April 2020

NSW Sexual Health Promotion Youth Services
pilot evaluation report

Sexing up the sector

Building the capacity of youth services in NSW to engage with young people on sexual health

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Executive Summary

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

Executive Summary

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

The 'Sexing up the sector' program provides youth services with a comprehensive sexual health resource kit, a one-day training session on how to engage with young people around sexual health, and mentoring and support from the local HIV and Related Programs (HARP) health promotion workforce. These activities build the capacity of both workers and the organisation as a whole to engage in sexual health conversations with their clients. The purpose of the pilot was to determine if the 'Sexing up the sector' program is feasible and likely to be effective in youth service settings in NSW.

The pilot evaluation showed 'Sexing up the sector' built youth service capacity through organisation and practice change and improved youth worker knowledge and confidence. The development of the Play Safe resource kit available on Play Safe Pro, together with the Sticky Stuff training, provided the youth sector and sexual health promotion workforce with the tools to successfully engage in capacity-building work.

The following outcomes were achieved during the pilot program:

- **Youth services**
  - adopted sexual health policy
  - increased condom distribution / distributed more condoms
  - staff felt supported by local HARP services to undertake sexual health promotion activities
  - included sexual health content into routine client activities.
- **Youth workers**
  - increased their knowledge of key sexual health messages
  - increased their confidence and frequency of engaging in conversations about sexual health (became more confident and engaged more often in conversations about sexual health)
  - got better access to resources and tools
  - reported an increase in referrals to local sexual health clinics due to improved referral pathways.

This pilot informed the development of the NSW Sexual Health Promotion Action Plan 2018–2020, as youth services were established as a priority setting to reach marginalised and disadvantaged young people across NSW.

Recommendations

- Scale up the pilot program to reach people across all NSW specialist homelessness, out-of-home care and youth services
- NSW Sexually Transmissible Infections Programs Unit (STIPU) coordinate the Youth Services Sexual Health Promotion Program Scale-up through a leaders' group and a working group to commence in December 2019.
- Ensure that the scale-up includes:
  - the same elements as the pilot: training (*Sticky Stuff* / Nitty Gritty/Doin' It Right), resources (via Play Safe Pro) and support (via HARP health promotion staff and/or other key stakeholders)
  - offering the program to other youth services in NSW such as local council services
  - promoting the program to other priority settings with young people, such as schools and other education providers, mental health services and drug and alcohol services
  - continuing to provide youth services with selected printed resources from the Play Safe resource kit
  - the resources developed in the Aboriginal Sexual Health Promotion Program
  - the development of a trauma-informed approach to talking about sexual health for OOHC services
  - a review of the evaluation measures in the pre- and post-pilot checklist
  - a monitoring and evaluation plan.
- Continue to deliver *Sticky Stuff* training to whole specialist homelessness services where possible, to create stronger opportunities for organisational change
- Develop an online *Sticky Stuff* training module to support the delivery of face-to-face training
- Promote the online dissemination of the Play Safe resource kit via the Play Safe Pro website
- Work with the NSW Department of Community and Justice (DCJ) and other key stakeholders to explore ways that youth services can be supported to adopt and maintain the program
- Include the scale-up of 'Sexing up the sector' within the Sexual Health Promotion program in the next NSW STI strategy.

Acknowledgments

The ‘Sexing up the sector’ program was developed and piloted by the NSW Sexual Health Promotion Youth Services program.

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

- **Sarah Smith**, Health Promotion Officer, HIV and Related Programs Unit, South East Sydney Local Health District (Co-leader)
- **Colin Stokes**, Education Manager, Yfoundations (Co-leader)
- **Rochelle Avasalu**, Senior Program Manager (Sexual Health Promotion), STI Programs Unit, Ministry of Health (Co-leader)
- **Ben Corio**, Health Promotion and Training Program Officer, Yfoundations (Co-leader)
- **Bec Neufeld**, Health Promotion Officer, HIV and Related Programs Unit, Nepean Blue Mountains Local Health District (Co-leader)
- **Associate Professor Limin Mao**, Centre for Social Research in Health, University of New South Wales
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- **Carolyn Slattery**, HIV and Related Programs Health Promotion Manager, Hunter New England Local Health District
- **Bronwyn Leece**, Senior Health Promotion Officer, Sexual Health Promotion, Nepean Blue Mountains Local Health District
- **Dave Worsley**, Health Promotion Officer, Western Sydney Local Health District

Thanks also to the key partners who contributed to the implementation of the pilot, who included:

- **Family Planning NSW**
- **ACON Hunter**
- **Yfoundations**

Acknowledgment and thanks to the youth services and staff who participated in the implementation of the pilot. Services included:

- **Samaritans**, Newcastle/Hunter (specialist homelessness service)
- **Wandiyali**, Newcastle/Hunter (specialist homelessness service)
- **Allambi Care**, Lake Macquarie/Central Coast (specialist homelessness service)
- **Ungooroo Aboriginal Corporation** (specialist homelessness service)
- **Platform Youth Services**, Katoomba, Richmond and Penrith
- **Life Without Barriers**, Baulkham Hills (out-of-home care)

The program was overseen by a leadership group representing the following programs of work within the Sexual Health Promotion programs:

- **Peer Education Program**
- **Social Marketing**
- **Access to Condoms**
- **Out-of-Home Care**
- **Primary Care**
- **Aboriginal Program**

This report was compiled and produced by the NSW Sexual Health Promotion Youth Services Program.

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Background

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

Background

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

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

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

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

Resource Development

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

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

Pilot

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

Pilot

Pilot Sites

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

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

Local Health District	Youth Services
Hunter New England	**Samaritans**, Newcastle/Hunter **Wandiyali**, Newcastle/Hunter **Allambi Care**, Lake Macquarie/Central Coast **Ungooroo Aboriginal Corporation*** (all specialist homelessness services)
Nepean Blue Mountains in partnership with Family Planning NSW Penrith	**Platform Youth Services:** Katoomba House (residential) Penrith Glue* (outreach) Katoomba Glue (outreach) Assertive Outreach Team* (outreach) Richmond House (residential) Homeless Youth Assistance Program* Richmond House (outreach) (all specialist homelessness services)
Western Sydney	**Life Without Barriers,** Baulkham Hills (OOHC service)

*Service withdrew from pilot

Pilot

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

Hunter New England LHD HARP Unit dedicated a full-time health promotion officer and an Aboriginal sexual health worker (0.1 FTE) to the pilot's implementation, and the health promotion manager was involved in engagement with DCJ and youth service managers. Multiple services were engaged at this LHD and additional activities and training were delivered by Family Planning NSW (FPNSW) and ACON. Hunter New England LHD expanded their pilot to include referrals to the sexual health clinic for STI testing as a clinical impact indicator. STI testing data is not included in this report.

In Nepean Blue Mountains LHD, the HARP health promotion capacity was significantly less than in Hunter New England LHD, so the program was implemented in partnership with FPNSW Penrith. FPNSW had an established relationship with Platform Youth Services through the Condom Credit Card program, so the pilot sat within existing sexual health promotion partnerships.

In Western Sydney LHD, the youth service was an OOHC service and the program activities were implemented by one HARP health promotion worker as part of their overall duties.

Two sites withdrew from the pilot due to staff changes, one site ceased operating and another site decided not to continue because their service focused on children under 16 years.

Pilot implementation

A pilot implementation working group was established in May 2017 and continued until the completion of pilot data collection in January 2019. Membership of the working group included health promotion staff from the pilot LHD representation from BRISE and Yfoundations.

The pilot implementation working group provided a coordination mechanism, and allowed shared learning and a space to identify challenges and opportunities and make modifications as appropriate. Meetings were initially monthly but reduced to bimonthly as implementation moved into a phase of continuing relationships, mentoring and support.

Pilot

Pilot Timeline

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

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

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

Program Evaluation Plan

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

Data source	Collection method and purpose	Timeframe
Youth service baseline survey	Condensed organisational checklist administered via SurveyMonkey. Sent to a database of services maintained by Yfoundations. Baseline data of youth service sexual health policy and practice.	**Pre-pilot**
Organisational checklist	Self-assessment checklist. The checklist is based on the five areas of action across the health promotion continuum in the Integrated Health Promotion Kit developed by Vic Health. Pre- and post-pilot data provided impact measures of organisational changes.	**Pre- and post-pilot**
***Sticky Stuff* training survey**	Self-reported measure by participants who completed Sticky Stuff training on the day. Provided impact measure of changes in knowledge, attitudes and confidence.	**Pre- and post-pilot**
Health promotion monthly reporting	A monthly database of the number and types of contacts between pilot site and health promotion staff. Provided process data re implementation activities in setting and captures impacts in terms of changes made within youth services.	**During the pilot**
Pilot implementation working group report	Monthly database compiled from working group records by the **<missing info from original doc??>** Provided pilot implementation process data and provides data of impact of the pilot on organisational and worker capacity.	**During the pilot**
Youth worker interviews	Semi-structured telephone interview conducted, recorded and transcribed by BRISE. Provided impact data regarding worker and organisational capacity change.	**Post-pilot**

Evaluation Key Findings

This section provides a comprehensive summary of the findings from each data source.

Evaluation Key Findings

1. Youth service baseline survey

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

2. Organisational checklist pre- and post-pilot

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

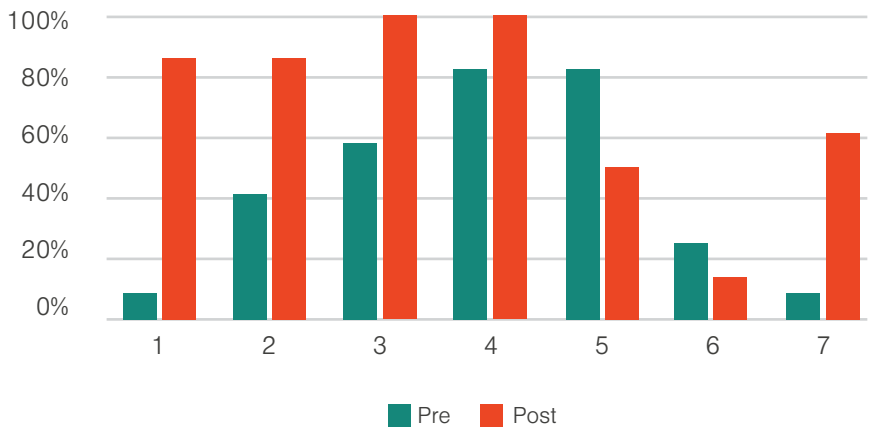
The results across the five areas of action, supportive environment, community action, health information marketing, sexual health education and skill development, and client screening and assessment, are summarised below.

Evaluation Key Findings

Supportive environment

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

Figure 1. Supportive Environment



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

- Policies in place to support sexual health work with youth (pre: 8%, post: 88%)
- Integrate sexual health content in programs (pre: 42%, post: 88%)
- Free condoms readily available to youth (pre: 58%, post: 100%)
- Private spaces available to talk about sexual health (pre: 83%, post: 100%)
- Reviewed and completed the Exploring Values fact sheet in our resource kit (pre: 8%, post: 63%)

Two measures showed areas of decrease

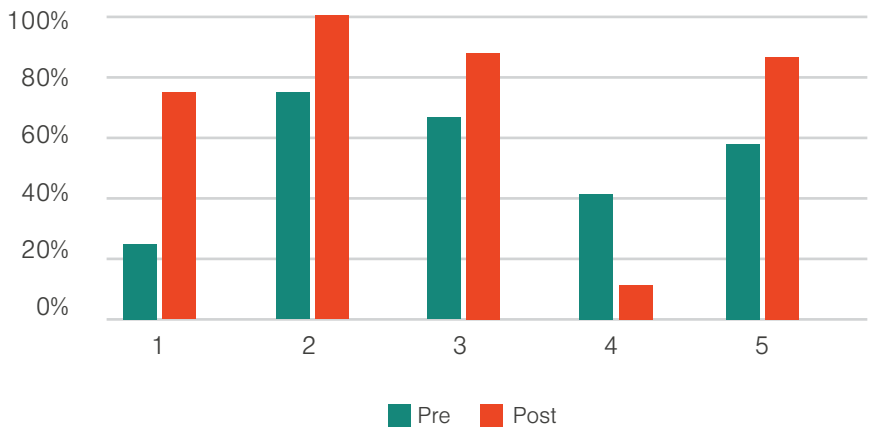
- Staff confidence in the area of child protection policies, and workers' rights and responsibility (pre: 83.3%, post: 50%)
- Strategies to engage and promote sexual health to parents and communities (pre: 83.3%, post: 50%)

Evaluation Key Findings

Community action

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

Figure 2. Community Action



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

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

One measure showed an area of decrease

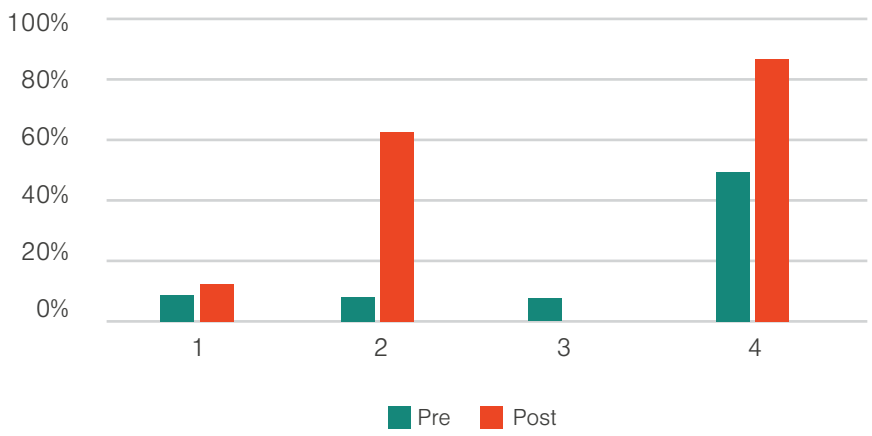
- Organisation participating in community events that promote sexual health (pre: 42%, post: 13%)

Evaluation Key Findings

Health information marketing

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

Figure 3. Health Information Marketing



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

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

One measure showed an area of decrease

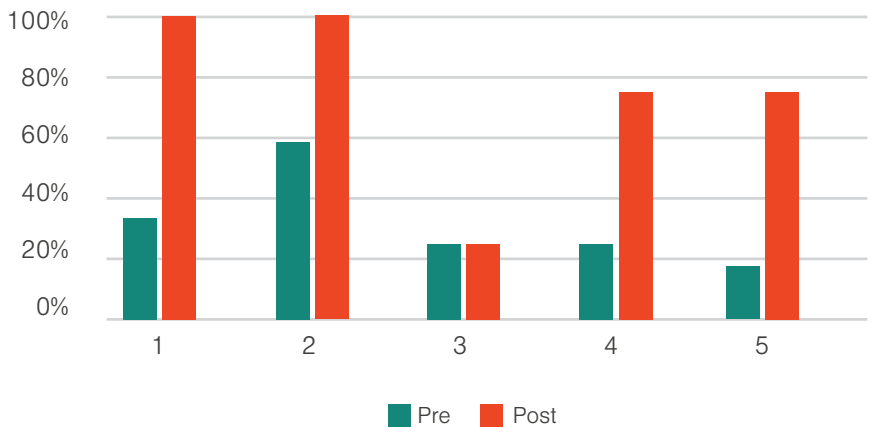
- Organisation using social media to promote youth sexual health (pre: 8%, post: 00%)

Evaluation Key Findings

Sexual health education and skill development

1. Staff receiving training (e.g. Sticky Stuff) on engaging youth about sexual health
2. Staff completed cultural competency training
3. Staff completed gender and sexuality diverse training
4. Staff having easy access to various resources (games, activities) for youth sexual health work in group and individual settings
5. Organisation's inclusion of sexual health in various existing programs

Figure 4. Sexual Health Education and Skill Development



Positive change was identified in four of the five sexual health education and skill development measures

- Staff receiving training on engaging youth about sexual health (pre: 33%, post: 100%)
- Staff completed cultural competency training (pre: 58%, post: 100%)
- Staff having easy access to various resources (games, activities) for youth sexual health work in group and individual settings (pre: 25%, post: 75%)
- Organisation's inclusion of sexual health in various existing programs (pre: 16%, post: 75%)

No change was identified in one of the measures

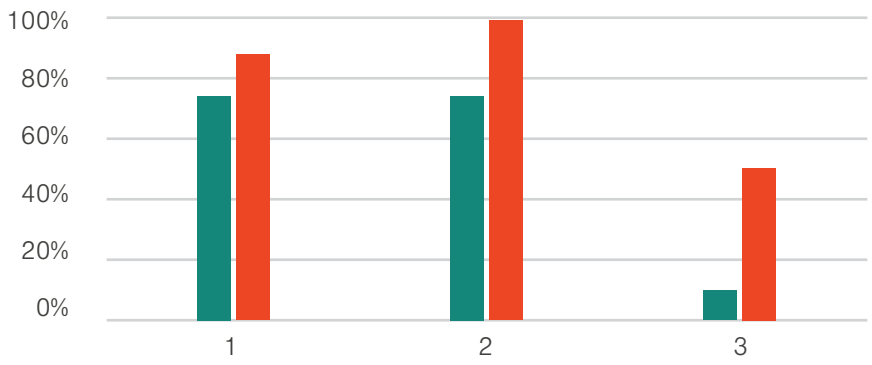
- Staff completed gender and sexuality diversity training (pre: 25%, post: 25%)

Evaluation Key Findings

Client screening and assessment

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

Figure 5. Client Screening and Assessment



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

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

Evaluation Key Findings

3. *Sticky Stuff* training surveys

Pre-training (n = 128) and post-training (n = 120) surveys were completed by Sticky Stuff participants across nine training sessions.

Significant increases in knowledge, skills, and confidence to engage with young people about sexual health were evident across all 10 measures. This was seen by comparing the 'strongly agree' ratings for each item across the pre- and post-training surveys. For example, participants strongly agreed with the statements:

'I feel confident starting conversations about sexual health with young people.' (12% pre vs 40% post; p < 0.001)

'I know a range of creative tools for engaging young people in conversations about sexual health.' (3% pre vs 45% post; p < 0.001)

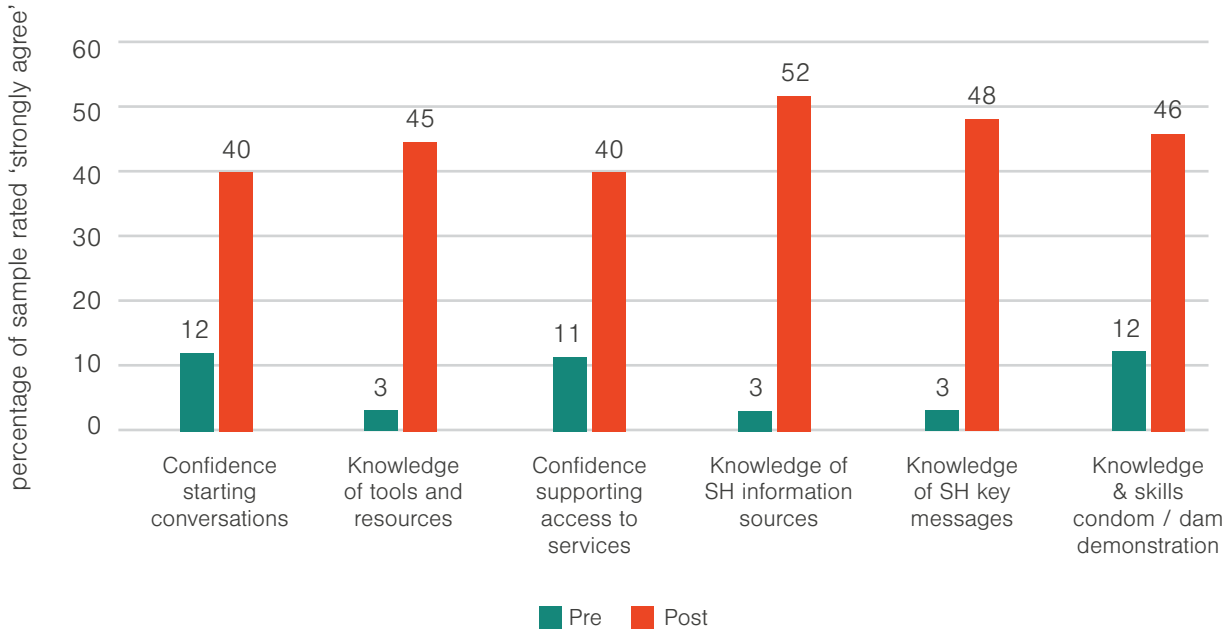
'I feel confident supporting young people to access sexual health services.' (11% pre vs 40% post' p < 0.001)

'I know where to access positive and accurate sources of sexual health information, including the Play Safe website.' (3% pre vs 52% post; p < 0.001)

'I have a good knowledge of sexual health key messages.' (3% pre vs 48% post; p < 0.001)

'I understand and can demonstrate the correct way to use protective barriers such as condoms, dams and gloves.' (12% pre vs 46% post; p < 0.001)

Figure 6. *Sticky Stuff* training survey items before and after program implementation (pre *n* = 128, post *n* = 120



Evaluation Key Findings

4. Youth worker interviews

Ten participants including front-line youth workers and managers were interviewed. The following are excerpts from the transcriptions.

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

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

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

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

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

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

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

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

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

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

Evaluation Key Findings

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

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

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

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

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

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

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

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

Evaluation Key Findings

Workers identify what extra resources they required:

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

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

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

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

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

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

> We were required to do the Sticky Stuff and the Stickiest Stuff training (Nitty Gritty Pilot). So everyone was, um, educated enough. But I think it still comes down to workers being comfortable, you know, their own personal values, religion etc. [No. 6 HNE]

> OK, I really love programs and pilots and things and getting it all off the ground. I think it is really cool. But the problem is delivering it later and this is what we're facing at the moment ... We can deliver it and I wish we could get more funding and have people coming to the house and do more workshops or work one-on-one, that would be great. It's annoying that this stuff gets developed and then put on the shelf. [No. 2 WSLHD OOHC]

Evaluation Key Findings

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

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

Workers needed support adapting activities to the needs of young people who have low literacy or disabilities:

> Originally like when we did the first game, the Bingo. It became apparent because their literacy skills were very limited whereas some haven't been in school since Year 7 or 8. That's common for our kids not being able to read and write properly. We didn't think of that before, you know [No. 2 WSLHD OOHC2]

Aboriginal workers spoke of issues specific to approaches with Aboriginal young people. Being a community elder has benefits for engaging young people. For non-Aboriginal workers, building trust and rapport was essential:

> I am very fortunate, because of the nature of me being long in this sector and service for a long time, I am sort of accepted here within the culture even though I am not an Aboriginal woman. Um, I love, you know, the local young people see me in that sort of safe zone, if you know what I mean and then they are OK to talk to. A few of them do see me like that sort of Aunty [No. 8 NBM]

> A lot of my clients are Aboriginal, because I am an Aboriginal worker, um, so a lot of my clients are Aboriginal. The whole problem of Aboriginal kid is that they are pretty much ... they are not very free, coming in and what they talk about. So with those kids, it's very much, you've gotta build the rapport first. [No. 7 NBM]

Evaluation Key Findings

5. Health promotion reporting

Data from health promotion monthly reporting is included in the following table. This highlights the mentoring and support activities provided to youth services. Changes made within youth services as a result of pilot activities are captured. Due to health promotion staff changes, this reporting concluded in June 2018, but some changes were achieved after this period. These achievements have been captured in the post-organisational checklists and through working group records.

Evaluation Key Findings

		Organisational checklist	Action plan developed	Action plan reviewed	Resource kit provided	*Sticky Stuff* delivered	Additional external training provided	Model policy adopted (*P = in process*)	Phone calls (number)	visits to sites (number)	Support activities: Presentations to Staff	Support activities: Co-facilitation of sexual health activities	Support activities: Mentoring	Support activities: Activities to support links	Support activities: Resource kit support	Average time spent/month (hours)	Changes at pilot site
HNELHD	**Allambi Care**	✓	✓	✓	✓	✓	✓	P	6	7	✓		✓	✓	✓	9.5	• Condom dispenser installed in refuge • Changes to adopt Model Policy in full have been considered and presented to the board
HNELHD	**Samaritans**	✓	✓	✓	✓	✓	✓	P	10	7	✓		✓	✓	✓	8.5	• Model Policy adopted in full • Consulting with young people about sexual health activities in programs • Condom dispensers in all refuges • Condom protocol in staff orientation packs • Using language inclusive of diverse genders and sexualities • Providing sexual health pamphlets
HNELHD	**Ungooroo**	✓	✓		✓	✓			2	3	✓					5	• Pilot site withdrew January 2018.
HNELHD	**Wandiyali**	✓	✓	✓	✓	✓	✓	✓	6	6	✓			✓	✓	7.5	• Model Policy adopted in full across the entire organisation (beyond the homelessness service) • All staff reported following the policy document • Encouraging sexual health within care plans • Involving young people in planning sexual health activities • Displaying sexual health promotional materials • Considering using newsletters to promote sexual health
WSLHD	**Life Without Barriers**	✓	✓	✓	✓	✓			32	7	✓			✓	✓	6	• Play Safe website added to home screen of house computers • Management were reviewing current sexual health policy at the time of last contact • The organisation are considering adding a question about sexual health to assessments
NBMLHD	**Platform Youth Services**	✓	✓	✓	✓	✓		P	43	7	✓			✓		5	• A sexual health policy document has been drawn from Model Policy • Expanded Condom Credit Card across all appropriate sites • Including condoms in welcome packs for young people in residential settings

Evaluation Key Findings

Pilot implementation working group records

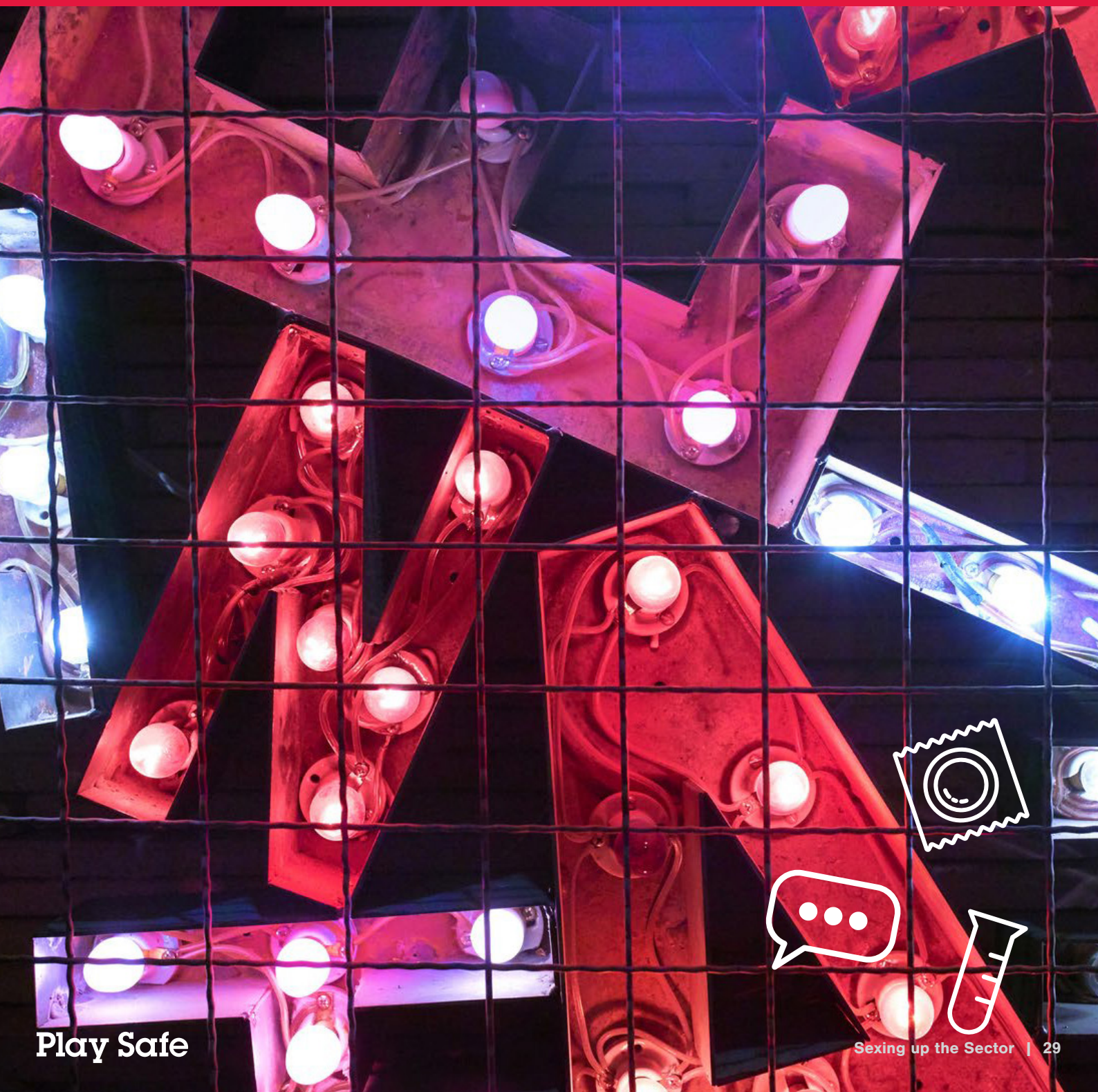
Working group records highlight program impacts and process data about factors that support or inhibit participation and program delivery. Due to health promotion staff changes, the working group met infrequently from September 2018 and the final meeting occurred in December. Reporting by working group members directly to the co-leaders continued where necessary.

Evaluation Key Findings

Process indicators	**Recruiting and engaging youth services to the program**	• A two-page summary and PowerPoint presentation about the pilot were developed to engage and recruit youth services. Health promotion staff reported that the Advocacy Tool alone was inadequate for this purpose. In Hunter New England LHD a scoping document was completed in the initial stage to gather information about the service before doing the organisational checklist. • Methods for completing the organisational checklist were negotiated locally. At one site a manager completed it for the service's multiple facilities. Other sites involved staff members and management supported by HARP health promotion. • More detailed action plans were developed where HARP Unit staff supported the process.
	Implementing program activities	• Delays in the production of the resource kit and finalisation of the revised Sticky Stuff training hindered progress in some sites. • Sticky Stuff trainings were well supported with good attendance and engagement by youth services. • Sticky Stuff training was delivered as per the revised training package. • The action planning session in Sticky Stuff was used in some services to identify short, medium and long-term actions in addition the initial organisational checklist actions. • Health promotion staff in Hunter New England LHD provided additional sessions with workers to familiarise them with the resource kit. • One printed resource kit per service was considered inadequate, as many had multiple settings. The kit was not available online at the start of the pilot. • Some health districts had capacity to purchase additional resource kits. • The nature and frequency of health promotion mentoring and support varied significantly and depended largely on local capacity. • Challenges in maintaining momentum have been encountered in all health districts for various reasons, particularly Christmas holiday periods. • The only pilot site in a rural setting was discontinued in Hunter New England LHD due to significant staff turnover. Staff changes have had varying effects on all pilot sites. • Western Sydney LHD health promotion lead vacated their position in early 2018 and the team had no capacity to offer support to the youth service. Further to that, in late 2018 the youth service pilot site experienced a significant organisational restructure and the pilot was discontinued. • One of the Nepean Blue Mountains LHD sites discontinued due to their focus on care of children under 16. • Organisational changes have been more evident in settings where health promotion have taken a multilevel and systematic approach to working with the youth services (Hunter New England and Nepean Blue Mountains LHDs). • Taking a management-only approach to implementation initially in Western Sydney LHD proved challenging, relying on managers to take forward actions with unknown buy-in from frontline staff. • Identifying and working with those workers who are supportive of the program has benefit and has become the focus of mentoring activities for health promotion staff. • Additional barriers in OOHC service settings are evident. These include awareness of trauma histories and staff fear of broaching the subject in this context. • Health promotion are now offering support and mentoring as required. There is recognition from all sites that this process occurs slowly over time. • Reviewing action plans with services has been a useful engagement tool and measure of impacts.
Impact indicators	**Achievements reported by health promotion**	• Two youth services in Hunter New England LHD have adopted the full Model Policy document from the resource kit across the whole organisation (beyond the specialist homelessness service). • One youth service in Hunter New England LHD is in the process of adopting the Model Policy. • A sexual health policy document has been drawn from Model Policy at Platform Youth Services (Nepean Blue Mountains LHD). • The Condom Protocol from the resource kit has been included within staff orientation packages in one service in Hunter New England LHD • Health promotion staff report that the program has given workers permission to talk about sexual health with their clients and improved their confidence to do that. • Staff report a notable increase in appropriate referrals to sexual health clinics in two LHDs. • Condom vending machines have been installed in all residential facilities within one youth service. • The Condom Credit Card program has been taken up by two sites within the Nepean Blue Mountains LHD youth service. • Youth workers are seeking encouragement from health promotion to support their advocacy for inclusive and sex-positive approaches to the needs of young people in their services.

Discussion

The youth services which participated in the pilot had some links with local health promotion and sexual health clinics at the start of the pilot. Despite this, evidence indicates there was limited integration of sexual health within existing policy and practice, variable condom distribution and limited youth worker training and access to tools and resources prior to the pilot's implementation.



Discussion

Opportunities and successes

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

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

Sticky Stuff training has provided a platform for organisational culture change by building the knowledge, skills and confidence of workers to initiate conversations and incorporate sexual health within their daily client work. Delivering training within a whole-of-service approach enables strong opportunities for organisational change through providing an opportunity for the organisation as a whole to reflect on their service's current practice, discuss issues and identify and plan for changes. However, a whole-of-service approach may not an efficient use of resource if the service is small, or being delivered in a rural location. Challenges exist for youth workers in applying the training and resources in their daily practice. Some workers had limited time to familiarise themselves with and use the resource kit and sites prefer to have printed resources available. There are intentions by youth services to use the resource kit activities within group programs but the youth workers lack confidence and want health promotion support to deliver it. This highlights the importance of the health promotion role in providing mentoring and support to further build skills and confidence of workers.

Discussion

Challenges and barriers

The measures that received little to no change are social media and participation in community events. Workers reported being unable to access the services' social media accounts or were nervous about posting sexual health content. Health promotion workers have an opportunity to promote Play Safe content to services for them to share. Only one service was able to participate in community events. It is recommended to review whether measuring community events should be within the scope of this program for scale-up. Social media use and community event participation may require more assistance from the health promotion workforce in future scale-up activities. Barriers such as competing priorities and staff changeover in youth health services are beyond the scope of the project to influence. There was also a notable adverse change in staff confidence regarding child protection policies and workers' rights and responsibilities. Concerns about child protection issues remain a significant barrier for youth workers. This can be addressed by health promotion staff through mentoring and support. This will be reviewed for scale-up.

It is recognised that some barriers are beyond the capacity of the program and health promotion to address. However, providing ongoing support and mentoring to use the resource kit, respond to situations and adapt the program to specific service needs are essential to youth services to enable them to incorporate the training and resources within their policy and practice. The more HARP staff are able to prioritise this work and establish structured relationships and support mechanisms the more effective the program is in achieving its objectives. Limited capacity, competing priorities and personal values remain barriers for some youth workers. The particular needs of young people with trauma require additional consideration. This work is being undertaken via the OOHC Framework Support Program. The 'Sexing up the sector' program has proven to be acceptable to Aboriginal workers working within Aboriginal-specific settings.

The pilot program operated under time constraints and had to work within existing capacities of health promotion and youth services. LHDs needed to refocus their work to enable participation without additional resourcing or support. Likewise, limited capacity of youth services resulted in the withdrawal of two pilot sites from the program. These constraints impact upon the sustainability of the program.

Discussion

Achievements

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

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

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

- NSW Ministry of Health and stakeholder commitment via the NSW STI Strategy 2016–2020
- Existing HARP health promotion workforce
- The resource kit providing the sexual health promotion workforce with the tools needed to engage youth services in capacity-building work
- The NSW Health Play Safe website and the alignment of resources and training to this authoritative source
- The Play Safe Pro website providing statewide access to resources and other information
- The NSW Health-funded Sticky Stuff training and the statewide roll-out supported by Yfoundations.

Recommendations

- Scale up the pilot program to reach people across all NSW specialist homelessness, out-of-home care and youth services
- NSW Sexually Transmissible Infections Programs Unit (STIPU) coordinate the Youth Services Sexual Health Promotion Program Scale-up through a leaders' group and a working group to commence in December 2019.
- Ensure that the scale-up includes:
  - the same elements as the pilot: training (*Sticky Stuff* / Nitty Gritty/Doin' It Right), resources (via Play Safe Pro) and support (via HARP health promotion staff and/or other key stakeholders)
  - offering the program to other youth services in NSW such as local council services
  - promoting the program to other priority settings with young people, such as schools and other education providers, mental health services and drug and alcohol services
  - continuing to provide youth services with selected printed resources from the Play Safe resource kit
  - the resources developed in the Aboriginal Sexual Health Promotion Program
  - the development of a trauma-informed approach to talking about sexual health for OOHC services
  - a review of the evaluation measures in the pre- and post-pilot checklist
  - a monitoring and evaluation plan.
- Continue to deliver *Sticky Stuff* training to whole specialist homelessness services where possible, to create stronger opportunities for organisational change
- Develop an online *Sticky Stuff* training module to support the delivery of face-to-face training
- Promote the online dissemination of the Play Safe resource kit via the Play Safe Pro website
- Work with the NSW Department of Community and Justice (DCJ) and other key stakeholders to explore ways that youth services can be supported to adopt and maintain the program
- Include the scale-up of 'Sexing up the sector' within the Sexual Health Promotion program in the next NSW STI strategy.