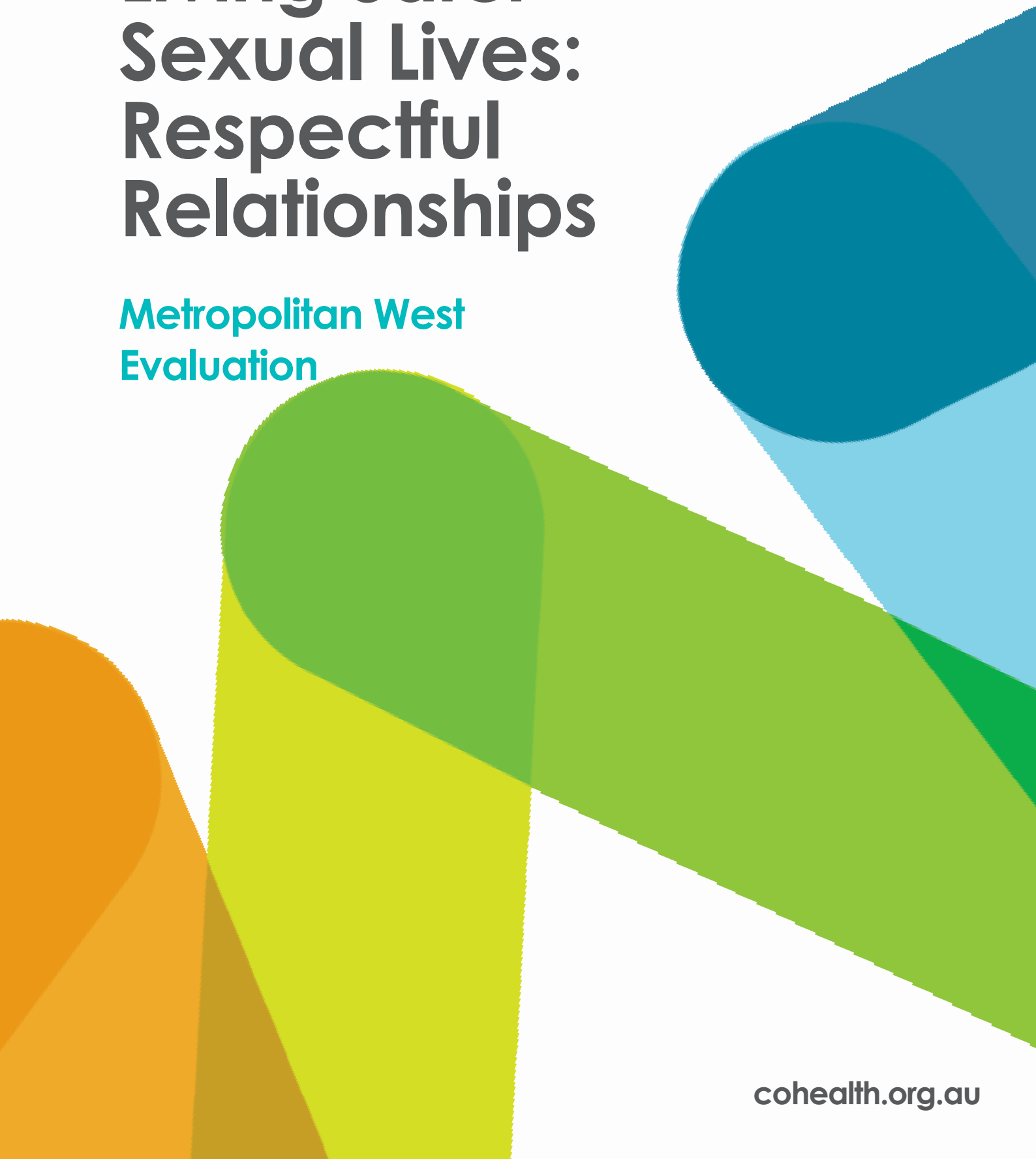
cohealth

Living Safer Sexual Lives: Respectful Relationships

Metropolitan West Evaluation



cohealth.org.au

Contents

Acknowledgements:

This evaluation was completed by Jessica Smart (cohealth) and the Living Safer Sexual Lives: Respectful Relationships project network: Lisa Frost (Brimbank City Council), Liz Wright (Maribyrnong City Council), Shane Edwards, Victoria Cini, Daniela Kotevski, Tom Bevan (Hobsons Bay City Council), Annie Laughens, Heidi Peart (Moonee Valley City Council) and Shea MacDonough.

We would like to thank all peer educators, co-facilitators and participants who gave their time for interviews, and Amie O'Shea for her advice and support when developing the methodology.

Executive Summary

Living Safer Sexual Lives: Respectful Relationships (LSSL:RR) aims to enable people with intellectual disability to have healthy, safe and respectful relationships, sexual lives of their choosing, and good sexual and reproductive health outcomes.

After an eighteen month planning and pilot phase in Melbourne's west, there is evidence to suggest that LSSL:RR is making progress towards meeting these aims. This evaluation suggests that participation in the program can improve communication and strengthen significant relationships, whether these are with a partner, a family member or a staff member. Working on the program positively impacted those involved by increasing skills, knowledge and confidence. There is some evidence of organisational change and increased visibility of people with a disability in some partner organisations, with one significant case of improvements in accessibility and inclusion of people with intellectual disability. There has been an increase in sexuality and relationships projects with people with intellectual disability across the western region, and there is potential to continue to build on the success of LSSL:RR.

This evaluation report contains detailed findings from a participatory evaluation conducted by the project network. This report evaluates outcomes and processes of the project, as well as identifying areas to be strengthened. Key recommendations are listed throughout the report and a full list is available on page 30.

This evaluation recommends that:

1. LSSL:RR be extended beyond the pilot phase
2. cohealth remain the project lead until review in July 2017
3. Peer educators be made full and equal partners in project
4. Project network to develop a detailed budget and implementation plan based on recommendations for the twelve months to July 2017
5. Project network to develop a detailed budget and implementation plan based on recommendations for the twelve months to July 2017

Background

Cohealth is a partner in *Action for Equity: A Sexual and Reproductive Health Plan for Melbourne's West 2013 -2017* which identifies people with a disability as a population target group for sexual and reproductive health promotion. One objective of Action for Equity is to:

> *Deliver health promotion programs that promote the sexual and reproductive health and human rights of people with a disability (Taylor and Vu, 2013)*

To address this objective in 2013 -2014, cohealth(then Western Region Health Centre) undertook a literature review, regional project mapping and consultation with key stakeholders to identify existing work, opportunities, and priorities in sexual and reproductive health promotion with people with a disability.

This research identified that people with intellectual disability, particularly women, are more likely to be victims of sexual assault than people without intellectual disability, and are also at higher risk of a range of poor sexual and reproductive health outcomes (Servais, 2006). People with disability face significant barriers to healthy relationships and good sexual health including lack of access to information and education, discriminatory social attitudes and restrictive families or support services (Smart, 2014). The regional project mapping found that there was almost no sexual and reproductive health or violence against women primary prevention activity occurring with people with intellectual disability in the region. One exception was Relationships and More Personal Stuff (RAMPS), a program piloted by Maribyrnong City Council and Hobsons Bay City Council early in 2013.

The literature review and consultations identified Living Safer Sexual Lives: Respectful Relationships (LSSL:RR), a primary prevention program developed by La Trobe University, as one of the few evidence based and evaluated projects developed to address these issues.

A partnership between cohealth and local government metro access staff was formed. Metro access is a council delivered program that supports people with a disability and their carers to have equal participation in community life. The program is a partnership between each metropolitan local government area and the Victorian Department of Human Services. The aim of metro access is to build the capacity of local communities across metropolitan Victoria so that they are more welcoming and inclusive of people with disabilities. Metro access workers have a variety of objectives, including: support for people with disability to participate in community life, ensure inclusive planning, building networks and offering advice to local service providers, ensure access to information and strengthen local community supports for people with disabilities and their families through a variety of diverse projects and initiatives.

Project Description

Living Safer Sexual Lives: Respectful Relationships(LSSL:RR) is a peer-led primary prevention sexuality and relationship project that trains people with an intellectual disability as peer educators and workers from the disability and community sectors as co-facilitators. The project seeks to build sector capacity around sexual health and prevention of violence against women.

LSSL:RR was developed by La Trobe University and piloted in three sites in Australia from 2009 – 2011. The project was designed to work on a number of levels (see figure 1) using an ecological model of abuse prevention. People with an intellectual disability; 'peer educators' are trained to deliver sessions about respectful relationships. Support people; 'learning partners' enable participants in the program to continue their learning outside of the session. These elements work at the individual/relationship level (Frawley et al., 2012). The co-facilitator model seeks to impact the community and organisational levels through recruiting and training professionals from the disability, community and health sectors to co-facilitate the program alongside people with intellectual disability. Research and evaluation contributes to the evolving evidence base and encourages societal change through attitudinal change and increases in knowledge and awareness (Frawley et al., 2012). In the western metropolitan region, the development of the Respectful Relationships, Rights and Advocacy for people with Disability (RRRAD) Advocacy network is also contributing to LSSL:RR's aims of societal change.

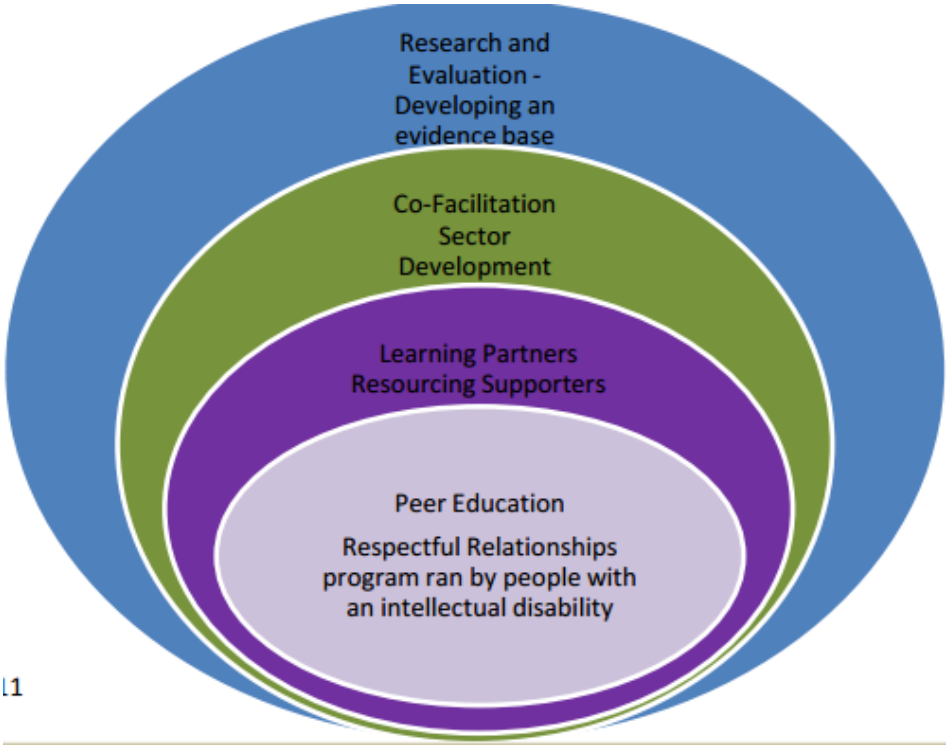


Figure 1: LSSL:RR Model (Frawley et al. 2010, cited Frawley et al., 2012)

A partnership was formed between cohealth and Brimbank, Maribyrnong and Hobsons Bay Councils in June 2014. Moonee Valley Council joined the partnership in February 2015. This project management team led by cohealth met regularly over 2014 – 2016 to plan, deliver and evaluate the program (See figure 2 for project structure). Key activities undertaken by this team include:

- Developing and undertaking a regional recruitment process for peer educators incorporating information sessions and individual interviews
- Selecting six peer educators to take part in training
- Developing a co-facilitator recruitment process. One additional co-facilitator was recruited from WestCASA
- Undertaking training to deliver the program as co-facilitators
- Promoting the LSSL:RR program, recruiting participants and delivering the program
- Developing and undertaking a participatory evaluation

Once peer educators were recruited all peer educators and co-facilitators began meeting bi-monthly as the project network to share information and provide feedback on project direction.

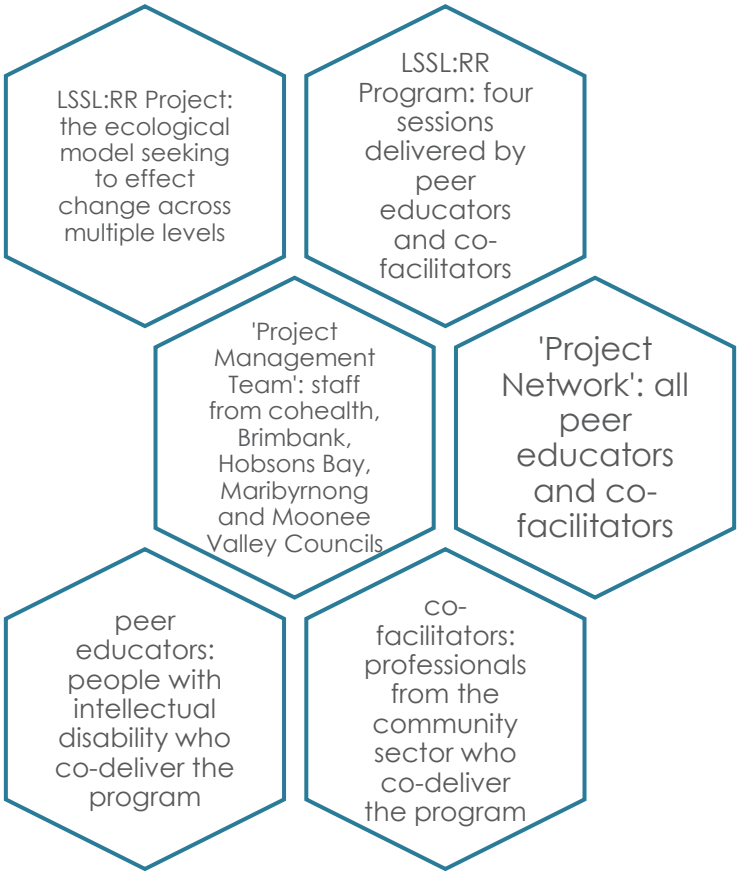


Figure 2: LSSL:RR Project Structure

Objectives

The program logic identified a number of anticipated short, medium and long term outcomes for the program. These outcomes are largely oriented towards participants attending the program.

Short term

- Increased knowledge of rights, sexual and reproductive health, respectful relationships and services
- Increased skills in self-advocacy
- Empowerment to self-advocate around sexual and reproductive health rights/issues
- Services recognise sexual and reproductive health/respectful relationships rights of people with intellectual disability
- Learning partners link participants into services

Medium term:

- People with intellectual disability are accessing sexual and reproductive services
- People with intellectual disability are self-advocating around sexual and reproductive health rights and issues
- People with intellectual disability are practicing safer sex and using contraception
- People with intellectual disability have healthy, respectful relationships
- Services are more responsive to sexual and reproductive health needs of people with intellectual disability
- Learning partners support participants to self-advocate

Long term

- Improved sexual and reproductive health for people with intellectual disability
- People with intellectual disability have healthy, safe and respectful relationships and sexual lives of their choosing

Evaluation Scope

The evaluation aimed to establish whether the project was meeting its objectives, and whether (and how) the project should continue after the evaluation phase. The evaluation had both process and outcome indicators, and is intended to be used by the project network, potential partners and funders.

The key evaluation questions were:

- What was the reach of the project?
- What were the barriers and enablers for recruitment and retention of Peer educators?

- What has the impact been on services involved in LSSL:RR?
- What did participants gain from attending the program?
- What were the barriers and enablers of program delivery?
- What are the recommended next steps?

Methodology

The evaluation plan and tools were drafted by cohealth and feedback and input was sought from the project management team. Consultation was held with Peer educators around the proposed questions, tools and delivery. Given the important role peer educators and co-facilitators had played in the development and delivery of the program, and the values of inclusion that cut through the project, it was decided that a participatory approach to evaluation would be undertaken. There is little published documentation of participatory evaluation undertaken with people with intellectual disability, and so the methodology was developed through consultation with peer educators, co-facilitators and staff from Deakin University. Ethics approval was gained from cohealth's Human Ethics Advisory Group, and peer educators and co-facilitators attended a half-day session on how to conduct research interviews delivered by Deakin University.

Evaluation was conducted between November 2015 and May 2016 and consisted of:

Subject	Activity	Total Number
Peer educators and co-facilitators	Focus group	11
Participants	Focus group	35
Peer educators	Interview	5
Co-facilitators	Short answer questions	5
Co-facilitator	Interview	1
Participants	Interview	7
Meeting minutes	Audit	20

Preliminary thematic analysis was completed by cohealth and findings presented to peer educators and co-facilitators for discussion and further analysis. Three collaborative analysis sessions were held and findings were written up by cohealth. A draft evaluation was submitted to partner organisations for feedback, and a workshop was held with peer educators to develop a plain English evaluation summary.

Evaluation findings

Outcomes

Outcomes for participants

Participant outcomes were in line with the objectives, with participants increasing knowledge (particularly in the area of respectful relationships) and improving communication with important people in their lives. For some, this resulted in healthier and stronger relationships.

The focus groups at the end of the program demonstrated increases in knowledge around respectful relationships and sexual assault with participants identifying the need for consent and the importance of respect and trust in relationships.

> *Interviewer: So did you learn anything in the program about relationships?*
> *Participant: Yeah*
> *Interviewer: What was that?*
> *Participant: Have respect for people*
> *Interviewer: And how might someone be respectful of someone else?*
> *Participant: Be polite and not rude*
> *Interviewer: Anything else?*
> *Participant: Loving and caring*

Both in the focus groups and interviews participants spoke about violence in relationships and how it was wrong. There was some evidence of increases in knowledge around safer sex practices.

> *Interviewer: Did you learn anything about… about.. that you think is important in the program?*
> *Participant: Definitely not forceful relationships. Definitely you don't force people into doing things that they don't want to*

Several participants who were interviewed continued discussions from the program with others in their lives. Some participants spoke about the program content with their boyfriend or girlfriend.

> *Participant: I can talk to [name] about it?*
> *Interviewer: Can you?*
> *Participant: Yes, she's my girlfriend.*
> *Interviewer: …Did she do the program as well?*

Participant: No
Interviewer: No? And did you talk to her about anything you learnt in the program?
Participant: I talked to her about what [inaudible] are, about talking to each other. Yes. We did.

One participant reported that attending the program had improved their communication with their family:

Interviewer: Can you share some of the things that you did learn?
Participant: My family
Interviewer 1: Your family?
Interviewer 2: What do you mean about your family ….?
Participant: To feel comfortable talking to them

This was not an experience shared by all participants, with one person reporting that they would feel uncomfortable discussing the program content with their family. One participant reported that they would get in trouble for discussing sex or relationship issues with staff at a service they use:

Interviewer: Have you talked to the staff about any of this stuff?
Participant: No
Interviewer: No?
Participant: I can't
Interviewer: No?
Participant: because I might get in trouble. That's why

No participants reported discussing any of the program content with their friends or with others that attended the program with them. This is not surprising given the social isolation experienced by many people with intellectual disabilities (Frawley et al., 2012; Smart, 2014).

For participants who did talk about what they learnt in the program with important people in their lives, there is evidence that these discussions improved communication and strengthened relationships. In some cases these were romantic relationships:

Interviewer: Since doing the program, can you think of anything that has changed your life, and in your relationship?
Participant: It's come a long way. We're stronger. We're better. We don't fight as much as we used to.

Interviewer: Since doing the program, can you think of anything that has changed in your life and your relationships?
Participant: Definitely more stronger
Interviewer: And can you give an example of that?
Participant: Trust more. There's more loyalty.

One participant improved relationships with his family, and another participant improved communication and relationships with a staff member at his home.

> *Interviewer: How did [the program] make you feel?*
> *Participant: Better*
> *Interviewer: Was there something about it that made you feel better?*
> *Participant: Made me feel better inside*
> *Interviewer: Why was that do you think?*
> *Participant: Because at my house, I don't like it when people argue at my house*
> *Interviewer: People argue at your house. And did coming to the program make you feel better about that?*
> *Participant: Yeah*
> *Interviewer: How come?*
> *Participant: When we have words… when me and [inaudible] have words, we talk about it*
> *Interviewer: Who's that?*
> *Participant: My staff member. If I've got a problem, I can get it off my chest*

Human rights (specifically around relationships and sexuality) are a key focus of the program. In the focus groups at the end of the program, some participants demonstrated increased knowledge of some rights, including the right to have a boyfriend, and the right to be gay.

> *Participant: People with disabilities should have their rights. Everyone has their rights. So they should have a right as well*

> *Interviewer: What do you think about rights for people with disability?*
> *Participant: They all should be equal*
> *Interviewer: Yes. Did you feel that way before you started the course?*
> *Participant: Probably not, no*

Several participants demonstrated an understanding of consent and of their right to say no:

> *Participant: More for my rights, I know I've definitely learnt how to say no to… if somebody's trying to force me or get me into trouble. So I took in my rights*

However despite this increase in understanding, there was no evidence of behaviour change; participants did not report any instances of self-advocacy.

In several cases, rights appear to have been understood or enacted by participants as helping others. Several participants spoke about the way they supported other people with a disability when asked about their rights.

> *Participant: I helped her; I helped her getting everything done.*

Interviewer: Okay, so you support [name] when she needs help
Participant: Yes … because she's disabled as well

Some peer educators and co-facilitators felt the cards in the program's 'Rights Activity'[1] were difficult for participants to comprehend, and that it was difficult for people to extrapolate from the activity to self-advocacy. There was agreement that the 'Rights Activity' within the program would work better if it was simpler and more experiential. Role plays were suggested.

In the focus group at the end of the program, participants identified some services from which they could access support around sexual health. However, in the interviews, most participants were unable to recall the names of any services:

Interviewer: In the program, we've talked about different places you can get help with relationships, sexual health, sexual assault or rights
Participant: Nothing really about help or anything. Not at all. Nothing
Interviewer: But do you remember that we talked about places that you can go to get help about those things?
Participant: I really can't remember. It's been a long time

There was some agreement that it was important to build people's confidence so that they could ask for help, and that LSSL:RR would be better focused on building awareness of rights and self-advocacy skills.

Recommendations:

- Redevelop the 'Rights Activity' to incorporate an opportunity for participants to practice self-advocacy (possibly through role play)
- Make resources and handouts with names and contact details of support services available to all participants

Outcomes for peer educators

There were a range of positive outcomes experienced by peer educators who worked on the program. All peer educators reported increased confidence, which in several cases had had a positive impact on their lives outside of the project. Peer educators increased skills and knowledge, and reported feeling equal and included in the project. Peer educators valued being able to make a contribution to the community through helping others.

[1] The 'Rights Activity' is a core activity in session three of the program

"I feel like the most important thing I've got out of [LSSL:RR] is like I've enjoyed basically helping them, you know answering any questions they have had or teaching them something they didn't understand" – peer educator

Peer educators spoke of their motivation for ongoing involvement in LSSL:RR as being around helping others. Some peer educators spoke about the lack of programs and services around relationships and sexuality available for people with intellectual disability and how important that made LSSL:RR.

"You are giving a service to people that don't access it otherwise. People with disability don't usually get taught about sexual health programs" – Peer educator

Peer educators increased their knowledge of sexual health, sexuality, relationships and services through their involvement in the program.

"The program opened my eyes to what's consensual and what's non-consensual" – peer educator

"You can learn a lot yourself especially if you didn't understand about everything yourself" – peer educator

This enabled peer educators to work more effectively on the program, but also to be able to provide support to friends and colleagues.

"I can give more advice to people if they need it" – peer educator

Increases in confidence were unanimously reported by peer educators, which they attributed to a range of factors to do with involvement in LSSL:RR. Some peer educators gained confidence through the training, while others gained confidence and increased self-worth from the fact that they are helping others. Some people found that successfully delivering the program increased their confidence.

"My confidence has really shot up…" – peer educator

"It has made me more outspoken" – peer educator

One peer educator spoke of how involvement with the program had increased their confidence to have a relationship themselves.

"I am more open to having a relationship now and I'm not being so scared…People think that people with disability can't be in a relationship but I've been in one for three months now and it's because of that confidence" – peer educator

Some peer educators reported how their involvement in LSSL:RR was positively impacting their lives outside of the program.

"It's made me feel more proud, more stronger… the more programs I run, the more powerful I feel" – peer educator

One of the successes of the program is the way it fostered genuine inclusion. A number of peer educators spoke of how they felt a sense of belonging with the project network and the project.

> *"I fit in, I actually, for the first time in my whole life, I really do fit in the program" – peer educator*

> *"I have enjoyed feeling like I am a part of it" – peer educator*

Peer educators also valued the opportunities to meet and work with a range of different people, and make friends with others.

For several of the peer educators, an opportunity to meet other people and make friends was a central reason for becoming involved in the program. Some people felt that there had been enough socialising through the network meetings and program delivery, but others felt that it would be beneficial to spend more time on social activities that were not strictly about work.

Recommendations:

- Ensure that milestones are celebrated with team lunches or dinners
- Promote social opportunities (e.g. local government accessible dance parties) to project network

Outcomes for co-facilitators

Most co-facilitators clearly identified positive impacts from being involved in LSSL:RR. The impacts they identified fall into two categories: increases in skills, knowledge and confidence, and an understanding and commitment to working alongside people with intellectual disability. Co-facilitators spoke of how they were able to share the knowledge and insights they gained through their involvement with the project with those around them; primarily colleagues, but also with family and friends.

Co-facilitators developed their skills in a range of areas including group facilitation, accessible communication, development of accessible resources and working with people with intellectual disability. Co-facilitators also reported increased knowledge in a range of areas including: intellectual disability, gender equity, violence against women, sexuality and relationships. Co-facilitators also increased their knowledge of the sector, identifying gaps in the disability sector around sexuality and relationship support. They also developed a greater understanding of the impacts of gatekeepers in lives of people with a disability.

A number of co-facilitators spoke of increases in their confidence because of their involvement in LSSL:RR. This included their confidence when discussing sexuality and relationships, and more broadly their professional confidence.

"I felt that this experience has really added to my work and given me new skills and confidence in my role"- co-facilitator

"For me the impact has been huge – I've a much better/deeper understanding of intellectual disability, of gender equity and violence against women. I've learnt, I've grown and I've faced my fears about openly talking about sexuality and relationships" – co-facilitator

Working with peer educators was a highlight for co-facilitators and a number of co-facilitators identified the impact of this on their practice.

"This project has impacted my practice by demonstrating the immense value of including people in the planning, delivery and development of programs that are for others like them" – co-facilitator

One co-facilitator spoke of their intent to include people with intellectual disability in the delivery of other training sessions that they delivered.

"As a result of the LSSL:RR training I will be investigating employing a co-facilitator to present the [organisational] training with me. I feel that the program further highlighted how valuable peer educators can be" – co-facilitator

For some co-facilitators, involvement in LSSL:RR piqued an interest in topics that they went on to independently research, improving their individual practice and having flow-on effects for their colleagues and services.

Outcomes for partner organisations

Partner organisations, particularly local government, had a strong base of inclusion of people with disability through programs, formal and informal consultations and advisory groups and networks. However, it was not always clear whether these things made specific adjustments to include people with intellectual disability. While some co-facilitators were tentative or cautious about identifying organisational change that had occurred as result of LSSL:RR, there is evidence that the project has had some significant impacts.

Some organisations involved in LSSL:RR made changes that have enhanced inclusion or increased the visibility of people with a disability. One partner organisation is seeking to engage people with intellectual disability to co-deliver future training and seeking additional ways to engage people with intellectual disability in decision making. Another organisation now has a person with intellectual disability on their Disability Advisory Committee, and an official council chambers meeting was held for residents with an intellectual disability for the first time. One organisation is now seeking to improve accessibility as outlined in the quote below:

"[Organisation's] customer service team will be assessing accessible communication, take accessible communication training and

implement tools and services to improve [organisation's] front desk communication" – co-facilitator

Awareness raising and attitudinal change is taking place in some organisations, with co-facilitators reporting raised awareness of violence against women with intellectual disability and raised awareness of the right of people with intellectual disability to have sex and relationships.

Co-facilitators have become sources of information for colleagues, providing information and resources and answering questions. A number of co-facilitators reported that LSSL:RR had put issues on the agenda for their organisations including prevention of violence against women with intellectual disability and the need for sexual health education for people with intellectual disability.

"[LSSL:RR] has also opened the much needed conversation around disability and sexuality; it's a conversation that is thankfully gaining momentum at the moment" – co-facilitator

One partner organisation spoke of the influence that their involvement had had on external partners, with other organisations beginning sexuality and relationships projects with people with intellectual disability.

However, there were some partner organisations that found it difficult to identify any internal change, acknowledging that there was more work to be done

"Internally, little or nothing has changed at [organisation]" – co-facilitator

More promotion was identified as a key strategy to garner more support, both internal and external, as was linking LSSL:RR in with existing health and wellbeing policies.

"I think as we work towards next steps and look at promoting the LSSL:RR program more widely there will be more potential for organisational change" – co-facilitator

Recommendations:

- Elevate the profile of LSSL:RR within and across partner agencies and promote it outside of the 'disability' portfolio
- Seek opportunities to promote LSSL:RR through awards, conferences and press
- Seek opportunities to raise the profile of peer education

Growth of regional work and development of RRRAD Network

LSSL:RR has been the catalyst for other work, with two partner organisations exhibiting 'Outing Disability', an exhibition portraying LGBTIQ people with disability, and two partner organisations working together to hold a forum on relationships and sexuality for people with intellectual disability.

> *"'Outing Disability' seemed a logical extension to LSSLRR to keep some momentum up about talking about the topic of people with disability and relationships" – co-facilitator*

Many of the peer educators and co-facilitators referred to how much the program was needed. This was understood as being due to the high rates of sexual abuse experienced by women with intellectual disability, and also due to the lack of access to information and education that people with a disability face to having safe and respectful relationships.

> *"I do believe there's a lot of people out there who need our programs" – peer educator*

There was much discussion at network meetings and during evaluation sessions about what else needed to be done to enable healthy relationships and good sexual health for people with intellectual disabilities in schools, in disability services, with families and in the community. There was acknowledgement that LSSL:RR can't meet everyone's needs, and that there are other services and groups that could do some of this work.

The desire to advocate for healthy relationships and good sexual health for people with a disability led to the development of the Respectful Relationships, Rights and Advocacy for people with a Disability (RRRAD) Network, of which several LSSL:RR peer educators and co-facilitators are a member.

Participants in the program

Two information sessions held for Peer educators with a total of 13 people attending

Eight interviews held to recruit peer educators

Three program information sessions held, attended by a total of 33 people with a disability

Six peer educators and six co-facilitators trained

Five peer educators and five co-facilitators are still actively engaged

Five programs delivered (20 sessions), attended by a total of 37 participants

Three presentations given to a total of 75 people

Development and Delivery Process

Leadership, Partnership and Governance

The partnership, leadership and governance of the project were mostly perceived as having a positive impact on the project. There is interest in giving peer educators a greater role in project planning and decision making.

There was consensus around the value of the partnership, with people getting value out of the networking that took place. There were strong relationships between group members which enabled the group to work effectively, but which made it difficult for group members who came later to feel like they belonged to the group.

Members of the partnership were able to learn from each other, share ideas, and plan for future collaborations. The diversity of the network was identified as a strength, but also a challenge, as at times there was a lack of a shared understanding of the aims and purposes of the project and this sometimes made decision making difficult. It was suggested that the failure to determine what success would look like as a group prior to commencing the project may have contributed to these challenges.

Several people identified the value of having a mainstream health organisation lead the project as this meant that the project was situated as a 'health' rather than a 'disability' project, and also meant that there were existing relationships with community health, women's health, relationship and sexual assault services.

A number of the co-facilitators discussed the importance of having a dedicated project lead who could 'handle the logistics'; convene meetings, organise training and be a contact point for the peer educators. The important role of the project lead was mentioned a number of times in terms of project management, but also in terms of providing support to co-facilitators and peer educators.

> *"The project needs someone who is resourced to do that work, to hold it all together" – co-facilitator*

Governance was discussed and governance models were refined at different times during the project. Once peer educators were engaged in the project there was a desire to include them in project planning and decision-making in a meaningful and practical way. During the program delivery, the project management team (staff from cohealth and the local governments) retained decision making authority and key decisions were made in monthly project management team meetings. The project network (all peer educators and co-facilitators) began meeting in May 2016 and had an information sharing and advisory role. Some co-facilitators would like to see peer educators having a larger contribution to decision making in future.

As the project developed there was growth in the role of the peer educators, with peer educators progressively taking on a greater responsibility in decision making and evaluation. There was a majority view that future governance of the project should include peer educators in all aspects of decision making, and that this should be taken into consideration when budgeting.

Recommendations:

- Peer educators to have a full and equal role in all project decision making
- Ensure project budgets include payment for peer educators to participate fully in project planning, delivery and evaluation
- Establish clear project aims and objectives as a group, and determine what would constitute success in each area
- Ensure that one mainstream health organisation retains leadership and coordination of the project and network
- Seek partnership with other disability, health and relationship support services

Training

The co-facilitators and peer educators come from different backgrounds and have different levels of prior knowledge about the content areas of intellectual disability, sexual assault, sexual and reproductive health, prevention of violence against women and respectful relationships.

Four days' training was provided by La Trobe University (now Deakin). Peer educators and co-facilitators reported that the training was a safe and comfortable environment where people could speak, listen and learn without judgement. The group appreciated that the training was delivered to peer educators and co-facilitators together "as one", and this built a foundation for the strong relationships that developed among the network.

The focus group held at the end of the four days' training demonstrated that the group had increased knowledge around rights, relationships and sexual

health, although sexual health was identified as an area people would like more information about. Some people found it difficult and embarrassing to talk about sex initially, but became more comfortable over the four days.

The area which showed the most growth in knowledge and understanding was the area of 'rights': peer educators were able to identify key rights around relationships and sexuality and some of the challenges that people with a disability experienced when seeking fulfilment of these rights.

> *"People say you can't be a parent – everyone can have a child, it's a right" - peer educator (Training Focus Group)*

> *"You need confidence to speak up" – peer educator (Training Focus Group)*

Peer educators and co-facilitators identified a range of areas that they think the training should have covered (see appendix 3). Further training around the issue of violence against women was sought, and most co-facilitators attended a half day training session delivered by Women's Health West. The project network identified a need for further training around sexual health, and Family Planning Victoria delivered a day long workshop to peer educators and co-facilitators. Some co-facilitators attended training at CASA House around responding to disclosure of sexual assault.

Peer educators were keen for more training and more opportunities to develop their skills. Local government was identified as a space where peer educators could be connected with leadership and professional development opportunities, and also further work as peer educators.

Recommendations:

- Additional training on violence against women and sexual health to be made available to all peer educators and co-facilitators
- All partner organisations to seek opportunities for peer educators to access further training, professional development and leadership/employment opportunities

Engagement of Peer Educators

Peer educators were recruited through publicity, word of mouth and information sessions, and individual interviews were held. This was successful, recruiting six peer educator,s all of whom attended the four days' training. One peer educator was not able to continue through to program delivery, but has since expressed interest in re-joining the program network.

How the peer educators were acknowledged and rewarded for their contribution of the project was one of the challenges experienced by the project management team, and was the subject of discussion and debate at

meetings over a seven month period. People on a disability support pension can experience impacts to their pension payment for working. Whether these impacts are real or perceived, it was a source of concern for some peer educators and co-facilitators. The nature of LSSL:RR meant that peer educators would only have occasional work that was not permanent or ongoing. In addition to this, people with a disability (particularly intellectual disability) face discrimination in employment and often inadequate remuneration for work. Balancing these two facts as well as the realities of working in large organisations with unclear or complex financial processes for honorarium payments was difficult.

> *"this was challenging because project partners were split on how this would work and what was the right course of action to take" – co-facilitator*

The decision about how to engage and pay peer educators took a long time to make, and came later than ideal in the project.

> *"it should have been something we solidified during the project scoping" – co-facilitator*

Peer educators were engaged as volunteers and paid an hourly honorarium. This worked well for some peer educators, and other peer educators found this confusing. Some peer educators prefer the current volunteer with honorarium system, while others would prefer to be engaged and paid as employees. A number of co-facilitators would also prefer that peer educators were engaged and paid as employees.

> *"[peer educators being paid honorariums] took away a key strength of the project which was real equality between co-facilitators and peer educators" – co-facilitator*

> *"it varies depending on who you are and what you are doing with yourself you know. I'm happy to just be on that voluntary thing" – peer educator*

Peer educators articulated clear differences between being volunteers and employees, seeing volunteerism as less valued than being an employee. Peer educators consider their work on LSSL:RR as a job rather than a volunteer position, but felt that being employed rather than being a volunteer would be beneficial in terms of future employment, demonstrating willingness and ability to work to Centrelink and employment agencies, supporting loan applications with banks, challenging social attitudes about people on the disability support pension and feeling more professional.

> *"I don't really see us as volunteers I see us equally, an equal partnership in a way" – peer educator*

> *"I would choose the employee. Because I feel like its more clearer,…as an employee it just sort of makes me hold my head up higher" – peer educator*

There were a number of internal challenges with engaging peer educators as volunteers at cohealth, including paperwork and processes and payment of honorariums. These complexities caused delays with the scheduling of the first program, delays in establishing honorarium rates and processes for peer educators, delays in payment of honorariums to peer educators, and was stressful for team members.

Recommendation:

- Peer educators should become casual employees with the lead agency
- Cohealth improves accessibility of volunteer engagement and honorarium payment practices

Peer educators and co-facilitators working together

The model of peer educators supported by co-facilitators to deliver the program was effective. Peer educators and co-facilitators supported each other and enjoyed working together and strong relationships grew in the team. Most people gained a lot from this experience, although some co-facilitators found it difficult to relinquish control of the sessions to peer educators.

> *"I thought I would be the support to the peer educator at all times and that the relationship would possibly require me to give more. In actual fact the peer educators in the program proved to be my support" – co-facilitator*

> *"I like the fact it's got co-facilitators, it give you the independence to do the job well but also at the same time it's great to have that support on the side" – peer educator*

> *"You've been really good by supporting us, in helping us giving the program out" – peer educator*

The training provided by La Trobe University modelled how peer educators and co-facilitators could work together, and peer educators and co-facilitators valued being taught 'as one'

> *"[Trainers] set a really good example for us" – co-facilitator (training focus group)*

For some co-facilitators it was their first time working alongside people with intellectual disability, and in general co-facilitators gained a lot from this experience. Some co-facilitators found that the peer educators contributed

more to the project than they expected, and co-facilitators noted that the peer educators were able to relate to the people that attended the program in a way that co-facilitators could not. The value of working with people with lived experience of intellectual disability was also observed by co-facilitators. This was also articulated by peer educators, who spoke of being able to relate to the stories.

> *"The peer educators made the [local council] program – stepping up when they needed to and really relating to the participants in a way I never could" – co-facilitator*

> *"Getting to know the stories as well because you could relate to them in a way" – peer educator*

Generally peer educators and co-facilitators felt that they worked well together, and peer educators spoke of feeling part of the team. This was more difficult for some people than others and there was some evidence to suggest that at times peer educators were sidelined by co-facilitators, and that some co-facilitators struggled to find the right balance between supporting peer educators and 'taking control' of the session, for some this was due to the pressure they felt to make sure the program was a success.

> *"…[co-facilitator] always tried to be in control. That sort of made me feel like well what am I doing here" – peer educator*

> *"I think that balance between co-facilitator and peer educator is really difficult because I struggled myself with that to try and find a line between trying to take control versus the peer educators themselves taking that control" – co-facilitator*

One peer educator felt that they weren't being informed of the whole picture with regard to information about people who were attending the programs which made their role as peer educator more difficult. As a result, transparency and communication outside of the sessions were identified as important.

> *"There was a situation with communication and behaviour with one of the people in the group and I wasn't aware of that. I would like that noted"- peer educator*

Recommendations:

- Consider a 20 – 30 minute debrief with peer educators and co-facilitators after delivering each session
- Ensure peer educators are made aware of any issues or concerns with participants prior to delivering sessions

The Program Model

It is clear that the story and discussion-based model is effective. Both focus groups and interviews demonstrated that participants enjoyed the program. Both co-facilitators and peer educators discussed the relatability of the stories for the participants attending the program, and how the stories worked 'as a catalyst for conversation'.

> *"Giving people the opportunity to talk and relate in a respectful, safe environment was an amazing experience – powerful" – co-facilitator*

The group discussion was a highlight of the program for many participants, with people enjoying the opportunity to share ideas and talk over the topics of the program with each other. The discussions in the program prompted deeper thinking for some people. Participants appreciated the program being discussion-based, with no need to read or write, and enjoyed the group aspect of the program.

> *Participant: "The talking was great. Awesome*
> *Interviewer: Why did you like it?*
> *Participant: Because it's good to think about things you know. Think about things you know not just…not just always being happy or sad. That's about it"*

There was very strong support for updating and improving the quality of the films and sound. Peer educators and co-facilitators reported participants becoming distracted and losing attention during the films, and this was attributed to the sound and picture quality, length and the reading/storytelling style of the videos. There were also recommendations to update the printed material. Co-facilitators and disability services recommended including definitions of key terms in the program.

There were a number of suggestions for additional topics to be included, a full list is in appendix 3, but frequently mentioned issues by peer educators and co-facilitators were LGBTIQ relationships and issues related to social media and online dating. In addition to the duration of the program, the most common recommendation from participants was including more information about safe sex and STIs.

> *"I think we should… I think we should talk more about sexual health and sexual assault and all that. Like, more like what diseases you can get and that" - participant*

A common issue raised was the complexity of the material and the number of concepts covered in each story. A number of people felt that this was too much and that participants had not understood the material. For some participants the resources needed to be more visual and less wordy, and there needed to be more interactive activities.

There was generally an acceptance that the content in the program is complex and can be difficult to understand, and that different people have different views and ideas about relationships and sex. It was accepted that participants in the program will have different levels of understanding of the content and different beliefs, and that this is okay and acceptable, however the onus is on the peer educators and co-facilitators to ensure the key messages of the program are being delivered in a way that meets the needs of participants.

Recommendations:

- Include definitions of key concepts in each session
- Update the videos
- Have updated stories that include LGBTIQ relationships and modern technology (e.g. online dating, sexting)
- Offer concurrent session/s on sexual health with a sexual health nurse or specialist service

Families, Carers, Services and Learning Partners

There were conflicting views held about the role of families, carers and services in LSSL:RR. Families and services were seen as an effective way to engage with and recruit people with a disability, but they were also seen to be gatekeepers who created barriers that prevented people with a disability from hearing about or participating in LSSL:RR.

There were some participants who were concerned that people in their lives would find out they were attending the program.

> *"There was certainly an element of concern expressed that they didn't want to let their parents/carers know that they were talking about sex and relationships" - co-facilitator*

Services appeared wary of families, seeking consent from families when not necessarily required.

> *"In our instance the service sought parental consent prior to participants signing up for the program. They did this even though the participants could give their own consent. The service was concerned about "opening a can of worms" – co-facilitator*

There was an acknowledgement that families, carers and services are also struggling with knowing how to address sex and relationships for the people with disability that they support. It was thought that engaging families, carers and services might encourage them to support people with disability in participating in the program.

> *"There needs to be further educational sessions with families and carers to break down barriers that are existing regarding sexual health and information" – co-facilitator*

Although services who supported their clients to attend the program were not included in this evaluation, discussions with one service demonstrated that LSSL:RR may be beneficial for services, with a staff member reporting that following their clients' participation in LSSL:RR they found it easier to have conversations with their clients around sex and relationships, and that they had become better at setting privacy boundaries around conversations on these topics.

Peer educators also suggested including families and people without disability.

> *"Maybe the program could be broader and include other people in the community as well. Like people (with disabilities) friends and family….that way we wouldn't be running the program like it's in a bubble, just disability focused, we could include everyone" – Peer educator*

There was agreement that it was necessary to keep the sessions closed from families and workers, and that people with disability needed to remain the primary focus of LSSL:RR. However it was thought that there would be benefit to sharing more information with families and services, both to encourage them to facilitate participation in the program for the people they support, but also so that they themselves can better address sex and relationships with people with disability.

There is an element within the LSSL:RR program model that would seem to meet this need; the 'learning partner'. A learning partner is someone who supports participants with their learning outside of the four sessions of the program. This could be a friend, family member or staff member of a service. There is a separate workbook for learning partners.

The learning partner element of the program wasn't well utilised by participants, with only a small number of participants taking learning partner books and an even smaller number reporting they had shared the book with someone in their life.

There were two reasons suggested for the low uptake of this option by peer educators and co-facilitators; firstly that some participants may not have someone in their life they want to talk about sex and relationships with, and this should be a personal choice; and secondly the learning partner option needs to be explained earlier than the first session.

However a few peer educators identified the need for people without disability to support people with disability who attended the program, and one participant reported that he would have liked additional support from a worker.

There was consistent agreement that there needed to be a way for participants to extend the learning they do in the program, and that the learning partner option is good in theory. It was suggested that participants may be more comfortable doing this in a group, rather than one on one, and that learning partners needed to be supported too.

Recommendations:

- Give information about the learning partner option to participants prior to the first session
- Consider supporting the development of a follow-up discussion group for participants.
- Offer a single LSSL:RR session for parents, carers, services and other learning partners

Who is the program for?

There was much discussion during the program delivery phase and evaluation about the target group for the program. Recruitment was a challenge and there were some participants whose behaviour was challenging for the peer educators and co-facilitators.

There were challenges with recruiting participants to the program. A number of programs were delayed due to low numbers of registrations. This was often attributed to gatekeeping of information by services and families.

Participants were asked how they found out about the program. The majority of participants via information sessions held at the disability service they attend, demonstrating the value of having disability services engaged and supportive of the program. Others found out about the program through word of mouth from a friend, through workers who support them or through direct contact from the worker organising the program. Suggestions for how to recruit participants are listed in appendix 5.

Some peer educators and co-facilitators found participants in their groups challenging. This was both because of particular participants who displayed challenging behaviours and also because of participants who believed that sex was bad and wrong and shouldn't be discussed.

> *"I feel the hardest part was working with clients that… say no no no sex is not good" - peer educator*

Programs were delivered to a range of different groups with individuals of different needs and abilities. Programs delivered to groups with higher support needs were more challenging, and participants who had never been allowed to discuss sex or relationships had significant barriers to overcome before they could participate in the program. There were comments made

that the program was unsafe for people who were not ready to discuss sex and relationships, and that in some cases incorrect assessments had been made about people's readiness to attend LSSL:RR.

There was agreement that the program structure and material was better suited to higher functioning and more independent participants whose thoughts and comments contributed to richer conversation. There was an observation among peer educators and co-facilitators that these people enjoyed the program more and got more out of it. However, it was also acknowledged that some people might be quiet and not contribute to the group discussion, but this was not necessarily a reflection of how much they were learning.

There was consensus that the program as it is currently run, is better suited to higher functioning individuals and people who have not been institutionalized, and it would need modification of content, delivery and program length to work effectively with other groups with higher needs. There was a strong view that all people have a right to access information and education, and this was identified as an advocacy priority.

Recommendations:

- Discuss the program with each participant prior to the program starting to ensure they are aware of the content and ready to attend
- Focus recruitment on people who have a degree of independence (e.g. people in employment services)and readiness to attend the program
- Ensure that access to information and education for all people with intellectual disability is an advocacy priority for the RRRAD Network

Time and competing priorities

A number of co-facilitators mentioned the challenge of juggling LSSL:RR and other projects, and the impact of this on both LSS:LRR and their other work. There are always opportunity costs with any project, and in one case caused longer waiting lists as time spent working on LSSL:RR meant staff could not see as many clients.

> *"Juggling time and events has been a challenge and a frustration" – co-facilitator*

> *"I would have like to spend more time working with the service providers I partnered with … some opportunities were missed" – co-facilitator*

There were mixed views from participants on the length of the program, with some saying that it should be extended, and others saying that four sessions were enough.

Peer educators particularly support extending the program by having additional sessions, with several people feeling that the existing program has too much content, particularly the second session 'Angela's Story'.

During evaluation analysis sessions it was generally agreed that the program needs to go for longer, dependent on the needs of the participants. For higher functioning participants, five or six sessions were suggested. For groups that were lower functioning or had institutionalised thinking, the program needs to be significantly adapted and to be considerably longer. It was recommended that more time be spent at the beginning of the program on icebreaker and warm up activities.

This brings about questions of resourcing, as in addition to competing priorities within their roles, several co-facilitators have roles that are focused on capacity building rather than service delivery, which may hinder their ability to work on the program in the long term.

Peer educators suggested that additional sessions could be run by peer educators with less support from co-facilitators.

Recommendations:

- Extend the program to five or six sessions
- Seek to recruit additional partner organisations who can support the project and work as co-facilitators
- Spend more time on 'getting to know you' activities and icebreakers in the first session

Ensuring safety for participants, peer educators and co-facilitators

There were some concerns about the lack of positive stories in the program, and the inclusion of sexual assault in the majority of stories. There were some concerns that the program was not adequately equipped to support participants who had experienced sexual assault and may find the content distressing, and that additional resources would be required to make the group a safe space for victim/survivors of sexual assault.

There is sexual assault or unhealthy relationships in three of the four stories within the program, but given the high rates of sexual assault experienced by people, particularly women, with intellectual disability, this was seen as necessary by most peer educators and co-facilitators. It was suggested that

finding out more information about participants prior to the start of the program may help better meet their needs (see recommendations in appendix 4).

During some programs there were several participants who disclosed incidents of sexual assault. Many co-facilitators felt unprepared for this, and there was a lack of clarity around duty of care and mandatory reporting obligations. Documents were developed to support co-facilitators, but this could have been done earlier. Some co-facilitators still remained unclear on reporting obligations.

It is important to remember that co-facilitators and peer educators may have experienced sexual assault or unhealthy relationships themselves, and may find the content challenging or need additional support. This was true for some of the peer educators who worked on the program, who were initially challenged by the stories.

> *"The first time I watched them it was a bit challenging. But after the first time I started looking at them a different way, I started looking at it along the sense that these videos can help people" – peer educator*

Professional debriefing was made available to peer educators and co-facilitators during the program delivery phase in late 2015. This was optional, and was not taken up by anyone. There were some concerns raised about the wellbeing of the peer educators and co-facilitators, and a suggestion made that group debriefing sessions should be provided for co-facilitators and peer educators. Most people reported feeling supported and resourced through relationships within the team, and many co-facilitators and peer educators found the meetings and evaluation processes useful for talking over issues they had experienced while delivering the program. Groups who had debriefed with each other after delivering each session found this worthwhile.

Recommendations

- Establish a framework for responding to sexual assault. Ensure all co-facilitators and peer educators are clear and comfortable with their reporting obligations.
- Include positive stories about healthy relationships
- All peer educators and co-facilitators to attend CASA training on responding to sexual assault prior to delivering the program
- Discuss the program with each participant prior to the program starting to ensure they are aware of the content and ready to attend
- Have a CASA worker or counsellor experienced in sexual assault as a co-facilitator if possible
- Have current and relevant information available to give to participants and to make referrals to sexual assault services
- Consider a 20 – 30 minute debrief with peer educators and co-facilitators after delivering each session
- Ensure the option of individual professional debriefing remains available to all peer educators and co-facilitators
- Consider an annual externally facilitated debriefing/planning session for the project network

Conclusion

Discussion

The evaluation findings demonstrate a range of positive outcomes from the LSSL:RR program. The project aims to effect change at multiple levels (individual, organisational, societal) to achieve its objectives. LSSL:RR as delivered in the western metropolitan region has had impacts at individual/relationship and community/organisational levels, with some evidence to suggest that the project may have broader social impacts in the future. The process evaluation findings demonstrate the strength in the program partnerships and network, and identify some key areas to be strengthened.

Both peer educators and co-facilitators benefited from their involvement in the program, increasing their skills, knowledge and confidence with this having flow-on effects in their personal and professional lives.

While some organisations implemented significant changes in response to their involvement in LSSL:RR, this was not consistent across partners, and generally organisational change is at an early stage. Strategies can now be implemented to build on this change and work towards greater recognition and inclusion of people with intellectual disability in partner organisations.

Using stories as prompts for a facilitated discussion was very successful, with participants identifying the program's stories and discussions as a highlight. Evidence indicated that this prompted further thinking and discussion with important people in participant's lives, and in some cases strengthened relationships.

Participants demonstrated increases in knowledge of respectful relationships, although more work needs to be done to ensure knowledge of safe sex practices and rights are understood and able to be enacted by participants. There was very little evidence of participants increasing knowledge of support services.

The recruitment and retention process for peer educators was successful. Peer educators involvement grew in terms of delivering and evaluating the project demonstrating a high level of engagement. This also demonstrates the potential for peer educators to have greater involvement in the governance and determination of future directions for the project. Peer educators would benefit from increased clarity around their role in the project as volunteers or staff members.

The partner organisations worked well together and this was essential to delivering the project outcomes. There is a need to clarify aims, objectives and roles to ensure the organisational partnerships can continue working

effectively, and a need to build stronger and clearer processes around disclosure of sexual assault and team wellbeing. The project would also be strengthened through a greater inclusion of staff from the disability service sector.

Limitations

Results should be considered indicative of possible outcomes from the project, but are not generalisable to other groups or locations. This evaluation was subject to a number of limitations:

- Not all members of the project network were represented for collaborative analysis or to develop recommendations, thus some key perspectives may not have been captured
- The preliminary thematic analysis and the writing up of the evaluation was completed by the project lead who had direct involvement in the program
- A limited number of participants were interviewed
- Evaluation did not seek to measure behaviour change in the area of sexual health
- Questions were not asked about safer sex practices or specific sexual health outcomes

Recommendations

1. Redevelop the rights activity to incorporate an opportunity for participants to practice self-advocacy (possibly through role play)
2. Make resources and handouts with names and contact details of support services available to all participants
3. Ensure that milestones are celebrated with team lunches or dinners
4. Promote social opportunities (e.g. local government accessible dance parties) to project network
5. Elevate the profile of LSSL:RR within and across partner agencies and promote it outside of the 'disability' portfolio
6. Seek opportunities to promote LSSL:RR through awards, conferences and press
7. Seek opportunities to raise the profile of peer education
8. Peer educators to have a full and equal role in all project decision making
9. Ensure project budgets include payment for peer educators to participate fully in project planning, delivery and evaluation
10. Establish clear project aims and objectives as a group, and determine what would constitute success in each area
11. Ensure that one mainstream health organisation retains leadership and coordination of the project and network
12. Seek partnership with other disability, health and relationship support services
13. Additional training on violence against women and sexual health to be made available to all peer educators and co-facilitators

14. All partner organisations to seek opportunities for peer educators to access further training, professional development and leadership/employment opportunities
15. Extend the program to five or six sessions
16. Seek to recruit additional partner organisations who can support the project and work as co-facilitators
17. Spend more time on 'getting to know you' activities and icebreakers in the first session
18. Establish a clear framework for responding to sexual assault. Ensure all co-facilitators and peer educators are clear and comfortable with their reporting obligations.
19. Include positive stories about healthy relationships
20. All peer educators and co-facilitators to attend CASA training on responding to sexual assault prior to delivering the program
21. Discuss the program with each participant prior to the program starting to ensure they are aware of the content and ready to attend
22. Have a CASA worker or counsellor experienced in sexual assault as a co-facilitator if possible
23. Have current and relevant information available to give to participants and to make referrals to sexual assault services
24. Consider a 20 – 30 minute debrief with peer educators and co-facilitators after delivering each session
25. Ensure the option of individual professional debriefing remains available to all peer educators and co-facilitators
26. Consider an annual externally facilitated debriefing/planning session for the project network
27. Peer educators should become casual employees with the lead agency
28. cohealth improves accessibility of volunteer engagement practices
29. Ensure peer educators are made aware of any issues or concerns with participants prior to delivering sessions
30. Include definitions of key concepts in each session
31. Update the videos
32. Have updated stories that include LGBTIQ relationships and modern technology (e.g. online dating, sexting)
33. Offer concurrent session/s on sexual health with a sexual health nurse or specialist service
34. Give information about the learning partner option to participants prior to the first session
35. Consider supporting the development of a follow-up discussion group for participants.
36. Offer a single LSSL:RR session for parents, carers, services and other learning partners
37. Focus recruitment on people who have a degree of independence (e.g. people in employment services)and readiness to attend the program
38. Ensure that access to information and education for all people with intellectual disability is an advocacy priority for the RRRAD Network

References

Frawley, P, Slattery, J., Stokoe, L., Houghton, D., O'Shea, A. 2011 'Living Safer Sexual Lives: Respectful Relationships Peer educator and Co-facilitator manual', Australian Research Centre in Sex, Health and Society, La Trobe University. Melbourne

Frawley, P., Barrett, C., Dyson, S., 2012 'Real peole - core business. Living Safer Sexual Lives: Respectful Relationships. Report on the development and implementation of a peer led violence and abuse Prevention Program fo People with Intellectual Disabilities. Australian Research Centre in Sex, Health and Society, La Trobe University. Melbourne

Servais, L., 2006 'Sexual Health Care in Persons with Intellectual Disabilities' in *Mental Retardation and Developmental Disabilities Research Reviews,* Vol. 12 pp.48-56

Smart, J.,L 2014 'Intellectual Disability and Sexual and Reproductive Health: Combined Literature Review and Consultation Findings' cohealth [unpublished]: Melbourne

Taylor, E. & Vu, A., 2013 A 'Action for Equity: A Sexual and Reproductive Health Plan for Melbourne's West', Women's Health West: Melbourne

Appendices:

1. Recommendations for inclusions in initial four day training:
   a. definitions of terminology
   b. sex toys
   c. more inclusion and discussion around diversity of gender and sexual orientation
   d. more information about sexual health
   e. inclusion of discussions around sexting and online dating
   f. how to address challenging behaviours.
   g. It was also recommended that the trainers checked in more frequently with peer educators and co-facilitators to assess their comfort levels with the material being discussed.
   h. Closed captions for video
   i. Clearer definitions for sex acts in intimacy cards activity and clearer guidelines around the activity
   j. Improving violence against women section of training
   k. More information about STIs and safe sex e.g. condoms aren't just to stop you from getting pregnant, they're also to protect from STIs

2. Some recommendations for recruitment of peer educators
   a. Include selection criteria in promotional/recruitment information, particularly around geography and intellectual disability

b. Use concrete and tangible examples in some interview questions (e.g. dealing with conflict)
c. ensure all language is easy to understand, or provide definitions of difficult words

3. Recommendations for program delivery:
    a. Define key terms in each session (e.g. sexual assault, sex, rape, relationship etc)
    b. Have a minimum of 8 – 10 participants, or have more than two peer educators and two co-facilitators
    c. Go over the group agreement at the beginning of each session
    d. Don't change the order of the stories
    e. Adapt the questions that follow the stories
    f. More activities and games to make the program more fun
    g. Include people with intellectual disability telling their stories as guest speakers
    h. having a follow up to the stories (what happened to the people after the stories)
    i. financial abuse
    j. positive stories with positive role models
    k. sex education included in the program
    l. More tactile things to touch and feel
    m. Male facilitators to work with men
    n. Films that acted out the stories rather than having the stories read out
    o. Longer break time
    p. Having a trusted staff member to support participants in the program
    q. Talking about break ups and how to negotiate a break up
    r. Making sure people in the group aren't laughing
    s. Have more information about safe sex and STIs
    t. Have a longer program

4. Suggestions for information and screening of potential participants. It was recommended that one-on-one interviews are held with people who are interested in attending the program. These interviews should cover the following areas:
    a. Why do you want to attend?
    b. What interests you about the program?
    c. How best do you communicate?
    d. This program talks about some issues that people might find embarrassing or stressful like sex, sexual assault and relationships. How do you cope in a stressful situation?
    e. What do you do to calm down when you are stressed?

5. Places to recruit participants:
    a. TAFES – Certificate I in Work Education students
    b. Disability Liaison Units

c. NDS western region
d. Centrelink
e. Community residential units
f. Flyer drop