

# Sexual Lives & Respectful Relationships

## Evaluation Report

Western and Northern  
Metropolitan Melbourne

October 2018

# Contents

Acknowledgements .....	1
Executive summary .....	2
Background .....	4
Project description .....	6
Western Metropolitan Melbourne .....	6
Northern Metropolitan Melbourne .....	6
Evaluation methodology .....	8
Data collection methods .....	9
Limitations of this evaluation .....	10
Findings .....	10
Participant satisfaction .....	10
Outcomes .....	11
Project delivery – enablers and barriers.....	22
Sustainability .....	36
Recommendations.....	38
Key considerations.....	41
Program delivery.....	41
Learning partner .....	42
Sector development and organisational change.....	43
Networks/partnerships .....	43
Research and evaluation.....	43
References .....	45
Appendix 1: SL&RR program logic for the west .....	46
Appendix 2: Expected outcomes, north .....	47
Appendix 3: Recommendations from the previous evaluation .....	49
Appendix 4: Information statement and consent form .....	53

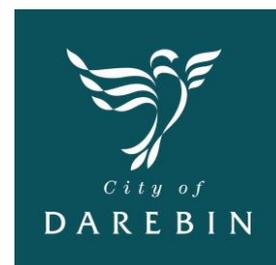
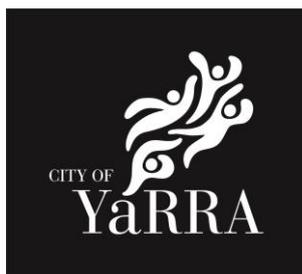
# Acknowledgements

The evaluation was completed by the Sexual Lives & Respectful Relationships Northern and Western Networks. This report was written by Georgia Ride (cohealth).

We would like to thank peer educators, program partners and participants who gave their time to participate in this evaluation.



A R A L U E N



# Executive summary

Sexual Lives & Respectful Relationships (SL&RR) is a peer-led primary prevention of violence and abuse program for adults with an intellectual disability.<sup>1</sup> cohealth led a pilot of SL&RR<sup>2</sup> from 2014-2016 in partnership with Maribyrnong, Hobsons Bay, Moonee Valley and Brimbank City Councils, and the Western Region Centre Against Sexual Assault (WestCASA). This evaluation report covers the second phase of the SL&RR project in Western Metropolitan Melbourne (the west) from 2016-2018 and the expansion of the project to Northern Metropolitan Melbourne (the north) during the same period.

The purpose of evaluating the SL&RR project in the north and west was to look at:

- What changed for participants, peer educators and program partners involved in the project;
- What worked well and what was challenging in the project and partnerships that helped or hindered change from occurring;
- How likely it is that the program, or its outcomes, will be sustained beyond the project;
- To what extent were previous recommendations for the western region project implemented and;
- Recommendations for the future

This evaluation report provides a background of the SL&RR program developed by Deakin University, a description of the SL&RR project in Western and Northern Metropolitan Melbourne, and an overview of the evaluation methodology. It then outlines the key findings, which are divided into: participant satisfaction; outcomes (for participants, peer educators and program partners); the enablers and barriers to project delivery; sustainability; and recommendations. Finally, the report will discuss key considerations for the future.

The evaluation found that there were significant and meaningful changes for peer educators who were involved in the project. Participants enjoyed the program and increased their understanding of sexuality, respectful relationships, and their rights. Program partners increased their awareness

---

<sup>1</sup> Primary prevention approaches aim to stop violence before it occurs

<sup>2</sup> The program was formerly called Living Safer Sexual Lives: Respectful Relationships

and knowledge of violence against women with disabilities and raised awareness within their organisations. For one program partner, the project helped drive new work within the organisation to make employment processes more accessible.

The project is genuinely inclusive of people with intellectual disabilities, although there are still some areas for improvement. The Networks enabled the program to be delivered safely, supportively and to reach more people. Other factors that contributed to the success of the project included the four-day training from Deakin University, delivering the program a second time in the west, and using Deakin University's updated program content.

Key challenges included the varying levels of comprehension and comfort amongst participants, and gatekeeping<sup>3</sup> from parents, carers and disability services. There were also challenges to the effective functioning of the Network, including time and resource limitations and a lack of internal management support for some people.

There are a range of considerations for future program delivery. Meeting participants before the program to assess their needs and adapting the program to suit their needs should be considered in future. This may require delivering the program over a longer period of time and/or adjusting the amount and type of content delivered. Meeting participants before the program would also help program partners and peer educators clarify participants' expectations.

To support participants with their learning during and after the program, the 'learning partner' component needs to be strengthened, and the Networks should engage more with parents, carers and services. Other strategies like staff training and policy development should be considered to strengthen sector development and organisational change. Network members should also explore opportunities to coordinate work with other agencies undertaking violence prevention efforts in the health, local council and disability sectors.

The findings, recommendations and key considerations of this evaluation will inform decisions about the future directions of the partnerships and program delivery in the west and north.

---

<sup>3</sup> Gatekeeping refers to the activity of controlling, and limiting, people's access to something.

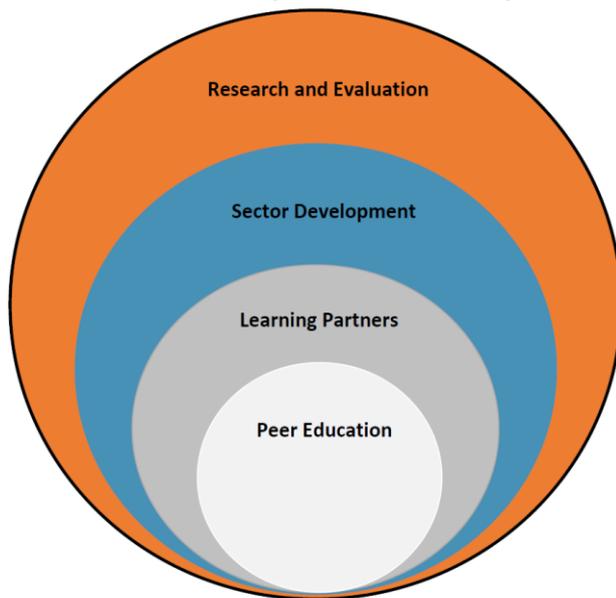
# Background

Sexual Lives & Respectful Relationships (SL&RR) is a peer-led sexuality and respectful relationships program bringing people with an intellectual disability together to talk about their rights and share ways to have safe sexual lives and respectful relationships. Peer educators are supported by program partners, who are workers with experience in disability, sexual health, prevention of violence against women (PVAW), family violence or sexual assault. Program partners and peer educators form a local network that is responsible for delivering the program in their local area.

The SL&RR program is delivered over four sessions and is based around the real life stories of people with an intellectual disability. The first version of the SL&RR program manual was developed at the Australian Centre in Sex, Health and Society at Latrobe University in 2011, and the second edition was developed by a team of peer educators and researchers at Deakin University in 2017. In addition to delivering the four-session SL&RR program, there is work that wraps around its delivery. This includes network meetings, training for network members, evaluation, and attendance at relevant events and conferences with Deakin University and other SL&RR sites. The term 'SL&RR project' is used in this report to refer to both the four-session program and these other activities.

SL&RR is underpinned by a strong evidence base. The SL&RR model developed by Deakin University (**Figure 1**) is based on an ecological model of abuse prevention, which recognizes that the vulnerability of people with an intellectual disability to abuse is “a result of a complex interaction between the effects of impairment and the disempowering actions of those in their lives and the broader society” (Frawley, Barrett & Dyson 2012, p. 11). The ecological model also acknowledges that “people do not, and sometimes cannot, function independently of a range of supports and Networks” (Frawley, Barrett & Dyson 2012, p. 13). Therefore, violence prevention programs, like SL&RR, must not only work with individuals with an intellectual disability, but with the people in their lives and the broader community.

## Sexual Lives & Respectful Relationships Model



**Figure 1: SL&RR Model (Deakin University)**

The SL&RR program is underpinned by adult learning principles, acknowledging the “capacity of people with an intellectual disability to use and reflect on their own and others’ life experiences, using these reflections to develop more knowledge and skills and to advocate for changes in their lives” (Frawley, Barrett & Dyson 2012, p. 13). SL&RR breaks away from traditional approaches to sexuality education for people with an intellectual disability, which tend to focus on biological aspects of sexuality, such as bodies, hygiene and menstrual management; or on teaching a set of protective behaviours (Frawley & Bigby 2014).

SL&RR works across four levels:

- At an individual level, people with an intellectual disability are trained as peer educators to deliver a program about sexuality and respectful relationships to other adults with an intellectual disability;
- At a relational level, ‘learning partners’/support people enable participants in the program to continue their learning outside of the session and, by being engaged, they also gain knowledge about prevention of violence;
- At an organisational/sector level, professionals from disability, community and health sectors are recruited and trained to co-facilitate the program alongside people with intellectual disability. This is designed to increase the capacity of the community sector to

include people with an intellectual disability and to bridge historic siloes between the disability sector and the health, and family violence and sexual assault sectors (Frawley, Barrett & Dyson 2012). Engagement of these professionals is also intended to help sustain the program in the long-term (Frawley & Bigby 2014).

- At a systems level, research and evaluation contributes to the evolving evidence base and contributes to policy advocacy efforts (Frawley & Bigby 2014).

## Project description

### Western Metropolitan Melbourne

In 2014, cohealth in partnership with Deakin University, WestCASA and four local councils (Brimbank, Hobsons Bay, Maribyrnong and Moonee Valley) formed a local SL&RR network in Western Metropolitan Melbourne (the Western Network) to pilot the SL&RR Project. The Network recruited six peer educators and delivered five programs to a total of 37 participants. The goal of the project was for people with intellectual disabilities to have safer sexual lives & respectful relationships. A program logic was developed in the first phase of the project based on the SL&RR program model (**Appendix 1**). This project was evaluated in 2016 and it was recommended that the project be extended beyond the pilot phase.

The Western Network developed an implementation plan and a Memorandum of Understanding (MoU) covering the period from January 2017-June 2018. During this period, the Network delivered two programs to a total of 21 participants (12 men and 9 women). The Network organised for Family Planning Victoria to deliver an additional session, which 12 participants attended. In addition to delivering programs, members have participated in other activities to support program delivery. These are outlined in **Table 2**.

### Northern Metropolitan Melbourne

In 2016, cohealth expanded the project to the north and formed a network with Darebin and Yarra Councils, Melbourne Polytechnic and Araluen. The Northern Network recruited three peer educators. Members of the Northern Network were trained by Deakin University in the SL&RR program. They

delivered three programs to a total of 31 participants (22 men and 9 women). Network members also participated in other activities, which are outlined in **Table 2**.

The objective of the project was to increase people's knowledge and skills for healthy relationships and sexual choices. The Northern Network developed expected short-term outcomes for participants, peer educators, program partners, and families and carers (**Appendix 2**)

**Table 1: Number of programs and participants**

Network	Program partner lead	Month	Participants		
			Men	Women	Total
Western	Hobsons Bay City Council	June 2017	4	6	10
	Brimbank City Council	August 2017	8	3	11
Northern	Yarra and Darebin City Councils	August-September 2017	7	2	9
	Melbourne Polytechnic	October 2017	7	6	13
	Araluen	March 2018	8	1	9
		<b>TOTAL</b>	<b>34</b>	<b>18</b>	<b>52</b>
Western	Additional Family Planning Victoria session	September 2017	4	8	12 (participants from both the Hobsons Bay and Brimbank programs)

**Table 2: Other project activities**

Network	Activity
Northern	SL&RR training run by Deakin
	Training by Family Planning Victoria on sexual health
Western	Short Answers Without Blushes workshop: Sexuality and People with an Intellectual Disability run by Lud Allen from Sexual

	Health Counselling and Education Services
	Training on responding to disclosures by WestCASA
	Planning day
	Meetings to engage new program partners
Northern and Western	Professional Development Day run by Deakin
	Having a Say Conference run by VALiD
	Engaged in research focus group with Deakin
	Evaluation planning workshop
	Evaluation interview training

## Evaluation methodology

The purpose of evaluating the SL&RR projects in the north and west was to look at:

- What changed for participants, peer educators and program partners involved in the project;
- What worked well and what was challenging in the project and partnerships that helped or hindered change from occurring;
- How likely it is that the program, or its outcomes, will be sustained beyond the project;
- To what extent were previous recommendations for the western region project implemented and;
- Recommendations for the future

The key evaluation questions were:

- How satisfied were participants with the program?
- What changed for participants, peer educators and program partners involved in the project? And was this what we expected?
- What worked well and what were the challenges in delivering the project?
- How collaboratively, equitably and inclusively did program partners and peer educators work together?
- To what extent is the program, or its impacts, likely to be sustained?
- How were the previous recommendations for the Western region project implemented? And what are the future recommendations?

The evaluation used a participatory methodology, which is consistent with the project approach. Peer educators and program partners were actively engaged in evaluation planning and peer educators acted as data

collectors. The analysis was led by the project lead at cohealth. The Western Network was involved in a discussion about the initial findings, which contributed to the analysis. The evaluation was done internally to maximise learning amongst the Networks, to provide peer educators and program partners with opportunities to develop their evaluation skills, and because it was more resource efficient.

Ethics approval was granted by cohealth’s Human Ethics Advisory Group. Information was provided to participants in plain English and consent was obtained verbally and in writing using a consent form (see **Appendix 4** for information statement and consent form).

## Data collection methods

The following qualitative evaluation methods were used to collect data against the key evaluation questions:

- A desk review of existing project documents, including the MoU, meeting minutes, attendance records, and the notes from an evaluation activity done as part of the program
- Semi-structured interviews with a sample of people who participated in the program
- Semi-structured interviews or focus group discussions with program partners and peer educators in the Northern and Western Networks

**Table 3: List of people interviewed as part of the evaluation**

<b>People/persons involved</b>	<b>Activity</b>	<b>Total number of people involved</b>
Peer educators	Focus group discussion and interviews	8 (4 women, 4 men)
Program partners and counsellor	Focus group discussion and interviews	11 (10 women, 1 man)
Participants	Interview	8 (4 women, 4 men)

The interviews and focus group discussions were transcribed and analysed by the cohealth project lead using thematic analysis. Thematic analysis involves identifying codes and then grouping the data into themes, which was completed using the NVivo data analysis program. The initial findings were shared with the Western Network to check the interpretation. A draft report was provided to program partners for feedback. A plain English summary of

the report was provided to peer educators for feedback, and an Easy English summary will be developed based on this report.

## Limitations of this evaluation

Results should be considered indicative of possible outcomes from the project. They can not be generalised to other groups or locations. This evaluation was subject to a number of limitations:

- The thematic analysis and the writing up of the evaluation was completed by a cohealth project lead who had direct involvement in the program. To limit personal bias, the project lead used NVivo for coding and theming. During the analysis stage, the project lead checked their interpretation with another cohealth staff member who carried out interviews and focus group discussions in the north and who read the transcripts. The initial findings were shared with Western Network members at Network meetings. The project lead also provided a copy of the draft report to Network members for feedback.
- A limited number of participants were interviewed.
- Due to time limitations, peer educators and program partners were not involved in analysis. Initial findings were discussed with members of the Western Network, which informed analysis.

## Findings

### Participant satisfaction

#### *Positive feedback*

Overall, participants enjoyed the program. When asked what they liked about the program in a group evaluation at the end of the program and in the interviews, participants said they liked the videos, activities, presenters, the program manual and the games. Several people said they wanted to do the program again. In addition to the content of the program, a highlight for many participants was meeting new people.

Participants thought that the peer educators and program partners were very good. One participant who was interviewed spoke about the benefit of peers delivering the program.

*"It was good to hear their stories and what they've been through. Some of it was like what I've been through too. So, it was like I was related to them in some way. It was good to hear what they went through, and they asked us about our stories and what we went through. That was good too." - Participant*

### **Negative feedback**

While most participants said that they enjoyed the program, some participants in the group evaluation at the end of the program and in the interviews, said that they found the program boring. In the interviews, one participant commented that they felt there was too much information and that the stories were too long. Another participant felt that the program didn't meet their expectations, because it didn't teach them how to start a relationship. Another participant said that they felt there was too much of a focus on what *not* to do.

### **Feeling confronted**

Two participants who were interviewed said that they found the program confronting. This was not reported as being a negative experience. One participant said it was confronting because of their religious beliefs, but also said that it opened up their mind.

*"...it's just opened my mind up a bit because I suppose my mind was a little bit closed because I'm a very big faith person sort of thing. I'm in the Catholic tradition, you know, no, you don't do this until you get married..." - Participant*

The same participant also said that they became more comfortable throughout the program.

## **Outcomes**

### **Outcomes for participants**

#### **Increased understanding of sexuality, respectful relationships, and rights**

In the interviews, two participants said that the program increased their

understanding of their boundaries and taught them that they can say 'no'.

*"Pretty much when to say no to things and how to feel and things like that. So, yeah ...I suppose just knowing your boundaries and trying to make your feel comfortable and not as scared." - Participant*

*"It was good, because we learnt more on how to keep safe, what to do if someone touches you inappropriately and how to look after yourself your wellbeing.....They showed us a video about when not to be forced to have sex and that made me feel good, because I didn't know that you could say no. It's always good to say no if you don't feel comfortable in doing something that you don't want to do." - Participant*

One participant alluded to having increased their understanding of same-sex relationships.

*"...different relationships - with the videos it was very very contrasts, like, like, you know, same, same, different, different, you know, sort of thing. Yeah...I got to understand things a bit better." - Participant*

Two participants said that they learnt about safe sex.

*"I've learnt how to be safe with sex and how to keep myself safe from diseases." - Participant*

Two participants said that they learnt about their rights.

*Interviewer: Did you learn anything about your rights, like what rights you have as a person with a disability?*

*Participant: Yeah.*

*Interviewer: Can you tell us a little bit about what you learned?*

*Participant: That you've got a right to speak if you want to.*

One participant gave an example of standing up for someone else's rights.

*"Someone was bagging one of my mates, and I said who cares if you're gay or not, we're still human." - Participant*

### **Limited sharing of information from the program, but comfort accessing services if needed**

Only one participant could remember the names of any services. When prompted, participants said that they would feel comfortable attending these services if they needed to. One participant said that they spoke to someone about the program - their parents and their girlfriend. One participant said that they didn't speak to anyone about the program, because it was private.

### **Varied learning outcomes for participants**

In the interviews, a couple of participants struggled to articulate what they remembered about the course, with one participant saying that it was too hard.

*"I couldn't know much about it...It was pretty hard. Too hard" - Participant*

In contrast, one participant said that they didn't learn much, because they knew it all before doing the program. This participant suggested that the program would be better suited to people who didn't know much about sex.

## **Outcomes for peer educators**

### **Increased confidence**

Peer educators said that they increased their confidence by being involved in the program. This included increased confidence in themselves, increased confidence to talk about sexuality, and increased confidence to speak in front of others.

*"For me I would basically just say it's built up my confidence, like, sort of - how can I put it? Built up my confidence in the way that I'm just sort of getting out, helping people, feeling a part of something." – Peer educator*

*"I'm actually starting to get less scared of talking to people I've never met before. I'm more likely to start a conversation with someone I've just met. I think that's actually boosted since I've started cohealth, because since I'm speaking in front of eight or ten people, it's really built my confidence. " – Peer educator*

*“When I first walked in to cohealth I found just saying the word sex is a challenge for me. I was nervous and I was a bit shy to talk about that. Now I'm not - I'm not shy. So that's...overcoming my challenge.” – Peer educator*

Peer educators described a sense of pride and of feeling good about being able to help other people and be role models.

*“I'll say that these are my proudest moments as a peer educator of seeing as I'm helping people change and seeing people feeling safer as their rights are recognised more.” – Peer educator*

*“I can be their mentor and I can help them with whatever problems they have whether any sort of areas. So it kind of makes me feel privileged that I can be a good role model for them and show them the way.” – Peer educator*

*“Having a voice for everybody else, telling them about this programme, how good it makes you feel and all of that” – Peer educator*

### **Increased knowledge of sexuality and healthy relationships**

Peer educators talked about increasing their own knowledge about sexuality and about healthy, safe, relationships through their involvement in the program.

*Peer educator: I've learned about respectful relationships and different things that are involved in making it healthier and safer.*

*Interviewer: What things in particular you've learned about what makes a healthy relationship?*

*Peer educator: You know, to let people know if something bad has happened to you. You don't have to be afraid, you know. There's that you know, you're not alone in this.*

Three peer educators said that they increased their awareness and understanding of same-sex relationships and transgender people. In one case, this challenged their religious beliefs.

*“It's opened my eyes up more in the sense of people - the same relationship; you know, like, two men or two women. Because I*

*am a Christian and because of my church and because of what I - the way I've been brought up, you know, like, I've always thought, no, no, no, that's wrong, that's wrong, that's wrong. But actually doing this work and that it's opened my eyes up a lot more and sort of understand it better; more clearly.” – Peer educator*

### **New friendships**

Peer educators in the Western Network spoke about forming strong friendships with other peer educators and program partners. Some of the peer educators now socialise with each other outside of the program.

*“I just love being a part of this project, because, you know, I've made friendships with the peer educators and like we all like - like, we all see each other in different ways.” – Peer educator*

### **Outcomes for program partners**

#### ***Increased awareness and understanding of violence against women with disabilities, sexuality, and the disability sector***

Program partners increased their awareness and understanding of the prevalence and impact of sexual violence against women with disabilities, and how to prevent violence against women. Two program partners also increased their awareness of the lack of sexuality education for people with intellectual disabilities.

*“Working kind of in that area of gender equity and getting more - well understanding a bit because I think it was topic that I didn't really know much about and then getting a lot of more kind of clarity around the issues and position I guess of gender and the whole kind of male privilege thing I think has been really eye opening for me. Not second to that but also...the prevention of abuse is something that I've not been...I had no involvement in so that's been an education.” – Program partner*

Program partners learnt different things from their involvement in the project and talked about learning a lot from each other and from the peer educators. This is reflective of the various skills, knowledge and experience that people brought to the Networks. For example, one program partner increased their knowledge of the disability sector whilst another program partner increased their knowledge of sexual assault services. In one situation,

as a result of what they had learnt in the program, a program partner was able to assist another staff member to provide support to someone experiencing sexual violence.

Program partners increased their knowledge, confidence and skills to have conversations with people about sexuality. For example, one program partner said that, when the council was hosting an event for the International Day against Homophobia, Transphobia and Biphobia, a student who was doing a work placement at council asked them what the 'I' meant in LGBTI (Lesbian, Gay, Bisexual, Transgender, Intersex). As a result of being involved in the program, this program partner was able to confidently and comfortably explain what the term 'intersex' meant to the young person.

### **Being reminded of good practice, and changing individual practice**

Whilst most program partners felt that their practice was already respectful and inclusive of people with intellectual disabilities, program partners spoke about being reminded of good practice.

*"So it's nice to come and be reminded that we're all working together on an even plane. I love that about the program. I think that improves my practice every time because it's practicing it. It's practicing having those collaborations that are equal and having people with a seat at the table, people with ID [intellectual disability] with a seat at a table where their opinions are equal and valid and they always should be. But I don't think it's always the case." – Program partner*

Two program partners talked about changes to their individual practice. These changes were: communicating in ways that are easy to understand and leading from behind. Another program partner said that they learned how effective Peer educators can be when they are well supported, and recognised the skill required to support someone rather than jumping in and taking over.

Inspired by this project, people were also looking for ways to include more peer-to-peer practice in their work and seeking to increase employment opportunities for people with a disability.

### **New professional connections**

Program partners valued making new professional connections through their involvement in the project.

## **Awareness-raising within organisations**

Program partners spoke about raising awareness within their organisations about the program and about the rights of people with disability, including rights around sexuality and relationships. People raised awareness in a number of ways. Most commonly, this was done by talking with colleagues about the program and the issues that the program addresses. One program partner included it in their organisational PVAW Strategy. One program partner at a disability service put up the *Outing Disability* posters, which are used in session four of the program.

*“So it was embedded in that strategy that - preventing violence against women - and the sexual lives & respectful relationships is an action within that to be completed within the three years. So having that embedded in policy in local government was a really great start...I wouldn't have been involved in that working party and the implementation and monitoring of that plan. So it definitely did integrate access into that role and gave it a louder voice at the table which, yeah, you don't have that without the program.” – Program partner*

*“There hasn't been anything on the policy level or anything like that but certainly we've been talking more about: how do we prioritise people with a disability and do we prioritise and compared to some other people that we do need to prioritise and how do we work then with them? How do we keep them engaged? What do we do wrong and what do we do right? So we've been talking about it more. There hasn't been anything that you could concrete but there's certainly been more talking about it.” – Program partner*

In one organisation, partly as a result of the awareness-raising and advocacy efforts of staff involved in the SL&RR project, people with disabilities were included as a priority group in the team's strategic plan and the team initiated work looking at the accessibility of employment processes.

## **Achievement against expected outcomes**

Both the Western and Northern Networks developed expected outcomes for the project. In the west, short, medium and long-term outcomes were developed in the pilot phase as part of the project logic. These outcomes closely aligned to three of the levels in the SL&RR program model. The Northern Network focused mainly on short-term outcomes. This section will briefly discuss whether these outcomes were achieved. 'Achievement' is

broadly defined here as there being some evidence to show that the outcome was experienced by some people. To minimise the risk of people being identified, a distinction will not be made between the outcomes for the participants from the north and west.

## Western Network

The expected outcomes for people with intellectual disability (including participants and program partners), as well learning partners and services are outlined below. These were developed in the pilot phase. There was consensus amongst Network members that these outcomes were very ambitious, particularly the outcomes for participants; however they were not reviewed in the second phase of the project.

### Short-term outcomes

- 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

There was evidence in this evaluation to show that participants and peer educators learnt various things about rights, sexual and reproductive health, and respectful relationships. It is unclear whether participants increased their knowledge of services. Only one participant could remember the names of any of the services, however all participants interviewed said that they would feel comfortable accessing services if they needed to.

In terms of increasing people's skills to self-advocate, some participants provided examples of advocating for themselves and for other people, however it is not clear if/how the program contributed to this by increasing their skills to do so. Peer educators increased their knowledge, confidence and public speaking skills to self-advocate and to advocate for the rights of people with an intellectual disability.

Program partners already recognised the sexual and reproductive health/respectful relationships rights of people with an intellectual disability before being involved in the project. However, they increased their

awareness and understanding of violence against women with a disability and gained a greater awareness of the lack of sexuality education for people with an intellectual disability. This was an unexpected outcome.

Only one of the participants interviewed talked to anyone about the program and one person said they didn't talk to anyone because it was private. This would indicate that learning partners were not engaged in the program, despite a number of participants taking the learning partner manuals. It is therefore unlikely that the short or medium-term outcomes relating to learning partners, including linking participants into services and supporting them to self-advocate, were achieved.

### **Medium-term outcomes**

- 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

The evaluation did not ask participants about whether they were accessing sexual and reproductive services (nor family violence and sexual assault-related services), however participants said they would be comfortable to access services if they needed to. The evaluation did not ask participants about whether they were practicing safer sex and whether their relationships were healthy and respectful.

By delivering the program, program partners were being more responsive to the sexual and reproductive health needs of people with an intellectual disability. It was not within the scope of the project to influence other parts of council or cohealth that provide sexual and reproductive health services. This could be considered in future given that these are important places for people to receive information and education.

Program partners also raised awareness within their organisations about how to be more responsive and inclusive of people with an intellectual disability in

sexual assault services, PVAW efforts, and in employment. These efforts had not translated into any concrete policy or practice changes.

### **Long-term outcomes**

- 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

The evaluation did not assess changes in long-term health outcomes for individuals.

### **Northern Network**

The outcomes developed by the Northern Network were predominantly short-term outcomes focused on increased awareness, knowledge, confidence and skills for participants, peer educators, program partners, families and carers; as well as process outcomes around people's enjoyment of the program.

### **Participants**

The expected outcomes for participants were:

- People say: "It's a good program"
- People are given hope and knowledge
- Happy faces: people get what they need, what they have been waiting for
- People have confidence to have conversations about sex and relationships with people in their lives
- People have access to information they haven't had access to before
- People have an understanding of rights and responsibilities
- People understand how and have tools to access further support
- The program was accessible for people (e.g. venue, time, etc)
- People felt that their contributions were valued
- People feel inspired by peer educators to pursue similar opportunities
- People share what they've learnt with others

The evaluation found that the majority of participants enjoyed the program, however for some participants it did not meet their expectations. Participants valued meeting new people, which was an unexpected outcome. People with intellectual disability are often socially isolated and have fewer social

Networks (Frawley, Barrett & Dyson 2012), so the fact that this program can facilitate social Networking and interaction is significant.

Participants increased their knowledge and understanding of their rights relating to sexuality and relationships. The majority of participants did not have conversations about the program with people in their lives or share information about the program, with one participant saying that this was because it was private. The evaluation did not ask about people's confidence to have conversations. It is unclear whether participants felt inspired by peer educators, felt that their contributions were valued and whether they had the tools to access further support.

### **Peer educators**

The expected outcomes for peer educators were:

- Peer educators feel better informed about sexuality and respectful relationships, rights and services
- Peer educators have educated people and given more confidence
- Peer educators have gained employment experience
- Peer educators have gained skills in self-care
- Peer educators have gained skills in advocacy and having conversations about sex, relationships and rights

The evaluation found that peer educators became better informed about sexuality and respectful relationships rights and services through their involvement in the program. Peer educators educated people and increased their own confidence and self-esteem. Peer educators gained employment experience and gained skills in public speaking (an important advocacy skill) and in having conversations about sex, relationships and rights. It is unclear to what extent they gained skills in self-care, although this was an important part of the program.

### **Organisations**

The expected outcomes for organisations were:

- Staff involved in the program feel more confident to start conversations about sex and relationships
- Staff feel confident to advocate the value of the program and content and right of people to participate
- Staff have skills to respond to crises/questions about sexuality, safety and rights and refer people to services
- Staff have access to education tools
- cohealth's employment processes are accessible and inclusive

- Organisations value the contribution of people with disability: are working alongside people with disability, not for.

The evaluation found that staff involved in the program felt more confident to have conversations about sex and relationships. Staff also increased their skills to respond to crises/questions about sexuality, safety and rights, and to refer people to services. Staff involvement in the project gave them access to the SL&RR program resources, which is an educational tool.

Program partners valued working alongside people with disability. cohealth had started work to make their employment processes more accessible and inclusive, however this is still at early stages. It is unclear whether staff felt confident to advocate the value of the program and content and the right of people to participate.

### **Families and carers**

The expected outcomes for families and carers were:

- Families and carers are supportive of the program
- Families and carers support organisations to share information about the program with clients and support people
- Conversations are started between people with disability and their loved ones.

Families and carers were not spoken to as part of the evaluation, so it is difficult to assess achievement against these outcomes. Program partners and program partners said that families and carers were a barrier to people participating in the program. Support organisations were also perceived to be a barrier by some interviewees. As already stated above, the majority of people interviewed said that they didn't talk to anyone about the program. This would indicate that conversations were not started between people with disability and their loved ones.

## **Project delivery – enablers and barriers**

This section will look at what worked well and what was challenging in the project and partnerships. It will look at the inclusion of peer educators; the enablers and barriers to the effective functioning of the Network; and other enablers and challenges to project delivery.

## Inclusion of peer educators

The genuine and meaningful involvement of peer educators is a key part of the SL&RR program model. Peer educators' engagement and leadership is supported at all stages of the project in planning, implementation and evaluation. Peer educators are employed in recognition of their central role in the project and the invaluable lived experience and skills that they bring to the role. The evaluation asked peer educators about their employment experiences, which is discussed further below.

Peer educators were also asked in the evaluation about how well they felt program partners and peer educators worked together, how comfortable they felt to speak up in meetings and whether they felt they were able to contribute to decisions about the project. These were taken as indicators of how inclusively and equitably peer educators and program partners worked together.

The majority of peer educators said that they felt peer educators and program partners worked well together, however one peer educator said that during the programs, program partners needed to let participants and peer educators speak for themselves and be mindful of not talking over people.

The majority of peer educators also said they felt that they were able to speak up at meetings and contribute to decisions about the project.

*“Another reason why I would say definitely agree on that one is just, like, even different times when [program partner] has come up to us and said, “Can we have your feedback on this?” Like, she's wanted to actually hear our opinions as to, look, you know, what it's like for us with our disabilities or anything like that. So, like, I've always felt like we're a part of it...well, I don't know about the other guys; to me that just makes me feel awesome.” – Peer educator*

*“I think they're [Network meetings] good and I think that the reason of introducing the chairperson role I think that's helped spruce things up a bit. It gives everyone a chance to have a role and gives everyone a chance to speak up more.” – Peer educator*

Three peer educators said that they sometimes felt shy to say something in the meeting. One peer educator said this was because of self-doubt.

*“If they want to, it's up to them to speak. But if people have a bit shy, they don't have to talk. Just you know, listen in, and you know, I get it. I can be shy too. But I am a very - like, good speaker. But sometimes I kind of like get tongue tied if I'm talking too much. It's like, okay, I need to stop.” – Peer educator*

One peer educator said they had trouble understanding the information in the meetings.

*“Not really sure what to call it, but all this political stuff – sometimes I sat there saying to myself, what's all this mean again. I'm being honest. Sometimes I'm like who are these people, who is that person, who is this, who is this agency? I'll be honest, a lot of the agencies we talk about I've never heard of.” – Peer educator*

Program partners also observed that some peer educators are more comfortable than others at speaking up in meetings. To be more inclusive of peer educators, one program partner suggested that minutes could be summarised into dot points and written in plain English. Another program partner recommended that peer educators are given further encouragement to speak up. It was noted that some people felt or looked quite tired in meetings, and it was recommended to have ice-breakers, or breaks, to keep people alert.

### **Employment experiences**

Based on a recommendation from the previous evaluation of the SL&RR project in the west, peer educators in the Western Network were offered the opportunity to switch from being a volunteer to working as a casual employee for cohealth. Three peer educators decided to become casual employees and two decided to remain as volunteers for various reasons. When asked to reflect on whether it felt any different being an employee compared to being a volunteer, peer educators in the Western Network said that becoming an employee had further increased their confidence.

*“I would say it's probably built my confidence a bit more. You sort of feel a bit more involved if that makes sense.” – Peer educator*

*“This is my first - this is my first real employment that I've done. It's been good, because I learned more and it's kind of made me*

*more open up to people. But I haven't been employed before, but now I am, it's cool, it was awesome.” – Peer educator*

One peer educator said that the experience they gained as a peer educator helped them get a new job.

*“Because of the work I’m doing here, they said well we definitely would like to work with you, because you’ve got this experience with sexual health and people with disabilities” – Peer educator*

Two peer educators said that they appreciated being involved in other cohealth activities, like the staff orientation and the staff Christmas party.

*“The only change I would think, like, being an employee from a volunteer is, like, there's been a couple of times [program partner] has invited us to, like, other meetings and that which is basically anyone what works...It makes you feel like you're a part, like, you're a part of cohealth, which - so it makes you feel good.” – Peer educator*

Peer educators talked about the stigma associated with not working, because of discriminatory attitudes that people with disabilities don't want to work. Because of this stigma, peer educators felt proud to say they have a job.

*“It's just the stigma is people with disabilities don't want to work. But that isn't the truth at all. It's that people won't give them the opportunity. People see these disabilities and not see the abilities that they can offer. So I think cohealth's a real, like, switched on employer where they're willing to give people with disability employment and open to, like, fulfilment employment and not just something, like, mundane or, like, office work.” – Peer educator*

*“I have to agree with what [Peer Educator] just said because, like, when I was a volunteer you were excited to say that, "Oh, yeah, I do volunteer work for cohealth," but now saying to people, "Oh, I work casually for cohealth," it's like it's a bit more of a lift up if that makes sense.” – Peer educator*

Peer educators who decided to stay on as volunteers said that they valued volunteering. They also said that they didn't feel like they were treated or valued any differently to the peer educators who were employed.

*“But for me I feel I'm already working so I want to give back something to the community in a sense. So I want to not take advantage in a sense, like, I don't - I want to feel that I'm giving something back as well as working.” – Peer educator*

## **Network - enablers and barriers to success**

The successful functioning of the Network was influenced by its diversity of member organisations and people; the clarity of roles and responsibilities; relationships between people on the Network; time and resources; and internal management support.

### ***Diversity of organisations and people***

Peer educators and program partners in both the Northern and Western Networks spoke positively of the various perspectives, skills, resources and connections that people brought to the Network. People said that this enabled the program to be delivered safely and supportively, and to have wider reach by utilising program partner's Networks for recruitment of participants. The diverse range of people involved in the Network enabled people to learn from each other and to form new connections. Whilst the majority of people said that it was beneficial having people with different perspectives, one program partner said that it meant that getting people on the same page was sometimes a challenge.

### ***Clarity of roles and responsibilities***

Overall, people felt there was a clear understanding of the roles and responsibilities of each member, which enabled the Network to function well. The role of counsellors (from the CASAs or cohealth) was to provide counselling and support to people during the program if needed. This was viewed as being essential for the safety of participants. Peer educators' involvement and the lived experience that they brought to the role was highly valued by program partners. The role of program partners was important in providing co-facilitation support to peer educators, organising the logistics for the program and recruiting participants. Having a lead agency to coordinate the Network, manage the peer educators, support program delivery and drive the project forward was also seen as important.

In the north, where the Network was forming, two program partners said the clarity of people's roles and responsibilities emerged along the way. Whereby there were pre-existing relationships between program partners and peer

educators, one peer educator said that they were sometimes confused about the role of the program partner who they knew versus the role of cohealth, who was their employer.

In the west, the majority of people said that the roles and responsibilities of members were clear. This clarity was supported by a MoU as well as the fact that the Network had been established for some time. There was some flexibility with the roles and responsibilities. For example, cohealth hadn't intended to be part of program delivery, but based on conversations with Peer educators and program partners, the staff member decided to attend to be an 'extra set of hands' and to gain a deeper understanding of the program, because they were new to the role. The commitment from CASA to attend the Network meetings and provide ongoing advice, in addition to providing counselling support and delivering content on sexual abuse at programs, was highly valued. However, it was noted that this role could be further clarified, particularly how much this person was expected to be following up with people in the program.

### **Positive people, relationships and culture**

Peer educators and program partners spoke about the passion, commitment and energy of individuals involved in the Network as contributing to its success. Positive, trusting relationships helped the Networks to function well. In both the north and west, there were pre-existing relationships between many of the program partners, which made working together easier. However, program partners said that they strengthened these existing relationships by being involved in the project. Peer educators and program partners felt that they were able to bond quickly at the training and then relationships were strengthened by meeting regularly and by delivering programs together. Peer educators and program partners described the Network culture as positive, friendly, supportive and safe.

*"I think from a peer Educator's point of view...I think for me it's easier because I've got people that I can rely on. I can go well okay [peer educator] we do this bit, we do that bit, whatever. If I didn't have somebody that I trust then I've got to look at I have to do a lot more - not that I don't do my fair share of work now. "* – Peer educator

### **Time constraints and limited resources**

Both program partners and peer educators talked about time constraints or limited resources as being a barrier to their involvement in the Network. People cited other study or work commitments as reasons preventing them

from being more involved. Some Metro Access workers had to re-focus their work, because of the roll-out of the National Disability Insurance Scheme (NDIS). Some people could give time, but didn't have the resources to be able to print program manuals. Program partners from the lead agency said that getting everyone in the same place at the same time was a challenge and that this had implications for making sure that everyone was well informed and involved in project decisions. It was suggested that other models of working together could be explored that were less time and resource intensive.

One of the biggest challenges in the Northern Network was getting a counsellor from Northern CASA on board, because of time and resource constraints. For the first two programs, the Northern Network ended up engaging a counsellor from cohealth. Whilst this was seen as valuable by cohealth, because it developed the awareness, understanding and skills of cohealth staff, it was more resource intensive than expected because it was outside of the counsellor's core role at cohealth and hence had to be resourced separately. A counsellor from Northern CASA did support one program in the north and is keen to be involved in future, provided they have time.

### ***Internal management support***

The lack of internal management support for some people was also cited as a barrier to their involvement. One program partner reflected on the need to assess partner readiness to be involved in the program and ensure that there is management support for the program, rather than just an individual's commitment. In the north, there was a draft MoU, which didn't get fully signed. This was seen as an important tool to increase understanding and commitment within organisations.

For people who did have internal support, they felt that the following factors helped garner this support: the partnership with Deakin and the fact that the program has been developed from a strong evidence-base; CASA involvement to assuage any fears of safety for the participants; being able to show the program manual; and having the previous evaluation report which showed the program successes.

## **Enablers**

In addition to the enabling factors that were identified in relation to the Network, there were other factors that were identified as working well and contributing to the success of the project.

### **Four-day training from Deakin University**

Program partners and peer educators in the north found the four day training from Deakin University valuable and said it helped them feel more confident about delivering the program.

*"I think just the - it's probably one-sided but just the training that we received to do this job. I think we really got to - even though it was a four day - I think it was four days or three days. I can't remember. It was a three day intense course. It was a really good, really in-depth what we needed sort of course. I felt really well trained and well able to go out there and say hey we can do this." – Peer educator*

### **Delivering the program for the second time**

In the west, program partners and peer educators said that they felt more confident doing the program for the second time. This was because they were used to working together, they knew what to do, and they had processes developed already.

*"I felt more confident because I knew what I was talking about and it wasn't, like, the first time I'd done it, like, I knew what was going to come up sort of thing and sort of what questions some of the participants might ask. It wasn't, like, so daunting." – Peer educator*

### **Additional training for Network members**

Two peer educators said that they found the additional trainings for Network members useful to develop their knowledge and skills.

*"I think to have a refresh is a good thing, you know, like I said, like I could learn more - and the more, the better you know. So when I do facilitate groups and stuff, I have more knowledge, yeah." – Peer educator*

### **Updated program resources**

Program partners and peer educators said that the updated Deakin program resources were much better than the previous resources. The videos had been re-developed, a new video was produced, the rights cards had been updated and new resources had been included. The new video, which raises

discussion around diverse sexualities and same-sex relationships, was viewed positively by most.

*"I think the program book and all that changed, and there were new stories, and like you know, new introductions - like, gay couples, and things like that." – Peer educator*

### **Opportunities gained through the partnership with Deakin University**

Program partners and peer educators valued the opportunities provided through the relationship with Deakin, such as attending the Having a Say Conference and the SL&RR Professional Development Day.

*"I really loved attending the conference we did last year and feeling a part of the bigger picture. That was really great to feel a part of that and feel that you're with this huge group of people who have similar beliefs and what they value as being important." – Program partner*

Peer educators valued the opportunities to speak in front of others and were inspired to do more public speaking and presentations about the program.

*"We got invited and we were honoured to do a conference on behalf of the actual Network and the whole organisation. I was glad to be a part of it as well. I think what's also going to be another success which I'm pretty sure it will help them down the road that we may get an invite to do other conferences or other public speaking events" – Peer educator*

### **Venue**

Program partners and peer educators in the west said that the youth lounge space at Hobsons Bay was a good space to run the program because it was accessible and had a relaxed atmosphere.

### **Support from disability services**

Program partners said that the support from disability services in the west and north helped participants attend. This included logistical support to get people to and from the program, encouragement, and in some instances liaison with parents who were concerned about their child attending the program.

### **Existing relationships between participants**

Participants, peer educators and program partners said that it was good having participants who knew each other, because they already felt comfortable with each other and could support one another.

*“It was good, because we all got along so well. We all knew each other. Some people I didn’t know, but, then I got to know them and become friends with them. It was really good. They made me feel sure that I was feeling okay about certain things. It was good to have support there to help you.” – Participant*

Program partners and peer educators also said it was good knowing participants, because they had a greater sense of what their needs were and had a rapport with them. It was also easier to follow-up with people during the program.

### **Participants who don’t know each other**

Whereby participants didn't know each other, this was also seen to be a positive by participants, peer educators and program partners because it was an opportunity for participants to meet new people.

## **Barriers and challenges**

In addition to the barriers and challenges already identified, which relate to the functioning of the Network, there were other challenges identified. These included: the varying levels of comprehension and comfort amongst participants, and gatekeeping by parents, carers and services.

### **Varying levels of comprehension and comfort**

Participants had varying levels of comprehension. This is demonstrated in responses from the interviewees, with one participant finding it too hard and comprehending very little, and another participant saying that it was too easy. Program partners, peer educators and participants said they observed that some people were having trouble understanding the content.

*“I know you were trying to teach a broad spectrum of people. But - but I think some people's disabilities can't concentrate on it. I'm not - not picking on any people there. But it's hard and there were just - you could see their mind was going here, going there. It just - it was just really hard. I know - I know it's hard to - to - it's*

*hard to structure something when - when you've got all different disabilities" - Participant*

*"One of the biggest challenges is making sure that they understand what's going on. It can be a bit hard to explain. You've got to explain things differently to different people. You could say this to one person and then the other person might not get it. I guess, what I'm trying to say is that it's difficult." – Peer educator*

Participants and program partners said that they felt the program was pitched at too higher level, there was too much content for four weeks, and that the stories were too long and complex.

*"I think the stories are too complex...Just I think to really hit that audience it's still way too much info and I needs to be simplified even more if we're going to grab more people. I think with respect to me not even doing the programs this year but I think we're hitting people with mild ID [Intellectual Disability] and we're not hitting the rest. They need the help too. They need that support. They're having relationships as well. But I don't think they can engage with the material." – Program partner*

There were recommendations to simplify the stories, slow the program down, and have less content to enable people more time to process the information. One program partner suggested that the stories could be broken up. Another program partner felt that the stories reflected the complexity of life and relationships, and that the stories should not be simplified so much that they become a set of rules about what to do/not to do.

### ***Different levels of comfort***

Program partners, peer educators and participants talked about people having different levels of comfort regarding sexuality and relationships.

*"Kevin and when he uses the word penis. I remember the participants were actually really uncomfortable and one participant got very upset and said "that's a dirty word. That's a rude word."... it's just highlighted that maybe we need to take a step back and maybe do this as an intermediate or maybe advanced course.... just maybe to do an introduction of correct terms or something like that." – Program partner*

It was suggested that peer educators and program partners meet with people before the program to explain what the course is about, make sure people are comfortable to attend, and get a better understanding of their ability to engage with the program material. This would also ensure that people are giving their informed consent to participate, which was raised as a concern by some program partners, particularly whereby people are being supported to attend by a disability service. It was also suggested that the program could be adapted for people who are less comfortable talking about sex.

*"I think for example you're running a first session we kind of have to look at the level of content we're showing to people. I think as we go along that we need to do it step by step because we really need to observe people if they're getting more and more comfortable....Yes, it's like a build up and then hopefully the participants we work with don't feel as awkward." – Peer educator*

Information sessions and interview questions were introduced this year to make sure participants knew what the course was about and were comfortable to attend. This was based on recommendations from a previous evaluation. However, there were challenges in being able to speak to everyone before the program, because some participants didn't turn up to the information sessions and there was not enough time to have individual conversations with participants who did attend the sessions. Some participants didn't have phone numbers or e-mail addresses that they could be contacted on, which made it difficult to follow-up with participants afterwards.

### **Gatekeeping by parents, carers and services**

Program partners and peer educators said that parents, carers and services prevented some people from participating in the program. In some cases, this actually happened and in other cases there was a perception that they would do this.

*"So one parent in particular whose daughter would really have enjoyed the programme and gotten a lot from it, perfect target that we were looking at...Her mum was like..."These programmes are teaching my child, who's 31, oral sex. They're showing cards that have" - I'm, like, "But that is out there," so you try and challenge the idea. "No. She - she doesn't engage in that. You're not the parent. You wouldn't understand what we go*

*through as a parent with a young person with an [intellectual disability]" Three parents; there were three in that loop that all felt the same." – Program partner*

*"That's probably one of the hardest challenges for any peer educator or program partner within trying to set things up for a program within a day service. I think the hardest part is not only setting things up but to try convincing a participant's mum or dad or carer that this might help this participant for he or she's needs and what she wants to learn." – Peer educator*

In one case, a participant stopped coming to the program because their parents weren't supportive of them having a relationship.

*Program partner: There was also another man who expressed that he didn't want to come anymore [to the program] because he was never going to attain what this program was offering.*

*Interviewer: As in a relationship?*

*Program partner: Yes because he wasn't allowed to have one and we know in our organisation there are a lot of parents who do not see their kids as sexual at all. Not at all.*

Program partners and peer educators suggested that there needs to be more ways to engage parents, carers and services in the future. One way of doing this is through the 'learning partner' option, whereby participants can identify someone in their life who can further support their learning and are given a learning partner manual. It was unclear how well this was taken up by participants. As already stated, most participants who were interviewed said they didn't talk to anyone about the program, which indicates that people didn't identify a learning partner.

*"For the participants, there's their extra manual to take home, and I don't know if that – people didn't really want to take it, and because no one came to the information sessions, the support people at home didn't get it. So, whether there's a gap there which needs to be addressed." – Program partner*

### **Communication and engagement with Deakin University**

Three peer educators said that they would like to receive more frequent communication, acknowledgement and opportunities to connect with the team at Deakin University. They felt that opportunities for work with Deakin

University with were not shared equally and they weren't clear on how people were selected for various opportunities.

Program partners also said that they would like more frequent communication and engagement with Deakin, commenting that it would be good for Deakin University to check in with the Network following the initial training. Program partners said that it would be useful to have more guidance from Deakin University about how to maintain and sustain the Networks, particularly in a new NDIS environment.

*"That was when we went to the conference. That was great, because hearing from other Networks – I think there was one Network out in country Victoria who had struggled so hard over so many years. This story is not unfamiliar, which is a shame. It feels like there's a little bit of a gap from Deakin's support to the Networks, as in helping when we have difficulties." – Program partner*

### **Family Planning Victoria session**

In the west, there was a session delivered by Family Planning Victoria on sexual health, which was open to participants who participated in either of the programs. Whilst participants, program partners and peer educators felt the content was relevant, they said the environment was not conducive to learning, because several participants were being disruptive. Upon reflection, peer educators and program partners who were involved said that it would be better to run this session as an extension of the SL&RR program.

### **Program content**

Whilst people mostly viewed the program content changes positively, for one peer Educator there were still issues with the new video and this person decided not to participate in that part of the session. One program partner thought that there could be a video that more positively and more explicitly portrayed LGBTIQ relationships.

*"I think that that doesn't paint - and I know it's about abuse and so on but I think in respect to framing a picture of LGBTI relationships I don't think it 100 per cent hits it where you'd like it to. Because it talks a lot about abuse but there's nothing really positive in there and I feel like someone that might be coming out, might be exploring their sexuality further might not get the right impression based on that story. I think there's potential there*

*for it not to have the messaging that we want it to have but perhaps that could managed in the discussions...” – Program partner*

Another challenge was that Deakin University was updating the manuals as the program was being planned and so people were confused about which version to use.

### **Not knowing the participants**

Program partners and peer educators in the north found the program that was held in the community challenging, because they didn't know what peoples' levels of knowledge, understanding or comfort were; and it was harder to follow-up with participants who didn't come to all of the sessions.

*Interviewer: What was the challenge with the first group?*

*Peer educator: These were just people from different locations. They weren't all from the same location. That's one thing that was challenging, because they all didn't know each other.*

*Interviewer: That meant it was difficult to do the group?*

*Peer educator: Yeah. What instantly came into my mind doing the first program, was it wasn't just from one section, like Araluen or Melbourne Poly, this was just all different people. So, the first thing that came into my mind was that I'm not really sure where these participants have come from and I don't know how they think.*

## **Sustainability**

There are several challenges to the maintenance and sustainability of both the Northern and Western Networks, including: uncertainty over whether Metro Access worker positions will be funded past June 2019; staff turnover, which requires new members to be trained before being able to deliver the program; and limited time and resources of some members.

### **Project sustainability - west**

#### **Council involvement**

There was discussion throughout the project, including in the evaluation, about how to sustain the project without the involvement of Metro Access

workers, or at-least their involvement in co-delivering programs. This was due to uncertainty about whether the Metro Access program would continue to be funded and the increased focus for Metro Access Worker on the NDIS roll-out, limiting their availability to be involved in other work.

Metro Access workers thought that there may be other people within council who could be involved in the Network, such as staff within health or community safety, or a disability inclusion specific role. Most councils have PVAW or gender equity policies that the SL&RR project could be aligned with and a couple of Metro Access workers have already made that link. One program partner thought that SL&RR would fit better within a PVAW portfolio and questioned whether they acted as a gatekeeper, because everything disability related came to them rather than to other areas. However, some program partners said it would be unlikely that these other areas would fund and resource program delivery.

*“So - but in saying that it also didn't give it a push for, like, further funding and stuff. So that's always interesting. People are happy if you're delivering it; you've got the budget and you can actually do the whole space of that, but not to contribute.”– Program partner*

*“Resourcing is the key barrier because I think the objective of the project is an objective that council holds closely so I think the only reason that we wouldn't support it would be the business case means that we don't have the funds to.” – Program partner*

### **New program partners**

The Western Network identified, and has been engaging with, potential new program partners. So far, the Network has identified and approached several organisations, including a disability service and a polytechnic. The thinking behind this was that, with program partners on board, Metro Access workers could shift their role to providing mentoring and advice to new program partners, providing linkages, and potentially offering resourcing support through funding or access to venues. Some Metro Access workers saw this shift as being more in line with their role, which is to facilitate community participation and capacity building, rather than to co-deliver programs themselves.

There was much discussion throughout the project and during the evaluation about the strengths and weaknesses of involving disability services as program partners. There was concern from program partners that disability

services may not have the same values as the Network, and that they may change the program. The perceived benefits of involving disability services were that services see this as a need and want to do something about it, they can reinforce the learning, and they can engage with other people in a participant's life, such as parents, carers, staff and other services.

*"If three months down the track say someone from [organisation] or any other disability service provider has done the training, been part of the Network...they say to them "have you found a learning partner? Would you like me to find a learning partner for you? Do you want to review these principles? Let's talk about it because I noticed you were doing A, B, C behaviour. Do you want to go over what we learned?" – Program partner*

### **Project sustainability - north**

In the north, a challenge to sustainability is people's ability to commit time and resources to the program. The Network has also lost several key individuals who were involved in the Network and new members need to be trained by Deakin University.

### **Sustainability of outcomes**

In terms of the sustainability of outcomes, some participants were reflecting on the course six months later, which suggests that some people can retain what they learnt. Program partners felt strongly that learning needed to be reinforced over time. The depth of change in knowledge, skills and confidence amongst peer educators is a good indication that these changes will endure. People in the west felt that the friendships they have developed will continue regardless of the project.

In terms of organisational changes, it was felt that the increased awareness may be difficult to sustain without individuals continuing to drive these conversations within their organisations. This is obviously a risk if key staff leave. The work on making employment processes accessible that had begun in one organisation will continue regardless of whether SL&RR continues, because it is been driven by other staff members.

## **Recommendations**

This section includes a summary of recommendations and a review of the recommendations made in the previous evaluation.

## Recommendations from this evaluation

People made a range of recommendations in this evaluation about: the content and the process of the program; recruiting participants; engaging parents and carers; and the Network. These are shown below.

Topic	Recommendations
<i>Content</i>	<ul style="list-style-type: none"> <li>- Including more content about diverse genders and sexualities</li> <li>- Have more content about how to do things, rather than what not to do</li> <li>- Include positive stories about healthy relationships</li> <li>- Include more information relevant to young people, like sexting and meeting up with strangers via phones</li> <li>- Talk about what consent is at the beginning of the program, and consider adding the 'tea consent' video</li> <li>- Include more interactive activities</li> </ul>
<i>Process</i>	<ul style="list-style-type: none"> <li>- Slow the program down to be able to cover all of the content thoroughly. This would mean extending the number of hours of each session or the number of weeks over which the program is delivered.</li> <li>- Move the content in week two until later, because it is too confronting so early on the program</li> <li>- Have one week just for people to get to know each other and become familiar with the key words and concepts that will be used in the program</li> <li>- Spend more time checking in with participants about their understanding during the sessions</li> <li>- Spend more time talking with participants about where they could go for more information and support, and who they would feel comfortable talking with</li> <li>- Consider having separate groups for male and female participants</li> </ul>
<i>Recruiting participants</i>	<ul style="list-style-type: none"> <li>- Do pre-testing to see if participants have an understanding of key words and concepts, and to get a sense of their attitudes and beliefs</li> <li>- Ensure that the program is explained to participants in a way that they can understand, so that they can give their informed consent to participate</li> </ul>
<i>Network</i>	<ul style="list-style-type: none"> <li>- Further clarify the extent to which the Network wants the</li> </ul>

	<p>CASA counsellor to follow up with people</p> <ul style="list-style-type: none"> <li>- Do a few fun social events together each year</li> <li>- Include ice-breakers in meetings</li> <li>- Do a dot point, plain English summary of meeting minutes</li> <li>- Regularly explain who everyone on the Network is and what their organisation does</li> <li>- Have time on the agenda to hear about what other things people are working on or involved with</li> <li>- Share the Network's successes</li> </ul>
<i>Other</i>	<ul style="list-style-type: none"> <li>- Engage parents, cares and disability services staff as learning partners and/or to build readiness and support for the program</li> <li>- Leverage the program to create broader change by thinking about what else peer educators and program partners could do that will create a supportive environment for people to express their rights. This might include things like engaging parents and carers, organisational change, or advocacy.</li> <li>- Consider developing a longer-term sexuality and respectful relationships program for participants</li> </ul>

## Recommendations from the previous evaluation

The previous evaluation made 38 recommendations. Of these recommendations, 17 were implemented, 11 were implemented in part, and 10 weren't implemented. A table in **Appendix 3** provides more detail on why some recommendations were not achieved or achieved only in part. In some cases, this was because the recommendations made to re-develop the manual were not in the Network's control. The re-development was led by the SL&RR team at Deakin University. Several of the recommendations made in the previous evaluation were made again in this evaluation, including:

- Having more positive stories about healthy relationships and more content on diverse genders and sexualities;
- Extending the length of the program;
- Recruiting participants who are more independent and meeting participants beforehand to ensure they are aware of the content and ready to attend and;
- Engaging parents and carers through information sessions.

## Key considerations

The findings from this evaluation raise a number of considerations for future work. Given the varying levels of comprehension and comfort amongst participants, meeting participants before the program to assess their needs and adapting the program to suit their needs should be considered in future. This may require delivering the program over a longer period of time and/or adjusting the amount and type of content delivered.

Participants need a supportive environment to be able to apply what they are learning in their daily lives. The 'learning partner' component of the SL&RR model, which is intended to enable participants to continue their learning with someone outside of the program, is not well utilised and needs to be strengthened. Further actions and strategies to engage parents, carers and services should also be considered. In some cases, this may be required before delivering a program to increase readiness and support for the program.

The project should explore linking up to other initiatives being undertaken in the PVAW and disability sectors<sup>4</sup>, and advocate for more action to be taken by the regional primary prevention partnership. The cross-sector partnerships fostered through this project are essential in building collective capacity across the disability and PVAW sectors (Women with Disabilities Victoria, 2017), and will help the Networks connect with work underway in both sectors.

## Program delivery

1. Explore with Deakin University, program partners and peer educators the possibility of adapting the program based on the context, taking into consideration participants' levels of knowledge, understanding and comfort.
2. Clarify what participants can expect to gain from the program, taking into account the outcomes shown in this evaluation and research being

---

<sup>4</sup> See for example, *Victoria's disability abuse and prevention strategy*, < <https://dhhs.vic.gov.au/publications/disability-abuse-prevention-strategy>> and the *NDIS quality and safeguarding framework*, < <https://www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/ndis-quality-and-safeguarding-framework-0>>

undertaken on the program in NSW. This will help set realistic expectations.

3. Talk with participants before the program to assess their comfort and understanding, and to gain their informed consent. More time needs to be factored into the recruitment process to be able to do this. This would also be easier to do if people could be contacted independently.
4. Recruit a mix of participants who know each other and who don't know each other, as opposed to a group of individuals who don't know each other at all. This way, there is some existing comfort and trust between participants, but also opportunities for participants to meet new people.
5. Deliver the program in a setting where program partners and peer educators know the participants, in order to make it easier to understand the participants' needs and be able to follow-up with participants during and after the program. If taking this approach, the following consideration also needs to be taken into account.
6. Whilst not a finding of the evaluation, in instances where the program partner or peer educator knows the participants, there is a need to consider whether participants would feel comfortable sharing private and confidential information with someone they know in another capacity and with whom there is an unequal power relationship (for example as a teacher or support worker), and also whether program partners and peer educators are comfortable hearing this information. Policies and procedures need to be in place to protect people's privacy and safety.
7. Have gender specific groups for the comfort and safety of women, and to more specifically address women's and men's needs.

## Learning partner

8. Develop additional strategies to promote the learning partner option to participants. Whilst it is up to participants to decide whether they would like a learning partner, more could be done to explain what this is to participants. With participant's consent, learning partners could be invited to a session to learn about what this is and be supported to fulfil this role.
9. Hold general information sessions for parents, carers and services who may or may not be learning partners. These should be designed to increase readiness and support for the program, as well as build awareness of the issues covered in the program and a commitment to

addressing them.

## Sector development and organisational change

10. Develop additional strategies and actions to bring about organisational change. For example, training for other staff within the organisation on PVAW and gender equity, and policy development. In some cases, training may be needed before delivering the program in order to increase readiness and support for the program.
11. Link with existing work to prevent violence against women with disabilities in both the PVAW and disability sectors, and advocate for more work to be done.
12. Work with maternal and child health services within councils and SRH service providers within cohealth to increase their knowledge, skills and confidence to provide information and education to people with an intellectual disability.

## Networks/partnerships

13. Before involving new organisations, consider the organisation's understanding and commitment to the work (not just of the individuals involved) and the benefits/risks of involving that particular organisation.
14. Explore other Network meeting models that reduce the time commitment required of program partners and peer educators. This may include less whole-of-Network meetings. For example, when a program is going to be delivered, a meeting could be held with those involved.
15. Explore and facilitate more direct relationships between Deakin University and program partners to reduce the workload of the lead agency.
16. Celebrate successes and key moments as a Network with social events.

## Research and evaluation

17. Share the successes and lessons learnt from the Network's evaluation.
18. Develop a theory of change across the north and west, with expected outcomes, that builds on the evidence of from this evaluation and the previous evaluation.

19. Develop an evaluation plan at the start of the project and integrate other simple evaluation activities throughout the project, such as reflection questions for the Network following program delivery.
20. Utilise the research partnership with Deakin University to publish local evaluation and research.

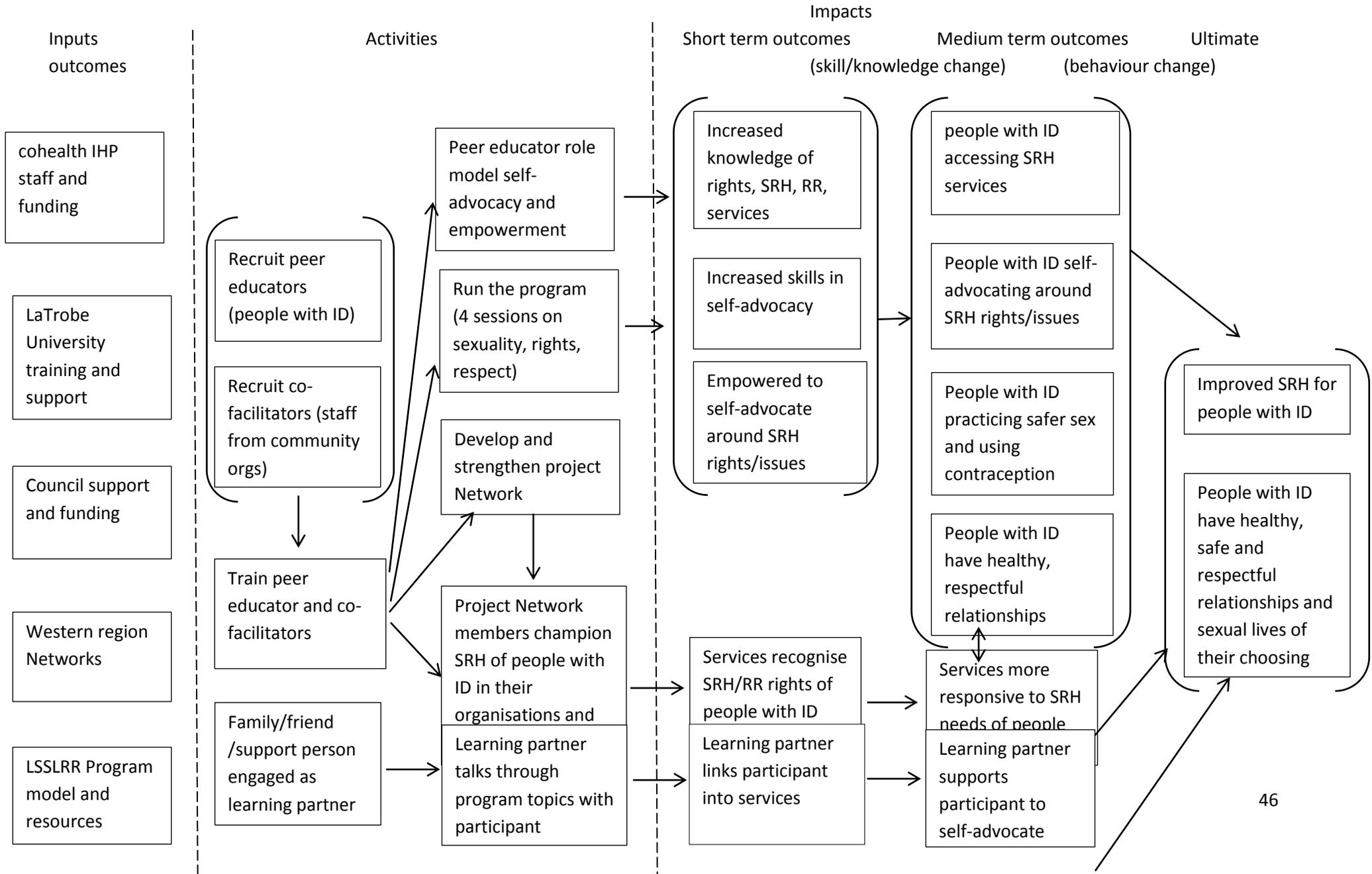
## References

Frawley, P and Bigby, C 2014, "'I'm in their shoes': Experiences of peer educators in sexuality and relationship education', *Journal of Intellectual and Developmental Disability*, vol. 39, no. 2, pp. 167-176.

Frawley, P, Barrett, C, Dyson, S 2012, *Real people - core business. Living Safer Sexual Lives: Respectful Relationships. Report on the development and implementation of a peer led violence and abuse prevention program for people with intellectual disabilities*, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.

Women with Disabilities Victoria 2017, *Literature Review: Prevention of violence against women and children regional action plan capacity building project: Women with disabilities*, Women with Disabilities Victoria, Victoria, viewed 9 June, < <http://www.wdv.org.au/publications.htm>>

## Appendix 1: SL&RR program logic for the west



## Appendix 2: Expected outcomes, north

For who?	What would success look like?
Participants	<ul style="list-style-type: none"> <li>- People say: "It's a good program"</li> <li>- People are given hope and knowledge</li> <li>- Happy faces: people get what they need, what they have been waiting for</li> <li>- People have confidence to have conversations about sex and relationships with people in their lives</li> <li>- People have access to information they haven't had access to before</li> <li>- People have an understanding of rights and responsibilities</li> <li>- People understand how and have tools to access further support</li> <li>- The program was accessible for people (e.g. venue, time, etc)</li> <li>- People felt that their contributions were valued</li> <li>- People feel inspired by peer educators to pursue similar opportunities</li> <li>- People share what they've learnt with others</li> </ul>
Peer educators	<ul style="list-style-type: none"> <li>- Peer educators feel better informed about sexuality and respectful relationships, rights and services</li> <li>- Peer educators have educated people and given more confidence</li> <li>- Peer educators have gained employment experience</li> <li>- Peer educators have gained skills in self-care</li> <li>- Peer educators have gained skills in advocacy and having conversations about sex, relationships and rights</li> </ul>
Organisations	<ul style="list-style-type: none"> <li>- Staff involved in the program feel more confident to start conversations about sex and relationships</li> <li>- Staff feel confident to advocate the value of the program and content and right of people to participate</li> <li>- Staff have skills to respond to crises/questions about</li> </ul>

	<p>sexuality, safety and rights and refer people to services</p> <ul style="list-style-type: none"> <li>- Staff have access to education tools</li> <li>- cohealth's employment processes are accessible and inclusive</li> <li>- Organisations value the contribution of people with disability: are working alongside people with disability, not for.</li> </ul>
Families and carers	<ul style="list-style-type: none"> <li>- Families and carers are supportive of the program</li> <li>- Families and carers support organisations to share information about the program with clients and support people</li> <li>- Conversations are started between people with disability and their loved ones.</li> </ul>

## Appendix 3: Recommendations from the previous evaluation

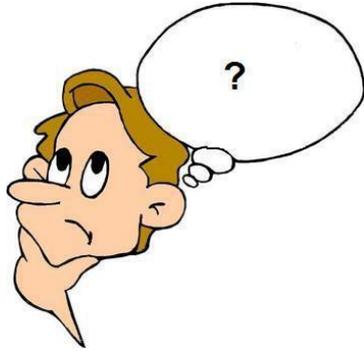
<b>Recommendation</b>	<b>Progress (achieved – yes/no/in part)</b>	<b>Explanation if not achieved or only achieved in part</b>
1. Redevelop the rights activity to incorporate an opportunity for participants to practice self-advocacy (possibly through role play)	No	Deakin responsible for re-developing program materials
2. Make resources and handouts with names and contact details of support services available to all participants	Yes	
3. Ensure that milestones are celebrated with team lunches or dinners	No	Limited time
4. Promote social opportunities (e.g. local government accessible dance parties) to project Network	In part	Promoted social opportunities that Network members were involved in organising, eg. band gigs, theatre performances etc
5. Elevate the profile of LSSL:RR within and across partner agencies and promote it outside of the 'disability' portfolio	In part	Program partners have raised awareness about the SL&RR program within partner agencies and new program partners are being engaged
6. Seek opportunities to promote LSSL:RR through awards, conferences and press	In part	Promoted SL&RR with Deakin at the Having a Say Conference. Deakin promotes the program at conferences and nominates it for awards
7. Seek opportunities to raise the profile of peer education	In part	See above
8. Peer educators to have a full and equal role in all project decision making	Yes	
9. Ensure project budgets	Yes	

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	In part	The project goal was clarified with the Network at the start of this phase of the project, but the outcomes were not reviewed; although they were seen to be too ambitious
11. Ensure that one mainstream health organisation retains leadership and coordination of the project and Network	Yes	
12. Seek partnership with other disability, health and relationship support services	Yes	
13. Additional training on violence against women and sexual health to be made available to all peer educators and co-facilitators	Yes	
14. All partner organisations to seek opportunities for peer educators to access further training, professional development and leadership/employment opportunities	Yes	
15. Extend the program to five or six sessions	No	This wasn't discussed. Network is not clear whether the program can be adapted.
16. Seek to recruit additional partner organisations who can support the project and work as co-facilitators	In part	This is underway
17. Spend more time on 'getting to know you' activities and icebreakers in the first session	Yes	We also added an information session prior to the program starting for participants, program partners and peer educators to get to know each other
18. Establish a clear framework for responding to sexual assault.	Yes	Training was provided to all Network members. A

Ensure all co-facilitators and peer educators are clear and comfortable with their reporting obligations.		counsellor/advocate from WestCASA was present at every session to respond to disclosures.
19. Include positive stories about healthy relationships	No	Deakin responsible for re-developing program materials
20. All peer educators and co-facilitators to attend CASA training on responding to sexual assault prior to delivering the program	Yes	
21. Discuss the program with each participant prior to the program starting to ensure they are aware of the content and ready to attend	In part	Information sessions were held for participants, but it was hard to speak individually to participants. Some people did not attend the information session.
22. Have a CASA worker or counsellor experienced in sexual assault as a co-facilitator if possible	Yes	
23. Have current and relevant information available to give to participants and to make referrals to sexual assault services	Yes	
24. Consider a 20 – 30 minute debrief with peer educators and co-facilitators after delivering each session	Yes	
25. Ensure the option of individual professional debriefing remains available to all peer educators and co-facilitators	Yes	
26. Consider an annual externally facilitated debriefing/planning session for the project Network	No	We didn't consider this
27. Peer educators should become casual employees with the lead agency	In part	Peer educators were given the choice. Three peer educators decided to become casual employees.
28. cohealth improves	No	The focus has been on

accessibility of volunteer engagement practices		employment practices
29. Ensure peer educators are made aware of any issues or concerns with participants prior to delivering sessions	Yes	This was helped by the information sessions
30. Include definitions of key concepts in each session	In part	Deakin responsible for re-developing program materials
31. Update the videos	Yes	
32. Have updated stories that include LGBTIQ relationships and modern technology (e.g. online dating, sexting)	In part	There is a new story about LGBTIQ relationships, although the person does not explicitly identify as LGBTIQ. There is an activity about LGBTIQ relationships. There is an activity about being safe online.
33. Offer concurrent session/s on sexual health with a sexual health nurse or specialist service	In part	We held an optional session that was run by Family Planning Victoria open to all participants
34. Give information about the learning partner option to participants prior to the first session	Yes	
35. Consider supporting the development of a follow-up discussion group for participants.	No	We didn't have capacity to do this
36. Offer a single LSSL:RR session for parents, carers, services and other learning partners	No	We didn't plan for this
37. Focus recruitment on people who have a degree of independence (e.g. people in employment services) and readiness to attend the program	No	Recruitment was open to everyone. We got most interest from people who attend disability services.
38. Ensure that access to information and education for all people with intellectual disability is an advocacy priority for the RRRAD Network	No	The RRAD Network stopped meeting, because people were not clear on the aim. We included 'advocacy' as an item on the SL&RR Network meeting agenda.

## Appendix 4: Information statement and consent form



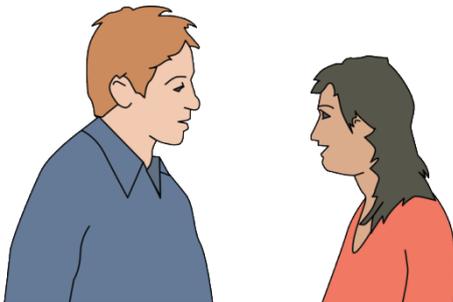
### **What is this about?**

We would like to talk to you about the Sexual Lives & Respectful Relationships program.

We would like to know what you learnt from the program.

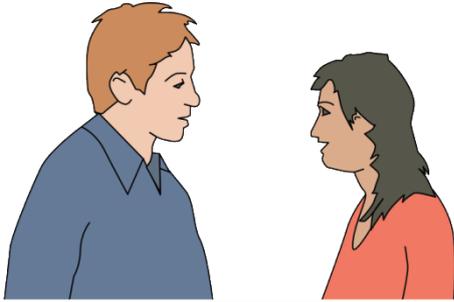
This helps us do the program better.

### **You do not have to do the interview.**



### **If I decide to do the interview what will happen?**

If you decide to do the interview one of the peer educators and program partners will talk with you and organise a time and place to do the interview.



We will talk to you for about 30 minutes and 1 hour.

If you change your mind and decide not to do the interview, that is ok. You can stop the interview at any time.

### **What will the questions be about?**

The questions will be about what you learnt at the program and how you think we could do the program better.



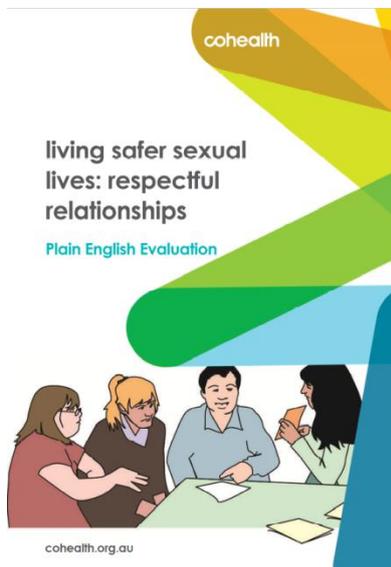
### **Will I be paid for my time?**

All people who do an interview will get a \$20 Coles/Myer voucher.

### **What happens after the interview?**

We will record the interview and then write up what you say.



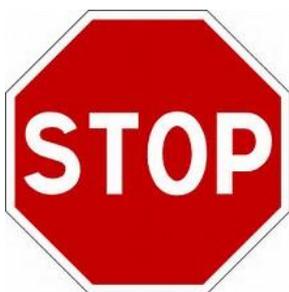


We won't tell anyone what you say, unless you tell us that you are being hurt or hurting someone else.

When the interview is written up, we won't use your name.

We will interview other people who came to the program, and the peer educators and Co-Facilitators.

This information will go into a report. We will share an Easy English version of the report with you. We might also use the information for a presentation or at a conference



### **What else do I need to know?**

It is really important that you feel ok. If anything we talk about makes you feel bad or upset we can stop the interview. If we stop



the interview, we can delete what you say and not use it in the report.

If you want to talk with someone about how you are feeling we can connect you with someone to do this.

**Who can I talk to for more information about this?**

If you have any questions you can talk to Georgia Ride from cohealth on 9448 619

## Consent Form

You have the choice to do the interview. If you sign this page it means that you understand the information.

Remember, you can change your mind if you don't want to do it.

**By signing, you are saying that you understand the following things:**

- I understand the information on this form
- I understand that the interview is about what I learnt from the Sexual Lives & Respectful Relationships program
- I have had a chance to ask questions
- I understand that the interview will be recorded
- I understand that I can stop the interview
- I understand that it is ok to change my mind about doing the interview
- I understand that some of the questions might make me feel embarrassed. I can choose not to answer a question if I don't want to.
- I understand that things I say in the interview might be in a report or presented at conferences

- I understand that my name will not be included in the report and nobody except the person who does the interview will know what I have said
- I understand that I will be given a copy of this paper to keep
- I am happy to do the interview

.....

Signature of participant

.....

Signature of witness

.....

Name of participant

.....

Name of witness

.....

Date

.....

Date