the safety and security of the communities and streets within River City. Numerous residents and business people have expressed their concerns regarding street prostitution in their neighbourhoods.

The Community Safety Letter is our way of informing you of the important initiative underway within this neighbourhood and to seek your support. There is a clear correlation between street prostitution and drug use as well as a variety of health concerns including HIV and Hepatitis. Community members, including their children, are frequently finding needles and condoms in playgrounds and public areas. The increased pedestrian and vehicular traffic has a direct effect on the quality of life for the neighbourhood and we need your help to improve this community.

To maximize the efforts of community leaders in securing safe streets for our families, the River City Police Service kindly asks that you help the members of this community. You can do your part by refraining from bringing your vehicle into this area unnecessarily.

The River City Police Service applauds the efforts of this neighbourhood in attempting to make it a safe community for its families and children. On their behalf, we welcome your support for this important safety initiative. If you have any questions you can contact the Inspector, Community Policing Branch at (999) 999-9999. Your cooperation in this matter is appreciated.

Yours truly,

Don Barry  
Chief of Police
**Appendix 4**  
**PAR Memo to Crown**

<table>
<thead>
<tr>
<th>Memo to Crown</th>
</tr>
</thead>
<tbody>
<tr>
<td>This person has been identified as a person at risk. This person is a known prostitute with a history of drug and/or alcohol abuse. If this case is resolved by way of a guilty plea, some form of probation should be considered as part of the sentence with a period of approximately twelve months. Conditions should be considered including:</td>
</tr>
<tr>
<td>1) Not to be within any geographical area as designated by your probation officer.</td>
</tr>
<tr>
<td>2) Not to be the occupant of a motor vehicle with a lone male other than a licenced taxi, emergency vehicle, River City Transit vehicle.</td>
</tr>
<tr>
<td>3) Abstain from the possession and consumption of any non-prescribed drugs.</td>
</tr>
<tr>
<td>4) Attend and participate in such rehabilitative/treatment programs as directed by your probation officer.</td>
</tr>
<tr>
<td>5) Not associate or hold any communication directly or indirectly with anyone named by your Probation Officer.</td>
</tr>
<tr>
<td>6) Any other conditions deemed suitable by the Crown or Court.</td>
</tr>
</tbody>
</table>

Probation and parole have been made aware of this type of order and are supportive of them. These same conditions should be considered as part of any bail order.

******Other comments: The accused has 2 previous convictions from 2010 for Communication for the Purpose of Prostitution.
Curriculum Vitae

Jeannette Eberhard

Education

2017  Ph.D. (Anticipated)  Ivey Business School, Western University, Canada
1983  M.B.A.  Ivey Business School, Western University, Canada
1979  B.Sc.  Queen’s University, Canada

Awards and Honours

2014  Ontario Graduate Scholarship, Province of Ontario, Canada
2014  John F. Rankin Doctoral Scholarship, Ivey Business School, Western University
2013  Ontario Graduate Scholarship, Province of Ontario, Canada
2013  C.B. Johnson Ontario Graduate Scholarship, Ivey Business School, Western University
2011  Ivey Plan for Excellence Fellowship, Ivey Business School, Western University
1983  Dean’s Honour List, M.B.A., Ivey Business School, Western University

Conference Presentations (Refereed and Invited)

2017  Eberhard, J., “Domestic sex trafficking in Canada: Exploring the dark side of successful routine transfer and police attempts to intervene”, European Group for Organization Studies Colloquium, Copenhagen, Denmark, July, 2017. (Presenter) (Accepted)


2015  Eberhard, J., “Routine creation: Harnessing ecologies of routines in the policing of prostitution”
- European Group for Organization Studies Colloquium, Athens, Greece, July, 2015. (Presenter)
- Ontario-Quebec Qualitative Methods Workshop, Montreal, Canada, May, 2015. (Presenter)


- Managerial and Organizational Attention Workshop, EHT Zurich, Switzerland, June 2013. (Presenter)

2012  Eberhard, J., “Turning the Lens of Attention on Organizational Legitimacy”, Annual Meeting of the Administrative Sciences Association of Canada, St. John’s, Canada, June, 2012. (Presenter)

Publications


Teaching

Instructor

Cross Cultural Commercial Relations, Management and Organizational Studies, King’s University College, Western University (Developed and taught course in fall 2014 & winter 2015)
OHIP Billing for Medical Offices, Fanshawe College (Developed and taught course in 1998)

Teaching Assistant

Leading People, Ivey Business School (2012)
Learning from Leaders, Ivey Business School (2012)

Teaching Material Development

Academic Service

Ad hoc reviewer, North American Case Research Association, Annual Meeting (2016)
Reviewer, Academy of Management, MOC and OT Divisions (2013 and 2014)
Reviewer, Administrative Sciences Association of Canada (2014)
Coordinator, Ivey Strategy and Organizational Research Workshop (2014)
Ivey PhD New Student Mentor (2013)
Ivey PhD Association, CARMA Seminar Coordinator (2012 - 2014)
Conference Co-Chair, Ontario Health Care Evaluation Network Annual Meeting (1995)

Additional Training

Writing Qualitative Research, (Karen Golden-Biddle, CARMA, 2014)
Interviewing (Sally Maitlis, CARMA, 2013)
Ethnography (Michael Pratt, CARMA, 2012)
Grounded Theory (Karen Locke, CARMA, 2012)
Health Care Management Program (Ivey Business School & Schulich School of Medicine, 1995)
Economic Evaluation of Health Care Programs (McMaster University, 1990)

Professional Experience

1993 – 1995 Associate Scientist, Victoria Hospital Research Institute
  Founding Coordinator, Southwestern Ontario Critical Care Research Network
1985 – 1993 Founder and President, Medcom Solutions
1984 – 1985 Market Research, 3M Canada
1983 – 1984 Research Associate, Finance Group, Ivey Business School

Community Leadership

2015 – 2017 Chair, London Police Services Board
2008 – 2009 Chair, London Community Foundation Board
2002 – 2006 President, Central S. S. Parents’ Athletic Association
2000 – 2002 Chair, Ryerson Public School Council
1996 – 1997 Chair, Rotary Club of London Foundation
1994 – 1995 President, Rotary Club of London

Professional Memberships

Academy of Management (Since 2013)
Administrative Sciences Association of Canada (Since 2012)
European Group for Organizational Studies (Since 2015)