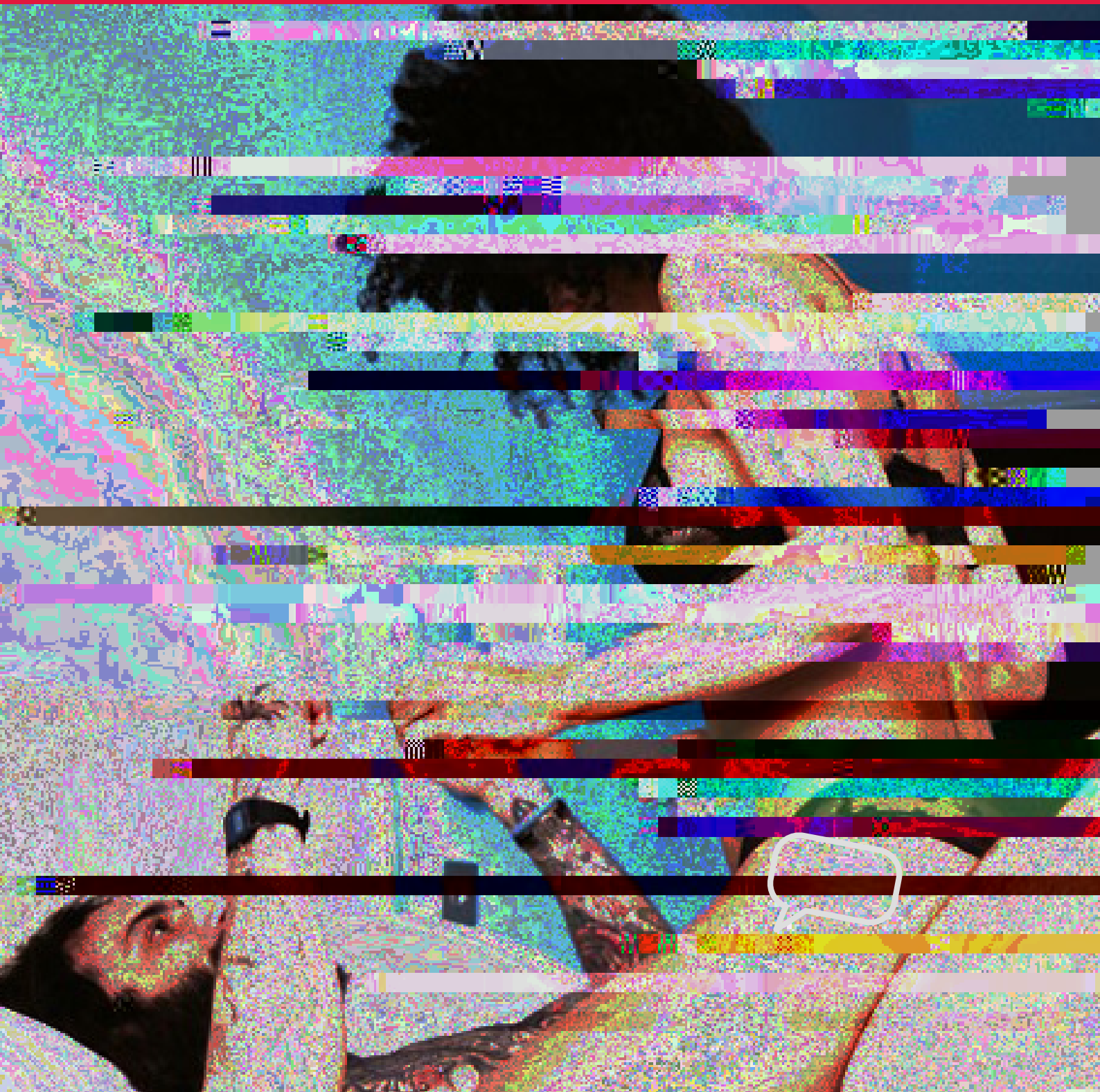




# Executive Summary

This report outlines the process and evaluation for the New South Wales (NSW) Sexual Health Promotion Youth Services Program 'Sexing up the sector' pilot in seven specialist homelessness services and one out-of-home care (OOHC) service.



The program was developed within the NSW Ministry of Health's Sexual Health Promotion Framework, which is a key component of the NSW Sexually Transmissible Infections Strategy 2016–2020.



- Scale up the pilot program to reach people across all NSW specialist homelessness, out-of-home care and youth services -
- NSW Sexually Transmissible Infections Programs Unit (STIPU) coordinate the Youth Services Sexual Health Promotion Program Scale-up through a leaders' group and a working group to commence in December 2019.
- Ensure that the scale-up includes:
  - the same elements as the pilot: training (*Sticky Stuff / Nitty Gritty/Doin' It Right*), resources (via Play Safe Pro) and support (via HARP health promotion staff and/or other key stakeholders)
  - offering the program to other youth services in NSW such as local council services
  - promoting the program to other priority settings with young people, such as schools and other education providers, mental health services and drug and alcohol services
  - continuing to provide youth services with selected printed resources from the Play Safe resource kit
  - the resources developed in the Aboriginal Sexual Health Promotion Program

Many thanks go to the members of the project team, who included:

- **Sarah Smith**, Health Promotion Officer, HIV and Related Programs Unit, South East Sydney Local Health District (Co-leader)
- **Colin Stokes**, Education Manager, Yfoundations (Co-leader)
- **Rochelle Avasalu**, Senior Program Manager (Sexual Health Promotion), STI Programs Unit, Ministry of Health (Co-leader)
- **Ben Corio**, Health Promotion and Training Program Officer, Yfoundations (Co-leader)
- **Bec Neufeld**, Health Promotion Officer, HIV and Related Programs Unit, Nepean Blue Mountains Local Health District (Co-leader)
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- **Carolyn Slattery**, HIV and Related Programs Health Promotion Manager, Hunter New England Local Health District
- **Bronwyn Leece**, Senior Health Promotion Officer,

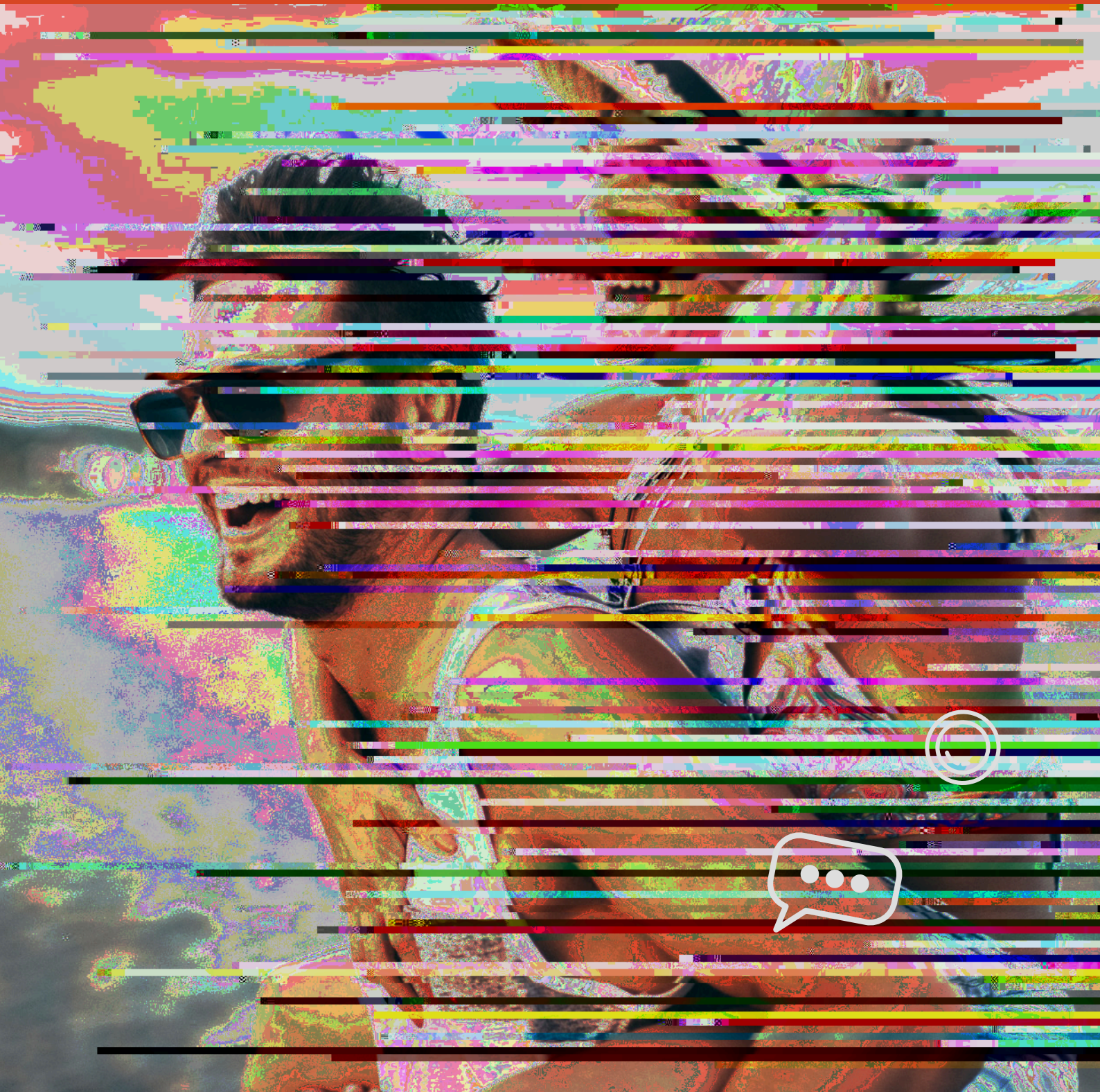
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# Background

The NSW Sexual Health Promotion Youth Services 'Sexing up the sector' program is a youth service capacity-building program that was piloted with seven specialist homelessness services and one out-of-home care (OOHC) service in three local health districts (LHDs) in New South Wales.



## **Background**

The program was developed within the Youth Services Framework Support Program by the Youth Services working group. The Framework Support Program was part of the NSW Ministry of Health's Sexual Health Promotion Framework that was developed to support the goals and targets of the NSW Sexually Transmissible Infections Strategy 2016–2020.

The goal of 'Sexing up the sector' was to build the capacity of youth services in NSW to engage with young people around sexual health. The program objectives were to:

1. Provide youth workers with access to resources to support engagement with young people around sexual health
2. Facilitate and support youth services to incorporate sexual health into policy and practice
3. Improve the sexual health knowledge, attitudes and confidence of youth workers to engage with young people around sexual health.

The program provided youth services with a sexual health resource kit, a one-day sexual health training session, and mentoring and support from the sexual health promotion workforce. The program was developed using a systematic health promotion planning process developed by BBV & STI Research, Intervention and Strategic Evaluation (BRISE) at the University of New South Wales. This process ensured that the strategies identified were informed by the evidence and stakeholder expertise using a theoretical domains framework. See Appendix A Program Plan.

### **Resource Development**

As a result of the systematic planning process, three resources were developed:

- The Play Safe resource kit was developed with key stakeholders from across NSW, led by the youth services program coordinators. The kit included organisational tools, practice guidelines and activities fully aligned to the Play Safe brand.
- The Sticky Stu training program was reviewed and rewritten to align it to the resource kit. This is a one-day, face-to-face program delivered statewide via Yfoundations and LHDs.
- The Play Safe Pro website was created to be a centralised location for resources and information that workers can access. This website is managed by STIPU with funding from NSW Ministry of Health.



# Pilot

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The purpose of the pilot was to determine whether 'Sexing up the sector' was feasible and effective in youth service settings in NSW and to inform statewide scale-up.





# Pilot

## Pilot Sites

Three LHDs volunteered to pilot the program with a local youth service. Specialist homelessness services were identified as preferred youth services, but an OOHC service was recruited to ensure a pilot site in Sydney. This ensured representation from urban, regional and rural settings including an Aboriginal-specific homelessness service in Hunter New England LHD (see table below).

Services participating in this pilot work with marginalised and disadvantaged young people. These young people are not being reached by mainstream sexual health promotion strategies. Specialist homelessness services provide a setting where young people are engaged

### Local Health District

### Youth Services

#### Hunter New England

**Samaritans**, Newcastle/Hunter  
**Wandiyali**, Newcastle/Hunter  
**Allambi Care**, Lake Macquarie/Central Coast  
**Ungooroo Aboriginal Corporation\***  
(all specialist homelessness services)

#### Nepean Blue Mountains in partnership with Family Planning NSW Penrith

**Platform Youth Services:**  
Katoomba House (residential)  
Penrith Glue\* (outreach)  
Katoomba Glue (outreach)  
Assertive Outreach Team\* (outreach)  
Richmond House (residential)  
Homeless Youth Assistance Program\*  
Richmond House (outreach)  
(all specialist homelessness services)

#### Western Sydney

**Life Without Barriers**, Baulkham Hills  
(OOHC service)

\*Service withdrew from pilot

The pilot sites had different capacities and situations that allowed for learnings about the program in various contexts that provided insight into the program's potential in a range of settings.

Hunter New England LHD HARP Unit dedicated a full-time health promotion officer and an Aboriginal sexual health worker (0.1 FTE) to the pilot's implementation, and the health promotion manager was involved in engagement with DCJ and youth service managers. Multiple services were engaged at this LHD and additional activities and training were delivered by Family Planning NSW

# Pilot

## Pilot Timeline

The first step was the recruitment of HARP health promotion staff to lead local support within three LHDs, Western Sydney, Nepean Blue Mountains and Hunter New England. A baseline survey was completed in June 2017 and pilot sites were engaged and recruited. The organisational checklist was completed between June 2017 and January 2018 and an action plan for each pilot site completed.

The Play Safe resource kit was completed and distributed to pilot sites in September 2017. A revised Sticky Stu training session ran with each pilot site in October 2017 and January 2018. Ongoing support and mentoring commenced in September 2017. Youth worker interviews were conducted 11 or 12 months after the pilot commenced in order to provide qualitative data and capture experiences. The post-pilot organisational checklists were completed in December 2018 to January 2019, 17 months after the pre-pilot organisational checklists.

Activity	April 2017	May 2017	June 2017	July 2017	August 2017	September 2017	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018	April 2018	May 2018	June 2018	Dec 18 --Jan 19	March 2019	April 2019
Program plan finalised and youth services baseline survey conducted																		
Recruitment of LHDs																		
Pilot implementation working group meeting																		
Engagement and recruitment of pilot sites																		
Pre-pilot organisational checklists completed and action plans developed																		
Resource kits provided to the LHDs																		
Revised Sticky Stu training delivered within youth services with Yfoundations and local health promotion																		
Mentoring and support by health promotion																		
Youth worker interviews conducted																		
Action plan reviews																		
Interim evaluation report																		
Post-pilot organisational checklists completed																		
Final evaluation report																		



The evaluation plan sat within a broader evaluation framework for the NSW Sexual Health Promotion Framework. The program evaluation used data from a range of sources allowing triangulation of the findings.

Data source	Collection method and purpose	Timeframe
<b>Youth service baseline survey</b>	<p>Condensed organisational checklist administered via SurveyMonkey.</p> <p>Sent to a database of services maintained by Yfoundations.</p> <p>Baseline data of youth service sexual health policy and practice.</p>	<b>Pre-pilot</b>
<b>Organisational checklist</b>	<p>Self-assessment checklist. The checklist is based on the five areas of action across the health promotion continuum in the Integrated Health Promotion Kit developed by Vic Health.</p> <p>Pre- and post-pilot data provided impact measures of organisational changes.</p>	<b>Pre- and post-pilot</b>
<b>Sticky Stuff training survey</b>	<p>Self-reported measure by participants who completed Sticky Stuff training on the day.</p> <p>Provided impact measure of changes in knowledge, attitudes and confidence.</p>	<b>Pre- and post-pilot</b>
<b>Health promotion monthly reporting</b>	<p>A monthly database of the number and types of contacts between pilot site and health promotion staff.</p> <p>Provided process data re implementation activities in setting and captures impacts in terms of changes made within youth services.</p>	



# Evaluation Key Findings

## **1. Youth service baseline survey**

An online survey was sent to 50 services and completed by 20. Services self-nominated, which may account for some over- and underreporting. The main strengths identified were the existence of local sexual health networks, some attendance at relevant training, and use of pre-existing health and living skills programs to include sexual health and condom distribution. The main challenges identified were limited use of online resources such as Play Safe, and a lack of youth-friendly games and resources. The baseline survey highlighted opportunities across the youth sector to influence policy and practice and youth worker skill development during the program.

## **2. Organisational checklist pre- and post-pilot**

Organisational checklists were completed in 12 sites across the three LHDs before implementation of the pilot and again 12–18 months after implementation in eight sites. Two sites were unable to complete the pilot due to staff changes, one site ceased operating and another site decided not to continue because their service focused on children under 16 years.

The results across the five areas of action, supportive environment, community action, health information marketing, sexual health education and skill development, and client screening and assessment, are summarised below.



## Supportive environment

1. Policies in place to support sexual health work with youth
2. Integration of sexual health content in programs
3. Free condoms readily available to youth
4. Private spaces available to talk about sexual health
5. Staff confidence in child protection policies and workers' rights and responsibilities
6. Strategies to engage and promote sexual health to parents and communities
7. Review and completion of the Exploring Values fact sheet in our resource kit

### Positive change was identified in five of the seven supportive environment measures

- Policies in place to support sexual health work with youth (pre: 8%, post: 88%)
- Integrate sexual health content in programs (pre: 42%, post: 88%)
- Free condoms readily available to youth (pre: 58%, post: 100%)
- Private spaces available to talk about sexual

# Evaluation Key Findings

## Community action

1. Youth involvement in sexual health activity planning
2. Organisation promoting and referring youth to external agencies that support sexual diversity
3. Organisation having links or partnerships with culturally relevant services or workers
4. Organisation participating in community events that promote sexual health
5. Organisation having links with local sexual health promotion workers

Figure 2. Community Action



### Positive change was identified in four of the five community action measures

- Youth involvement in sexual health activity planning (pre: 25%, post: 88%)
- Organisation promoting and referring youth to external agencies that support sexual diversity (pre: 75%, post: 100%)
- Organisation having links or partnerships with culturally relevant services or workers (pre: 67%, post: 88%)
- Organisation having links with local sexual health promotion workers (pre: 58%, post: 88%)

### One measure showed an area of decrease

- Organisation participating in community events that promote sexual health (pre: 42%, post: 13%)

# Evaluation Key Findings

## Health information marketing

1. Organisation's website having links to sexual health website such as Play Safe and FPNSW
2. Organisation's computers having links to online resources and websites and being used and promoted
3. Organisation using social media to promote youth sexual health
4. Sexual health posters and pamphlets on display

### Positive change was identified in three of the four health information marketing measures

- Organisation's website having links to sexual health website such as Play Safe and FPNSW (pre: 8%, post: 13%)
- Organisation's computers having links to online resources and websites and being used and promoted (pre: 8%, post: 63%)
- Sexual health posters and pamphlets on display (pre: 50%, post: 88%)

### One measure showed an area of decrease

-



### **Sexual health education and skill development**

1. Sta receiving training (e.g. Sticky Stu ) on engaging youth about sexual health
2. Sta completed cultural competency training
3. Sta completed gender and sexuality diverse training
4. Sta having easy access to various resources (games, activities) for youth sexual health work

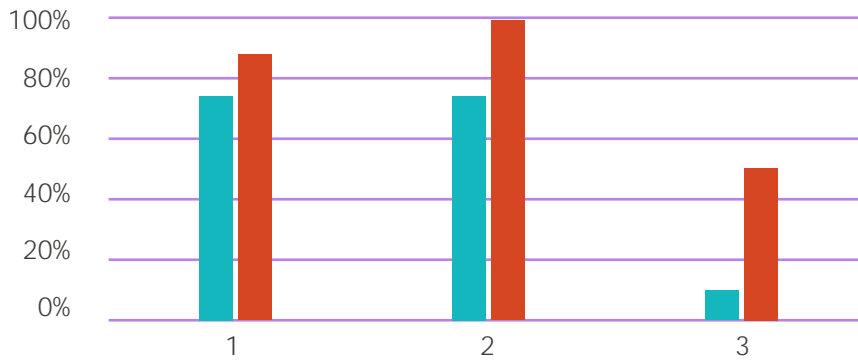


# Evaluation Key Findings

## Client screening and assessment

1. Organisation having links with various sexual health services with clear referral pathways
2. Referring youth to local services for sexual health
3. Using or promoting online screening tools for sexual health

Figure 5. Client Screening and Assessment



**Positive change was identified in all three client screening and assessment measures.**

- Organisation having links with various sexual health services with clear referral pathways (pre: 75%, post: 87%)
- Referring youth to local services for sexual health (pre: 75%, post: 100%)
- Using or promoting online screening tools for sexual health (pre: 8%, post: 50%)

### **3. *Sticky Stuff* training surveys**

Pre-training (n = 128) and post-training (n = 120) surveys were completed by Sticky Stu



## 4. Youth worker interviews

### **The *Sticky Stuff* training delivered within the youth service was supported:**

It's just good to learn about ways to engage with young people, and have information around what sexual health is ... As a whole, I ended up with a lot of the feedback from the team that it was presented really well. It was a really good information that was given. [No. 1, HNE]

[Training an entire service at once] ... worked really well for me 'cause as a supervisor of the team, I know that we are all working from the same place, we've all got the same information. [No. 10, NBM SHS]

### ***Sticky Stuff* training increased confidence to have conversations particularly in one-to-one engagements:**

I think doing the Sticky Stuff training... gave me a better understanding on how to bring sexual health up, especially with young people, and how to incorporate it into a conversation. [No. 4 HNE ASHS]

It just gave me some more tools and ways to approach and broach the subject of healthy sexual practice. [No. 4 NBM]

So it's more like: 'OK you've been having sex, have you been having safe sex? Are you confident putting on a condom? Let's talk about that!' Rather than doing an activity, it's more about a conversation, and having that one-to-one direct conversation, so yeah. [No. 8 NBM]

### **Workers recognised the importance of sexual health and including it in their assessments and case work:**

Now that we've done these training we've now incorporated sexual health in all our assessments, basically in all our home visits as well. For me personally, I find it really sort of easy now to bring that up and have that a general conversation with clients around it ... If we didn't do a bit of training, we wouldn't have any idea about that at all [No. 4 HNE ASHS]

I didn't do that as often as it needs to be, but I make it part of my general intakes and stuff now [No. 9 NBM]

## Evaluation Key Findings

### **Workers identified opportunities to use resources and integrate sexual health into programs:**

We have tried to implement this stu during Friday house meetings for consistency. We will continue to do it on Fridays and around the same time for consistently, so they eventually will just get used to it as part of the weekly discussions. [No. 2 WSLHD OOHC2]

I have used the resource kit, um, 'cause I was there with [HNE HARP HPO] during one of our sessions so I feel comfortable going through it. Some of our sta members don't know what's in there. Now I do o er to the young people who just come in to [the service and] show them how to use the condom and the lubricant and how to take it o and all that type of stu . [No. 6 HNE]

Since doing the Sticky Stu training, the permanent sta has now been trained up with the kits, to present, to do workshops on sexual health...I feel more confident, um, when I talk about it now. If I don't know anything, I'll know where to go, because, there are some, a few more resources at work. [No. 5 HNE]

The game that we played with the condoms and the oranges would be very good for them because it's fun. But it's also teaching them that you have to open the condom [pack], check the expiry dates, what to deal with them that they are strong, that they are big and di erent sizes, all that kind of stu . But they would find it very funny and engaging as well. That's the one that sticks out the most. [No. 3 WSLHD OOHC]

### **Few had the opportunity to do group activities. Finding time after training to use the resources was a challenge, though many spoke of intending to use them:**

I am not sure if my sta have even had the time to even sit down and look at it, and I know they get really busy so sometimes they don't. So I will bring it [up] at the team meeting and make sure that have all, they have a look through it. I will do that with my sta in my next meeting actually. [No. 10 NBM]

That's the time and especially on the weekends, 'cause there are two workers on the weekend, that's the time when all the di erent resources come out in the evening. Generally, the day-to-day kind of thing is more about supporting them to appointments and following up with schools and all of that kind of, those kind of things. [No. 1 HNE]

**Workers identify what extra resources they required:**

We only got it last week. We haven't used the whole lot of it yet because we don't wanna ruin it for everybody else—if we use everything in it and they get messed up. I am a kind of a bit worried and suggested it. It would be helpful for each of houses to have one. [No. 4 WSLHD OOHHC]

**Workers now had knowledge of local health promotion, clinical services and other services to support young people. They felt more confident accessing them:**

I mean I didn't even know there were sexual health clinics around the town at all until the training ... It's good we're able to let clients know that they [sexual health services] are out there obviously. Some services are on online and some other services, well, you jump on the phone to have a chat with services and see these nurses and doctors. It's the big thing for us here. [No. 4 HNE ASHS]

I do know there's a lot of other services that we can refer to since I've done the Sticky Stu training, in regard to that, especially, in regards to the LGBTQ community. But usually, we refer them to the GPs. [No. 5 HNE]

**Workers spoke of ongoing barriers to delivering sexual health in the youth settings:**

But the way we run it, it's kind of every day a bit of a crisis [mode]. You've gotta deal with the crisis and then if you have time left over, we can plan for [something else] [No. 4 WSLHD OOHHC]

We were required to do the Sticky Stu

**The need for trauma-informed practice with young people in crisis and OOHC was considered important and trauma histories were seen as barriers to doing sexual health work:**

I didn't expect my young person that was 16 to really freak out at condoms ... We don't know anything about these kids' trauma and we don't know what's gonna be a trigger for them ... I don't think we can ever be 100% prepared to deal with it. But I think when that happened, we need to be, just, I don't know, I just stopped it and moved away, I don't, because [exhales] like you obviously need to be aware of condoms and stu , right? [No. 2 WSLHD OOHC2]

**Workers needed support adapting**



## Evaluation Key Findings



### 5. Health promotion reporting

Data from health promotion monthly reporting is included in the following table. This highlights the mentoring and support activities provided to youth services. Changes made within youth services as a result of pilot activities are captured. Due to health promotion staff changes, this







# Evaluation Key Findings

Process indicators	Recruiting and engagement 101.2.626.5873S0 gs0 10 -a1 0 0 1 51.6i10 -s 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	



## **Opportunities and successes**

As a result of this pilot, organisational change occurred. Workers are now aware of how to access tools and resources including the Play Safe website and the Play Safe resource kit. They also have better knowledge of sexual health services and supports to help them work effectively and more inclusively. Most are engaging more comfortably in sexual health conversations with individual clients rather than in groups.

A comparison of the organisational checklist conducted before and after the implementation revealed positive change in 19 of the 24 measures. The greatest change was evident in the incorporation of policies to support sexual health work with young people. At the end of the pilot, seven sites reported having sexual health policy in place, which is a 600% increase from baseline. The availability of the Play Safe resource kit led to significant changes with the organisation. The Model Sexual Health Policy enabled services to more easily adopt policy into their organisation. The Condom Protocol tool was incorporated in staff orientation packs, which ensured that staff were aware of current information. Post-implementation checklists showed that all sites had established or partly established links to sexual health services and health promotion. Workers are now aware of how to access tools and resources including the Play Safe and Play Safe Pro websites and the Play Safe resource kit. As a result of the pilot most workers are engaging more comfortably in sexual health conversations with individual clients rather than in groups.

Sticky Stu training has provided a platform for organisational culture change by building the knowledge, skills and confidence of workers to initiate conversations and incorporate sexual health within their daily client work. Delivering training within a whole-of-service approach enables strong opportunities for organisational change through providing an opportunity for the organisation as a whole to reflect on their service's current practice, discuss issues and identify and plan for changes. However, a whole-of-service approach may not an efficient use of resource if the service is





## **Achievements**

Despite these limitations, the pilot has demonstrated feasibility and effectiveness in achieving its objectives:

- Youth workers' knowledge, attitudes and confidence in advocating for and engaging with young people around sexual health have improved.
- The program has built youth worker knowledge of where they can access sexual health promotion resources, sexual health promotion support and clinical services.
- Youth workers have accessed and used the resources with their clients.
- Youth services have incorporated sexual health into their organisational policy.
- Youth workers are engaging in sexual health promotion activities with their clients.

In terms of future sustainability, existing mechanisms that support the program are:

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