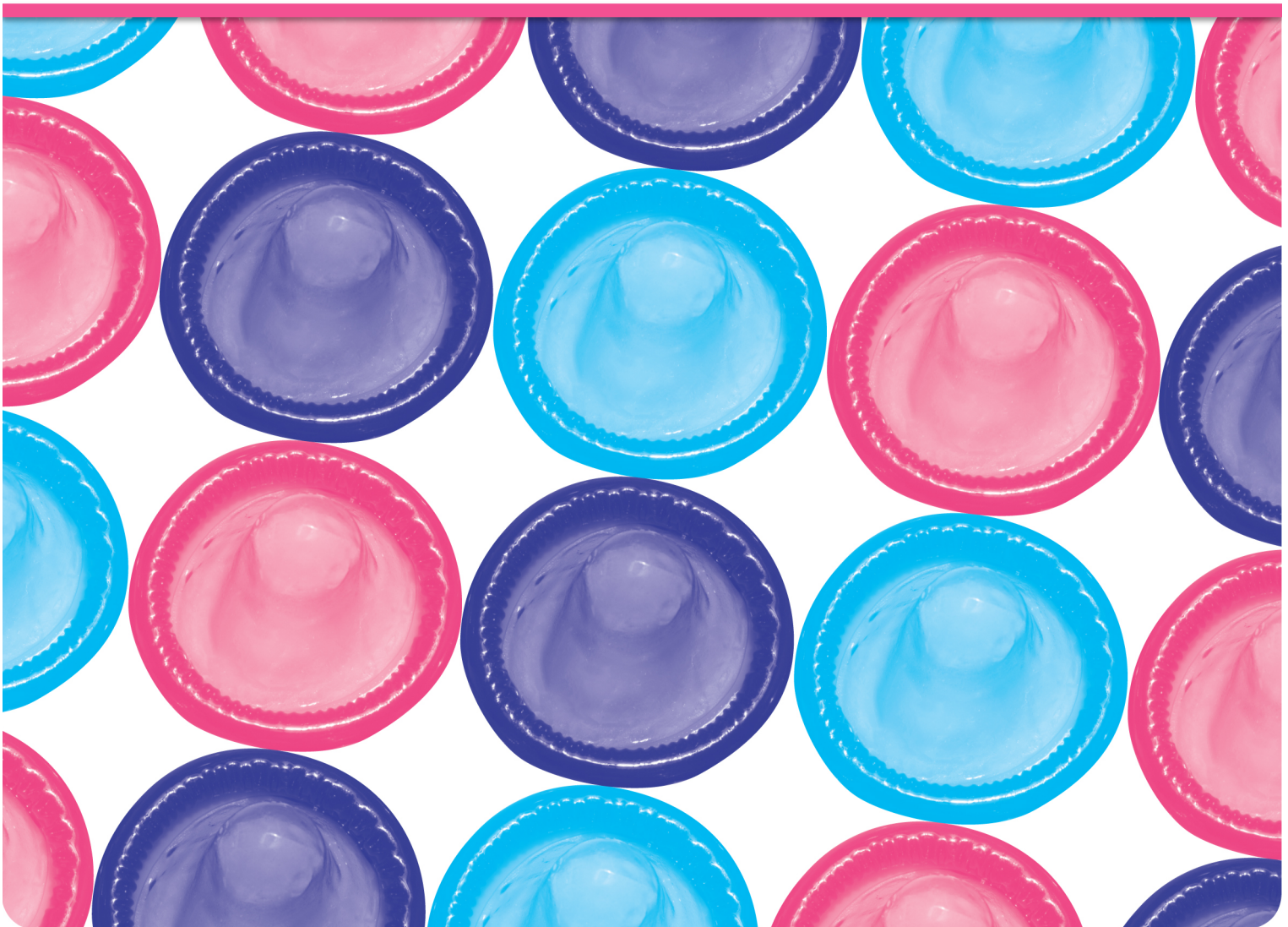


# **YEP PROJECT YOUTH SECTOR GUIDELINES**

Evidence-based guidelines for the WA Youth Sector to support and educate young people on sexual health and blood-borne virus issues

Version 1: August 2013



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The YEP Project Youth Sector Guidelines support community capacity building for youth sexual health and blood-borne virus (SHBBV) issues. They are the result of the Youth Affairs Council of Western Australia's (YACWA) three years of research with the WA youth sector, as well as an extensive international, national and local research. The Guidelines are in direct response to a series of focus groups with 110 youth sector staff (Walker & Lobo 2012) in which the sector identified a range of barriers to youth SHBBV promotion and expressed the need for youth-sector specific guidelines to support improved service delivery with young people.

YACWA's YEP Project Manager, Rebecca Walker, developed the Guidelines over six months in conjunction with two cross-sector reference groups: the YEP Project Reference Group and the YEP Project Sector Development Committee. We would like to acknowledge and thank the individuals and agencies represented on these reference groups – your time, commitment, energy and ideas have made the Guidelines what they are. YACWA values and invites ongoing sector feedback and contributions to ensure the Guidelines remain relevant. Please direct any feedback to [yep@yacwa.org.au](mailto:yep@yacwa.org.au).

Thank you to the Department of Health, WA, Sexual Health and Blood-Borne Virus Program (SHBBVP), for sustaining YACWA's YEP Project and continuing to see the value of the WA youth sector for sexual health promotion and the value in community-driven projects. Thank you also to the WA Centre for Health Promotion Research (WACHPR), in particular Roanna Lobo, for your ongoing partnership, guidance and support of the YEP Project.

YACWA's vision is for the WA youth sector to view sexual health and blood-borne virus issues as priority issues that are integral to young people's development and wellbeing, and that are integrated in everyday youth work practice – we hope that these Guidelines support the youth sector working toward this vision.

## Reference Group Organisations

- WA Centre for Health Promotion Research, Curtin University of Technology
- Department of Health, WA, Sexual Health and Blood-Borne Virus Program (SHBBVP)
- FPWA Sexual Health Services
- Quarry Health Centre
- WA Substance Users Association
- Hepatitis WA
- WA AIDS Council
- The Freedom Centre
- Metropolitan Migrant Resource Centre
- Uniting Care West
- City of Wanneroo Youth Services
- City of Swan Youth Services
- Central Institute of Technology, Leederville
- Anglicare WA
- Inspire Foundation

The YEP Project is approved by the Curtin University of Technology Human Research Ethics committee.

For updated information and reviews of this document see [www.youthsexualhealthblog.com.au](http://www.youthsexualhealthblog.com.au)

## Reference

Walker, R 2013. The YEP Project youth sector guidelines: evidence-based guidelines for the WA Youth Sector to support and educate young people on sexual health and blood-borne virus issues. Youth Affairs Council of Western Australia: Perth WA.

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Central to the YEP Project capacity building approach is working with the WA youth sector – asking, listening, responding and collaborating - to develop strategies relevant to local context and needs. In the three years of research and consultation with the sector (Walker 2011; Walker & Lobo 2012), we learned that youth workers are ideally placed to play a significant role in sexual health and blood-borne virus (SHBBV) education and promotion, however they often lack the time, resources, confidence, knowledge, skills, management support, and supportive contexts necessary for improving youth SHBBV outcomes. The YEP Project Youth Sector Guidelines is one strategy aimed at filling these voids.

### 2.1 Goal

To build youth sector capacity at the individual, organisational and community levels in relation to supporting and educating young people on sexual health and blood-borne virus (SHBBV) issues, including creating community contexts where young people feel safe, respected and valued as sexual beings.

### 2.2 Target Group

- Primary target group:** WA youth sector organisations and their staff, including management and front-line youth work staff. The Guidelines are deliberately targeted to the whole-of-agency (not just youth workers) as our research clearly demonstrates that management support and infrastructure is critical for making sustained improvements in youth work practice.
- Secondary target group:** Governments, health services and NGOs that are integral to a holistic and coordinated response to young people's sexual health and wellbeing. Funding bodies, policy makers and bureaucrats may also find the Guidelines useful to facilitate a deeper understanding of the youth sector role and the investment and support needed.

## 2.3 Key Features

**Planning framework** | The Guidelines are a planning framework with 17 guidelines across six evidence-based outcome areas (See figure 1 and Table 1). Each of the six outcome areas details a goal, brief rationale, guidelines and corresponding practical strategies the youth sector can implement. Whilst each outcome area is discussed separately, there is significant cross over in terms of impact on young people. For example, delivering SHBBV workshops with young people (area five) is likely to increase their access to testing services (area six) as they become more comfortable with the issues and aware of services. The Guidelines are specifically a planning, not implementation, framework. As illustrated in Figure 2, the Guidelines provide guidance to youth agencies on what to do. In terms of how to do it, the Guidelines are supported by the YEP Blog and other professional development initiatives.

**Holistic** | The Guidelines cover a broad range of factors evidenced to influence young people's sexual behaviours, from access to education and services to community and social contexts. Therefore the Guidelines provide a capacity building framework that may be relevant for addressing a range of issues with young people, not just SHBBVs. The Guidelines also reflect the holistic, social nature of young people's sexual behaviours by integrating factors like peer influence, blood-borne virus issues and youth participation.

**Evidence-based** | The Guidelines are the culmination of a number of key research documents. They blend the YEP Project research and consultation with the WA Youth Sector (Walker 2011; Walker & Lobo 2012) with research and theory in capacity building, health promotion, youth sexual health education and youth peer education. Key influential documents include the World Health Organisation's Framework for Action in Sexual Health (WHO 2006), the Youth Educating Peers Final Research Report (Walker 2011) and A Framework for Building Capacity to Improve Health (NSW Health Department 2001).

**WA youth sector-specific** | As the guidelines are based on research with the WA youth sector, and were developed in consultation with the WA youth sector, they are specific to the WA youth sector context.

FIGURE 1: Purpose of the YEP Guidelines and the YEP Blog

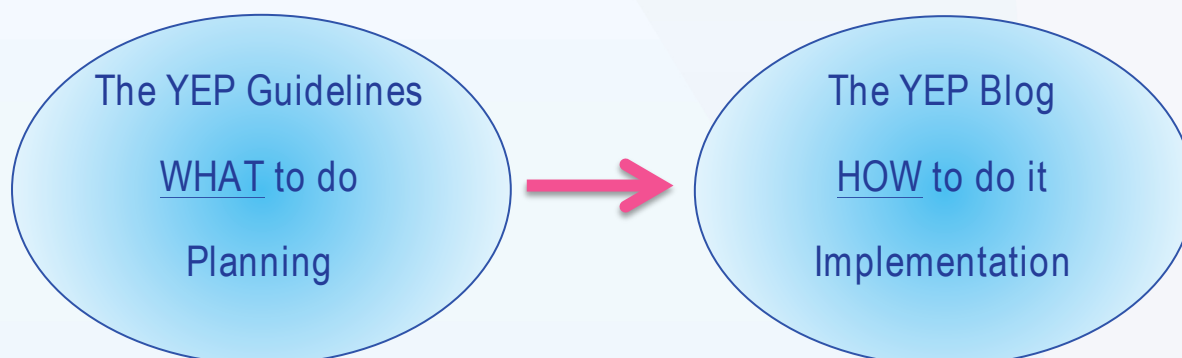


FIGURE 2: YEP Youth Sector Guidelines six outcome areas



## 2.4 Limitations

### *NOT sexual health and blood-borne virus (SHBBV) education guidelines*

The Guidelines do not attempt to explain SHBBV concepts or best practice in education, because this is already explained in a range of other accessible documents (see section 4.2.3). We don't want to reinvent the wheel or give information overload. The Guidelines therefore link the reader to relevant literature, training manuals and support services, which can be directly accessed via the YEP Blog.

### *NOT 'Working with Diversity' guidelines*

The WA youth sector is extremely diverse and works with very diverse young people on very diverse issues! Diversity spans a range of areas including age, culture, race, ethnicity, religious background, geographic location, sexual orientation, gender identity, socioeconomic background and physical/cognitive abilities. The Guidelines do not cover issues and strategies specific to diverse groups, for example working with Aboriginal and Torres Strait Islander peoples (see the YEP Blog for this). Rather the Guidelines provide an overarching planning framework that youth agencies can use to guide their efforts in meeting the SHBBV needs of their young clients.

TABLE 1: Summary of the YEP Project Youth Sector Guidelines

GUIDELINE FOR THE YOUTH SECTOR	ANTICIPATED RESULTS
<b>Supportive contexts</b>	<ol style="list-style-type: none"> <li>1. Improve understanding of current services, community context and young peoples needs</li> <li>2. Develop and strengthen partnerships for SHBBV promotion</li> <li>3. Create sex-positive agency environments</li> <li>4. Create inclusive and equitable agency cultures</li> </ol> <p>(All subsequent strategies also function to create 'supportive contexts for young people as they increase the dialogue on sexual health thus shifting social, cultural and peer norms about young people and sex.)</p>
<b>Youth participation</b>	<ol style="list-style-type: none"> <li>5. Improve understanding of young people's needs and interests in relation to SHBBV education and support</li> <li>6. Value young people's strengths and involve them in the planning, implementation and evaluation of programs and services.</li> </ol>
<b>Workforce development</b>	<ol style="list-style-type: none"> <li>7. Youth workers participate in SHBBV professional development opportunities</li> </ol>
<b>Organisational management</b>	<ol style="list-style-type: none"> <li>8. Develop plans and policies that are supportive of improved youth SHBBV service delivery</li> <li>9. Increase human and financial resources to support increased action relating to youth SHBBV education and support</li> <li>10. Conduct evaluation for quality improvement and supporting funding applications</li> </ol>
<b>Education for young people</b>	<ol style="list-style-type: none"> <li>11. Increase youth access to SHBBV information</li> <li>12. Integrate SHBBV education into everyday youth work practice and other established programs</li> <li>13. Deliver peer based education workshops and programs</li> </ol>
<b>Access to resources and services</b>	<ol style="list-style-type: none"> <li>14. Enable free and easy access to condoms and lubricant for young people</li> <li>15. Support access to information, equipment and services for BBV prevention</li> <li>16. Improve partnerships with youth-friendly testing and treatment services for referrals</li> <li>17. Increase youth-friendly clinical service delivery</li> </ol>



### 3.1.1 Goal: Young people feel safe and accepted as sexual beings in the youth agency and broader community

#### 3.1.2 Rationale

Young people's sexual behaviours do not occur in a vacuum – they are influenced by a range of external environmental factors, like community norms and attitudes, access to education and health services, peers, parents, the media, religion, culture and political policy (Hillier, Harrison & Warr, 1998; Marston & King, 2006; Moore & Rosenthal, 2006; Ricardo, Barker, Pulerwitz & Rocha, 2006; Shoveller, Johnson, Langille & Mitchell, 2004). Programs and services that operate in isolation from the broader context are often not successful in sustaining positive outcomes with young people (Marston & King).

Research shows that when young people feel supported by their community and accepted as sexual beings they have better sexual health outcomes. For example, a review of the developed nations USA, Great Britain, Sweden, France and Canada found that societal acceptance of young people's sexual activity coupled with balanced information on sexuality are the hallmark precursors for low levels of adolescent pregnancy and low rates of STIs and BBVs (Singh et al. 2001, as cited in Ingham, 2006). Therefore a core objective of all initiatives needs to be fostering open, inclusive and supportive environments that acknowledge and accept young people as sexual beings.

#### Understanding current services, community context and young peoples needs

To create supportive contexts for young people, it is important first to reflect on the current context, including what your agency and the broader community currently thinks and does, as well as what young people's needs and perceptions are. The process of reflecting as a staff team, stakeholder group and with young people has numerous benefits including supporting clear communication and collecting data that facilitates clear, well-informed goals relevant to the context and young people's needs (Walker 2011). Such a process supports sustainability and ownership of planned initiatives, as well as provides a baseline evaluation that you can use at a later stage to track your progress and improvements.

### Strengthened partnerships

Mobilisation of key stakeholders and community leaders is a critical component as it increases the likelihood of:

- Sustainability of the programs
- Positively influencing community attitudes toward young people's sexuality
- Improving young people's access to health and education support services
- Young people receiving consistent messages, valuing them as sexual beings and promoting safer behaviours (IPPF/WHR 2004; FHI, 2006; UNESCO, 2003; UNAIDS, 1999; UNFPA, 2005b)

For example, engaging the media to write an article on the young people's program promotes and acknowledges the young people involved as sexual beings, supports positive peer role modeling and normalises conversations about young people and sexuality and/or relationships. It also aids in communicating consistent messages and support for young people.

### Sex-positive environments

A sex-positive youth agency environment is one that communicates a positive, inclusive and accepting view of young people's sexuality. Young people often report feeling shamed and embarrassed to talk openly and ask for help when it comes to their sexual lives, which reflects broader community attitudes toward young people and sexuality (Shoveller et al. 2004). Youth centers can create safe and supportive environments that reduce this shame and increase young people's willingness to seek information and support (Janssen & Davis, 2009; Shoveller et al.; Walker 2011).

### Inclusive and equitable agency culture

Feeling accepted and supported can be particularly challenging for minority and stigmatised groups of young people, such as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer (LGBTIQ) young people and young people with a disability. It is critical that the sexual and social rights of these young people are actively promoted and protected by considering how their access can be supported.

### 3.1.3 Strategies – how you can achieve your goal

GUIDELINE	STRATEGIES
1. Increase understanding of current services, community context and young people's needs	<b>AGENCY AUDIT</b>   As a staff group, brainstorm the strengths, weaknesses, opportunities and threats (SWOT) for supporting and educating young people on SHBBV issues within your agency, and identify solutions and action areas you can implement within current capacity.
	<b>COMMUNITY MAPPING</b>   As a staff group and with key stakeholders, map community strengths and weaknesses in relation to youth SHBBV issues. Consider community attitudes and perceptions, key stakeholders, cultural norms, service and education access and the characteristics and behaviours of the youth population you are working with.
	<b>ASSESSING YOUNG PEOPLE'S NEEDS</b>   See youth participation strategies
2. Increase and strengthen partnerships for SHBBV promotion	<p><b>DEVELOP PARTNERSHIPS</b>   Meet with key stakeholders and engage them in discussion about youth SHBBV issues. Stakeholders may include parents, school staff, clinical service staff like GPs, young people, youth services, Government services, politicians and any other relevant community stakeholders. Focus on building working partnerships, identifying strengths, developing solutions to identified issues and taking action together.</p> <ul style="list-style-type: none"> <li>• Aim to develop at least one mutually beneficial partnership for implementing a program or change that contributes to creating supportive contexts for young people's sexual health.</li> <li>• Raise the youth SHBBV agenda at networking events, committees and/or establish a stakeholder committee specifically for addressing youth SHBBV issues.</li> </ul>
	<b>MEDIA CONTACT</b>   Use YACWA media guidelines as a reference, write a media release and/or contact your local media to come to write a story on an issues or a program you are delivering. Or you could support young people to write a media release!

GUIDELINE	STRATEGIES
3. Create a sex-positive youth agency environment	<p><b>PHYSICAL ENVIRONMENT</b>   Clearly display youth-friendly SHBBV posters and have clear signage in the agency explicitly communicating that it is a safe space for young people to ask questions about topics such as diverse sexuality and injecting drug use. Each picture speaks a thousand words, so carefully select the images, posters and brochures to be displayed and include materials that promote both the positive, pleasurable nature of sexuality as well as information and messages on harm minimisation.</p>
	<p><b>EMOTIONAL ENVIRONMENT</b>  </p> <ul style="list-style-type: none"> <li>• Ensure that when young people talk about sex or drug use and ask questions that you engage with them in a non-judgmental, relaxed way.</li> <li>• Reflect on the language that is acceptable within the youth service and role-model sex-positive, inclusive and non-judgmental language and behaviours</li> </ul>
	<p><b>YOUTH PARTICIPATION</b>   Involve young people in making the agency a sex-positive environment. For example, youth artwork projects such as collages, paintings, graffiti, photo boards and murals can help youth workers engage young people in projects that explore and develop SHBBV messages, images and ideas relevant to their peers, which can then be displayed in the centre (see also 4.5 Education for young people).</p>
4. Create an Inclusive and equitable agency culture	<p><b>VISUAL PROMOTION OF DIVERSITY</b>   Display posters and information brochures that normalise and promote diverse sexualities, sexes and genders (LGBTIQ young people), diverse cultures and diverse ethnicities. Images, posters, symbolic colours and flags, brochures and information that are inclusive and show diversity are essential to young people feeling safe, included and welcome, as they give the message that these expressions, cultures, identities, and sexual preferences are welcome and respected by the service. It can be very difficult to get images to represent all diverse groups of young people, so consider doing a creative project with young people, for example a photo board or mural, where they design and draw themselves to represent their diversity, identity, sexuality, thoughts and feelings.</p>
	<p><b>INCLUSIVE ACCESS</b>   Where possible, make changes to the youth agency environment that support inclusive access for all young people. For example:</p> <ul style="list-style-type: none"> <li>• Having unisex toilets (LGBTIQ young people)</li> <li>• Easy disability access</li> </ul>
	<p><b>INCLUSIVE LANGUAGE</b>   Reflect on the language and ethos that is acceptable within the youth service. Youth workers role-model inclusive, non-discriminatory and non-judgmental language and behaviours and create an agency culture that respects and celebrates diversity. Hold staff and young people accountable for any use of derogatory or offensive language, eg. "That's so gay" or racist comments. Such language can make the space very unsafe for all young people.</p>



**3.2.1 Goal** Programs and services are relevant to young people's needs and interests and build upon their strengths, abilities and expert knowledge of their peer group, so they feel empowered to take ownership and action with their peers.

### 3.2.2 Rationale

Put simply, it is impossible to meet the sexual health and blood-borne virus (SHBBV) education and support needs of young people if you don't know what they are. Your goal is to find out what the issues are for young people, what types of behaviours they are engaging in and why, and what support and education they want and need. Before talking about sensitive issues with young people in a group or one-on-one it is critical to first ask permission and establish a safe space (Janssen & Davis 2009; Walker 2011). See 'safe space' blogs for how to do this.

Meaningful youth participation is a critical factor for achieving success with any program and initiative targeting young people, because:

- Young people know about young people!
- Young people have broad networks for reaching young people and doing peer education and positive peer role modeling
- Young people have many positive skills and attributes to contribute to programs and services. Building their capacity increases the capacity of your organisation.

Youth participation in the planning, implementation and evaluation stages of any program or service is globally recognised a critical success factor for youth sexual health promotion (Adamchak, 2006; FHI, 2006; WHO 2003; WHO, 2004b; UNESCO, 2003; UNPFA, 2005b; Walker 2011). Your default process with all of the Guideline strategies should be to include young people and ask for their thoughts and ideas.

## 3.2.3 Strategies – how you can achieve your goal

GUIDELINE	STRATEGIES
<b>5. Increase understanding of young people's needs and interests in relation to SHBBV education and support</b>	<p><b>NEEDS ASSESSMENT</b>   Engage young people in a needs assessment activity or conversation to gain insight into their needs and the context within which their SHBBV behaviours occur. There are a number of ways you can open up dialogue with young people. For example:</p> <ul style="list-style-type: none"> <li>• Informal workshop with existing youth group or clients</li> <li>• Workshop or forum with a new group of young people</li> <li>• Use of a survey</li> <li>• Informal discussions with clients</li> <li>• Documenting themed issues through case management and observations in groups or programs.</li> </ul> <p>Collecting and analysing this data builds an evidence base for managers and funders to support education and harm minimisation programs and to advocate for new initiatives. See the Blog for questions you can ask young people to get the conversation going.</p> <p><b>ONGOING EVALUATION WITH YOUNG PEOPLE</b>   Whilst an initial needs assessment is critical, it is not the only time evaluation needs to occur. Ongoing evaluation with young people is critical for keeping your programs and services relevant. Examples are: an anonymous question box, an annual workshop similar to your needs assessment, feedback surveys after workshops, creative evaluation activities, asking for informal feedback, and observation of what's working and not working in session.</p>
<b>6. Value young people's strengths and involve them in the planning, implementation and evaluation of programs and services.</b>	<p><b>YOUTH PARTICIPATION</b>   the level at which you engage young people in your capacity building process will depend on your capacity, so there is little prescription here except that:</p> <ul style="list-style-type: none"> <li>• Young people are meaningfully involved in decision-making about SHBBV programs and services, including making the centre a sex-positive environment</li> <li>• Young people's strengths are recognised and built upon, through meaningful engagement, support and training.</li> </ul>

### 3.3.1 Goal Youth and community workers feel confident and competent to support and educate young people on sexual health and blood-borne virus issues within a holistic context

### 3.3.2 Rationale

Ensuring youth work staff have the confidence, knowledge and skills to support and educate young people with sexual health and blood-borne virus (SHBBV) issues is critical to the success of any program and/or capacity building efforts. Comprehensive SHBBV training and networking builds youth workers' knowledge, self-awareness, confidence, skills and resources, which increases their ability and willingness to educate, support, refer and advocate on behalf of young people's sexual rights.

### 3.3.3 Strategies – how you can achieve your goal

GUIDELINE	STRATEGIES
<b>7. Increase professional development for youth workers</b>	<b>YEP SKILLS-SHARE WORKSHOPS</b>   at least two youth workers per agency attend one or more of the YEP skills-share workshops per year
	<b>YACWA SEX AND ETHICS © TRAINING</b>   where possible, staff participate in training and deliver the Sex and Ethics © respectful relationships education program with young people
	<b>SEXUAL HEALTH AND BLOOD-BORNE VIRUS (BBV) TRAINING</b>   At least two youth workers complete FPWA Nuts and Bolts of Sexual Health training, and the staff group receive a tailored BBV training workshop from Hepatitis WA or other relevant provider
	<b>SEXUAL DIVERSITY TRAINING</b>   The staff group receive a training workshop by the Freedom Centre and have referred to the Freedom Centre website for more information <a href="http://www.freedom.org.au/">http://www.freedom.org.au/</a>
	<b>ONLINE ENGAGEMENT AND SUPPORT</b> <ul style="list-style-type: none"> <li>All youth workers are signed up to the YEP Youth Sector Network (YSN) email list (<a href="mailto:psa@yacwa.org.au">psa@yacwa.org.au</a>)</li> </ul> All youth workers regularly engage with the YEP Project blog <a href="http://www.youthsexualhealthblog.com.au">www.youthsexualhealthblog.com.au</a>

### 3.4.1 Goal Organisational infrastructure, planning and evaluation processes and policies are supportive of youth sexual health and blood-borne viruses education and support services within the agency

### 3.4.2 Rationale

The YEP Project two-year action research project with six WA youth agencies found that management support, good planning, goal setting, clear communication and clear expectations within the agency and with key stakeholders, and evaluation are critical factors for creating sustainable improvements in youth work practice for SHBBV promotion (Walker 2011).

Outcome area one 'Supportive Contexts' highlights the importance of working with key stakeholders to map agency, community and young people's context and needs as one strategy to achieve this. This information can inform clear and relevant planning and evaluation processes. Developing an organisational policy is another key strategy. Policies or Organisation Position Statements can state clearly the priorities, values and expectations of the organisation and staff in relation to youth SHBBV education and support, which can provide guidance to youth work staff on their practice. Policies can also facilitate the allocation of human and financial resources to the areas reflected in the policy. It is therefore important that SHBBV issues are included as key areas of youth support.

Policies can be particularly important in supporting access to health and youth services by minority and stigmatised groups of young people, such as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer (LGBTIQ) young people, young people with a disability, and young Aboriginal and Torres Strait Island peoples. It is critical that the rights of these young people are promoted and protected. Research in the Australian secondary education context finds that the existence of a school policy on supporting LGBTIQ young people is significantly correlated with a variety of well being and psycho-social outcomes for LGBTIQ students, including lowered incidence of homophobic abuse and suicide and supportive school environments (Jones & Hillier 2012). Thus, developing and implementing supportive policies can assist in making access equitable for all young people.

Evaluation and reflection is not only vital for quality improvement and meeting the needs of young people, but it can provide good evidence to support future funding applications.



## 3.4.3 Strategies – how you can achieve your goal

GUIDELINE	STRATEGIES
<b>8. Develop plans and policies that are supportive of improved youth SHBBV service delivery</b>	<b>PROJECT PLAN</b>   Based on the information collected during the community mapping, agency audit and youth needs assessment, develop a project plan / logic model that maps out how, when and how much you are going to support and educate young people on SHBBV issues. Many of the outcomes and strategies will be as they are in these Guidelines; however each agency needs to decide what their priorities are within their capacity. It may be useful to plan how many programs, sessions or workshops will be facilitated throughout the year and have a target number in mind (your outputs). For example, “2 ongoing programs will be facilitated incorporating 4 workshops in each program targeting 10 young people per program = total of 20 young people in 2 x 4 week programs”.
	<b>REVIEW ORGANISATIONAL POLICIES</b>   Review organisational policies or develop a policy or Organisational Position Statement that includes youth SHBBV education and support as an objective. Ensure specific guidelines that support equitable access are included in the policy.
<b>9. Increase human and financial resources to support increased action relating to youth SHBBV education and support</b>	<b>MOBILISE FINANCIAL RESOURCES</b>   Assign a section of your existing budget, apply for additional funding and/or raise money to support SHBBV programs and services for young people. Even small amounts of money can be enough to implement many of the Guidelines. A successful application for separate SHBBV program funding may be the motivation and inspiration needed to be able to successfully facilitate a new initiative with young people. Within the funding submission, staff and administration costs can also be calculated so that it is an ‘add on’ to service delivery, not an additional stress.
	<b>‘CHAMPION’ STAFF MEMBER</b>   Assign one staff member as an organisational ‘Champion’ to coordinate, monitor and be accountable for progressing the YEP Guidelines and/or agency project plan. Managers could re write Job Descriptions Forms (JDF) to add a SHBBV Education Portfolio into a youth workers JDF. This would allow the person to take responsibility and ownership from commencement of employment and also act as a mentor and resource for other staff in the agency. This also ensures that it is one person’s responsibility to keep SHBBV issues on the youth service agenda.

### 3.4.3 Strategies – how you can achieve your goal

GUIDELINE	STRATEGIES
<b>10. Conduct evaluation for quality improvement and supporting funding applications</b>	<p><b>CONDUCT AGENCY AND PROGRAM EVALUATION</b>   Plan evaluation into your project plan to ensure you are collecting and reflecting on agency and program data. During program planning, consider the following:</p> <ul style="list-style-type: none"> <li>• What data/evidence will indicate the service or program is being effective?</li> <li>• What is the purpose of this evaluation?</li> <li>• How and when you are going to use it to inform your practice?</li> <li>• What data do funding bodies require in funding applications?</li> </ul> <p>Contact SiREN, the Sexual Health and Blood-borne Virus Applied Research and Evaluation Network, for support in this area.</p>

### 3.5.1 Goal Young people have the necessary knowledge, motivation, self and social awareness, confidence and life-skills for enjoying safer behaviours and respectful relationships

#### 3.5.2 Rationale

Young people have a right to information and education that enables them to protect their health. WA young people themselves consider it dangerous to not be provided with the appropriate knowledge and skills to protect themselves given that they are witness to an array of sexual health-related information from other sources such as the media and peers, which are not often accurate or promoting positive sexuality (Sorenson & Brown, 2007).

#### **Relationships and sexual health education works**

For some in the community there is still a fear that teaching young people about sex will make them 'do it' earlier and 'do it' more, despite the fact that there is strong evidence to the contrary. A 2007 review of STI and adolescent pregnancy prevention programs found that two thirds of comprehensive sexuality education programs resulted in significant positive effects on young people's sexual behaviours, including:

- delayed initiation of sex
- reduced number of sexual partners, and
- increased condom and contraceptive use

Comprehensive programs covered the full range of risk-reduction options (abstinence, condoms and contraceptives) and were most effective when they had clear health messages and addressed a range of sexual psycho-social risk and protective factors such as peer norms, self-efficacy and values. The review also found that almost 100% of comprehensive programs improved sexual protective factors, including knowledge of risk, perception of peer norms and confidence to say "no". *There was no evidence to suggest that comprehensive sexuality education actually accelerates the onset of sexual experience or increases sexual risk-taking, and no evidence that abstinence-only programs have a positive effect on youth sexual health (Kirby, 2007).*

#### **Peer education**

It is globally recognised that peers are highly influential when it comes to the health-related behaviours of young people (Green, 2001; Family Health International [FHI] 2006; Moore & Rosenthal, 2006; Ricardo et al., 2006; WHO, 2004). This is based on evidence that:

- young people relate well to other young people of similar age, background, culture and interests;
- young people/peers are naturally sources of information, advice and support to each other and therefore are regarded as credible communicators with their inside knowledge of their peer group; and
- young people's attitudes and normative expectations are able to effect and shape social/peer group norms (Moore & Rosenthal,; Senderowitz, 1997; UNFPA, 2005a; UNAIDS, 1999).

Involving young people as peer educators not only has the benefit of ensuring the program language, messages and activities are relevant and appropriate to the targeted young people, but also that young people are directly involved in programs that effect them. Peer educators are able to feel empowered by their participation and gain other long-term benefits from their experiences including personal and skills development, and being positive role models for their peers (Backett-Milburn & Wilson, 2000; MacDowall & Mitchell, 2006; Mitchell, Nayakake & Oling, 2007; Senderowitz; UNFPA, 2005a). See the YEP Project literature review for more information on peer education, including underpinning theory.

### **Youth sexual health and BBV peer education in youth work practice**

Youth sexual health peer education programs have been evidenced to significantly impact on behavioural outcomes, including reported condom and other contraceptive use, intention to delay first sexual intercourse, help-seeking for STIs, and ability to remain faithful to one partner (Adamchak, 2006; UNFPA, 2005b). The YEP Project two year Participatory Action Research (PAR) study with six WA youth agencies also found that holistic SHBBV peer based programs in informal, youth sector settings can achieve significant positive outcomes with young people. Key impacts included young people's increased SHBBV knowledge, confidence, relevant life skills such as communication and coping with emotions, positive peer influence, help-seeking and social connectedness, as well as improved relationships between the youth workers and young people (Walker 2011).

Whilst it may not always be relevant or possible to run a specific youth SHBBV peer program within a youth agency, young people can receive SHBBV education and support through a range of other youth work activities. In addition, SHBBVs does not necessarily need to be a specific program as it can be more effective to integrate the messages and information into broader health, social and well being frameworks and diverse youth engagement programs. This can help to normalise SHBBVs as just a part of taking care of health and wellbeing in general.

The youth sector has a unique contribution to make in a whole-of-community response to addressing rising rates of STI and BBVs and other related issues in young people, as it is able to reach marginalised young people who may not engage with mainstream health and education services. Additionally, the youth sector is able to create more flexible, personalised, safe spaces for youth-led engagement, peer-learning and capacity building for SHBBV peer education, which can significantly impact on a range of broader determinants known to drive young people's SHBBV behaviours (Walker 2011).



## 3.5.3 Strategies – how you can achieve your goal

GUIDELINE	STRATEGIES
11. Increase youth access to SHBBV information	<b>PRINT RESOURCES PROMOTED AND ACCESSIBLE</b>   With young people's input, ensure youth-friendly information brochures are easily accessible and consider young people's privacy and where they may feel most comfortable taking the resources. Also source (or create) and clearly display youth-friendly posters with clear SHBBV education messages, such as the YEP Crew posters.
	<b>ONLINE INFORMATION PROMOTED</b> <ul style="list-style-type: none"> <li>Promote the YEP Crew Facebook page, such as printing the YEP Crew posters and highlighting the Facebook page</li> <li>Create (with young people if possible) and clearly display a poster with a list of youth friendly websites for SHBBV issues and place near the computers if you have them</li> </ul>
12. Integrate SHBBV education into everyday youth work practice	<b>INTEGRATION</b>   The opportunities for integration are limitless, so get creative and ask young people for their ideas. Here are some examples: <ul style="list-style-type: none"> <li><b>Condoms and demonstrations</b>   Have condoms at the youth centre, and a policy that says for young people to receive them they have to demonstrate how to use them on a banana penis (see the C Card Scheme case study)</li> <li><b>Use pop culture media</b>   Show young people short films, movies, adds or listen to songs with youth SHBBV topics included, such as relationship pressures and gender stereotypes, and then have a discussion afterwards by asking questions. This can work very well in peer groups/sessions and promote critical thinking and new peer norms.</li> <li><b>Camps and drop-in activities</b>   Include SHBBV education sessions and games on camps or during drop-in session. If this is not possible due to 'red-tape' issues, it may be better to hold SHBBV sessions as a separate organised program (see guideline 13)</li> <li><b>Outreach</b>   Use opportunistic teaching moments during outreach with young people, as they are often talking about sex and relationships anyway. Have resources such as condoms, fit-packs, banana penises and other engagement tools on hand to make it easier to open conversations and be more engaging.</li> <li><b>Assessment tools</b>   Include SHBBV related questions into client assessment tools, for example like at <b>headspace</b></li> <li><b>Anonymous question box</b>   Having an anonymous question box in the youth agency, and the questions get displayed and answered on a 'sex ed' board each week (you can add in some of your own too to get some information across!)</li> </ul>

## 3.5.3 Strategies – how you can achieve your goal

GUIDELINE	STRATEGIES
<b>13. Increase delivery of SHBBV peer based education programs with young people</b>	<p><b>SMALL GROUP WORKSHOPS</b>   It may not always possible to deliver a sustained peer based program, however there will usually be at least some opportunity to design and deliver small, interactive peer workshops on SHBBV issues. Ask young people what interests them. Record this in a central place and build an evidence base to advocate for more money and more programs for young people.</p> <p>Agencies may need diverse approaches for effectively engaging young men and young women. Educating and supporting both young men AND young women is critical for successfully addressing negative gender stereotypes and unhealthy norms in relation to young peoples sexual relationships.</p>
	<p><b>PEER EDUCATION PROGRAM</b>   Design, deliver and evaluate a SHBBV peer education program in partnership with young people, with the goal of increasing young people's and their peers capacity for safer behaviours and respectful relationships. This may require sourcing funding, and will likely require 1-2 dedicated staff members to plan and coordinate the program. Management commitment and support is essential.</p> <p>Depending on the target group and level of stigma associated with talking about SHBBVs, it may be beneficial to market a program more broadly, for example as 'Youth Leadership', 'Girls Group', 'Youth Health Education', 'Youth Health Peer Education', 'Youth Education and Empowerment', 'Life Skills', or 'Respectful Relationships'. Programs can often be more effective when they are holistic and cover a range of topics relevant to young peoples lives. In some cases, it may also be necessary or more effective to market the program as a drama, arts, music, dance, leadership or sports program, and steadily incorporate SHBBV education into it. These can also be easier to source external funding for as they can be made to fit a range of funding sources.</p> <p>Youth participation and understanding young peoples needs, interests and attitudes is thus critical for engagement and program sustainability. Allocating time and resources for ongoing youth consultation and recruiting young people must be carefully factored into the project plan as it is a crucial factor for program success.</p>

### 3.6.1 Goal Young people feel comfortable and able to access sexual health and BBV testing, treatment and support services and have easy access to resources that minimise harm in relation to STIs and BBVs

#### 3.6.2 Rationale

The IMBR model of health promotion identifies that people need four things to be able to engage in healthier behaviours:

- Information
- Motivation
- Behaviours skills
- Resources

In terms of youth sexual health, 'resources' are young people's access to condoms, contraception and STI and BBV testing and treatment – the resources they need to engage in safer behaviours.

If any one of these is lacking, an individual will be much less likely to engage in healthy behaviours. For example, even if a young person knows how to use a condom (information), they feel motivated to use it as they know the risk of STIs and their social and peer norms support carrying and using condoms (motivation), and they feel confident negotiating condom use and know how to put one on correctly (behavioural skills)...if they can't access condoms due to money, transport, shame etc (resources) then they will be unlikely to have safe sex. Thus, having condoms freely available at the youth centre with information on how to use them, and a youth worker trained and available to demonstrate and answer questions, can be a significant enabler for safer behaviours (See Blog: Condom Distribution Schemes 'C Card Schemes' London UK).

Likewise, youth-friendly STI and BBV testing sites in WA (**Resources**) are limited, so even if young people have the knowledge and motivation for getting tested, they may lack the confidence and communication skills to talk with their GP and/or lack the means to access the service, like money and transport. Improving young people's access to STI and BBV testing and treatment services is critical for reducing the negative impact of STIs and BBVs, such as infertility and the spread of infections to other young people. Unfortunately Australian research shows that even though about 8 in 10 young people aged 16-29 attend a GP at least once per year, only 1 in 10 receive STI and BBV testing (Kong et al. 2011). Access to clinical services and sexual health support is even worse for marginalized groups of young people, including LGBTIQ young people who report significant judgment and discrimination (Ricardo et al, 2006) As mentioned in 'Supportive Contexts', all young people can often feel embarrassed, shamed and judged by health professionals for being sexually active, so they avoid raising the topic.

The youth sector can play a pivotal role in bridging the gap between young people and clinical services. Through education, supporting young people's confidence and skills-development, partnerships with clinical services and normalizing sexual health and BBV conversations and service access, youth agencies can reduce barriers to access such as embarrassment, fear of judgment, and cost and transport issues.

### 3.6.2 Strategies – how you can achieve your goal

GUIDELINE	STRATEGIES
<b>14. Enable free access to condoms and lubricant for young people</b>	<b>FREE CONDOMS AND LUBRICANT</b>   talk with young people about ways to promote correct condom use and enable free access. Ensure condoms and lubricant distribution is always coupled with at least a brief education session on how and when to use them. Consider implementing a program like the C Card Scheme in the UK (see blog) where young people get taught and quizzed on correct condom use in exchange for a C-Card that entitles them to free condoms.
	<b>EXPLORE EXTERNAL CONDOM ACCESS</b>   where else can and do young people access condoms? How can it be made easier for them? Maybe you can partner with the local supermarket or pharmacist to support the C Card Scheme?
<b>15. Increase resources for preventing BBV transmission</b>	<b>BBV INFORMATION</b>   work with young people to source or create information resources on being blood-aware and where and how they can access clean injecting equipment and clean tattooing providers
	<b>NEED &amp; SYRINGE EXCHANGE RESOURCES</b>   find out where the closest need exchange site is and/or supportive pharmacist supplier and include this information in your resources and education
<b>16. Improve partnerships with health services for referrals</b>	<b>CLINICAL PARTNERSHIPS</b>   Establish relationships with local youth-friendly clinical service providers, including needle exchange services, STI testing services, local pharmacists and local GPs. Develop partnerships for strengthening referrals and supporting young people's access to testing and contraception.

## 3.6.2 Strategies – how you can achieve your goal

GUIDELINE	STRATEGIES
<b>17. Increased youth-friendly STI and BBV testing, treatment and support services</b>	<p><b>CLINICAL SERVICE DELIVERY</b>   In partnership with clinical and non-clinical service providers, such as local GPs, pharmacists, public health services, local government, schools and relevant NGOs, establish one of the following three initiatives:</p> <ul style="list-style-type: none"> <li>• A youth sexual health clinic at the youth centre</li> <li>• A youth sexual health clinic in the community</li> <li>• A program, policy and/or process that ensures young people have easy, free, confidential access to sexual health testing and treatment through a partner health service</li> </ul> <p><b>ONLINE TESTING</b>   promote the Department of Health online testing initiative that enables young people to get free and confidential testing for Chlamydia and Gonorrhoea (they bypass the GP and go straight to a pathology collection centre).</p>

### 4.1 Tips for using the Guidelines

**TIP #1:** Use what is relevant and don't try and do it all at once!

YACWA's YEP Youth Sector Guidelines are a guide to improving youth work practice for sexual health and blood-borne virus (SHBBV) issues. It is anticipated that there will be great diversity amongst youth agencies in terms of which strategies are most relevant and which are possible within current capacity and scope. Thus when reading the guidelines, don't get overwhelmed thinking that you are not doing a good job unless you do all of them. Some guidelines may be completely irrelevant or simply not possible due to limited staffing and funding. However, making one small change is far better than making none. Some strategies are very easily achieved with minimal effort. Pick a good place to start for your agency and prioritise in terms of youth worker capacity and young people's needs.

**TIP #2:** Access support

YACWA's YEP Project and other NGOs like FFWA Sexual Health Services are here to support you (see 4.2), so don't be afraid to pick up the phone and call. There is also an array of training and networking opportunities you can attend, as well as the YEP Blog for resources and information. There is also some great work already happening in the youth sector, so talk to your peers and support each other.

**TIP #3:** Take a holistic approach

Take a holistic approach to young people's health and wellbeing that reflects the context of their lives. There are many cross-cutting issues that impact on young people's lives such as peer pressure, relationships, power, self-esteem and rights and responsibilities, so conversations and programs can integrate a range of topics. For example, sexual health, alcohol and other drugs, relationships, family and culture can all be integrated. Best-practice in sexuality education takes such a holistic approach because a broad range of social and cultural factors are evidenced to influence young people's sexual behaviours. Don't get hung up on having to talk about sex specifically, because that is only one small part of sexuality education.

**TIP #4:** Use the Guidelines broadly

Whilst the focus of the Guidelines is on youth SHBBV issues, they also offer a general capacity building framework that can be used regardless of what issue needs to be addressed. For example, if you wanted to reduce young people's alcohol consumption, your approach may benefit from guidelines such as agency scoping and consultation, partnerships, youth participation and peer education.



## 4.2 Support available for you to implement the Guidelines

### 4.2.1 The YEP Project

Online	<b>Resources: The YEP Blog</b>	Many of the guidelines are linked to, and supported by, the YEP blog on <a href="http://www.youthsexualhealthblog.com.au">www.youthsexualhealthblog.com.au</a> . The guidelines are the 'what' and the blog is the 'how'. Here you can find resources and practical advice on how to implement the guidelines and other strategies with young people. You can also share with your peers and ask questions on anything you're not sure about.
	<b>Communication: Youth Sector Network (YSN)</b>	The YEP YSN is an email network of WA youth workers who are interested in building their capacity to engage and educate young people on SHBBV issues. This network is how the YEP Project communicates with the sector, updating on recent blogs, training opportunities and other events and resources and will support you implementing the Guidelines. Sign-up at <a href="mailto:psa@yacwa.org.au">psa@yacwa.org.au</a>
Offline	<b>Training &amp; networking</b>	YACWA's YEP Project works in partnership with experts in the SHBBV sector to deliver FREE skills-share workshops for youth workers on key need areas identified by the sector. Sign up to the YSN or view the blog to hear about upcoming training opportunities, from YEP and from our partners.
	<b>Consultancy &amp; mentoring</b>	The YEP Project has some capacity to work with individual agencies on implementing the guidelines. This may be in the form of a planning workshop and/or phone and email support. Email <a href="mailto:yep@yacwa.org.au">yep@yacwa.org.au</a>

### 4.2.2 External support

See the blog category 'Professional Development' for SHBBV training and support services offered through our partner organisations.

### 4.2.3 Supportive Literature

The Blog provides links to a range of evidence-based documents that have not only been highly influential in the development of the YEP Guidelines, but that also provide detailed, evidence-based definitions, reviews and guidelines on youth sexual health issues and the implementation of sexual health education in a holistic context. Many of them are free to download or order, and for those that aren't, the FPWA resource library has them for loan. See the section on the blog called "Activities and Resources" and the YEP Project Research Report, available on the YACWA website:

[http://www.yacwa.org.au/uploads/YEP\\_Report\\_LRS.pdf](http://www.yacwa.org.au/uploads/YEP_Report_LRS.pdf).

### 4.3 Incentives

#### 4.3.1 Discounted fees for FPWA Sexual Health Services training

A significant reduction in fees for FPWA Sexual Health Services training courses is available for WA youth organisations and youth workers who commit to making sustained improvements in youth work practice in relation to sexual health and blood-borne viruses, as articulated in these Guidelines. Specifically, youth workers will receive the training for less than half price on the condition that they:

1. Commit to implementing a minimum of five strategies in the Guidelines within the 6 month period following their participating in a FPWA training course
2. Agree to a six-month follow up by YEP Project as to progress made toward their chosen Guidelines and the value of the FPWA training on supporting this implementation

Organisations are required to discuss discount eligibility and proposed implementation plans with the YEP Project Manager PRIOR to registering with FPWA if they are to receive the discounted rate. Organisations seeking the discounted rate for staff for more than one training course will need to evidence their progress toward their chosen Guidelines or clear commitment to improve practice in this area.

See [www.fpwa.org.au](http://www.fpwa.org.au) for an updated list of training courses and dates.

#### 4.3.1 Discounted fees for FPWA Sexual Health Services training

YACWA's YEP Project is about getting youth sexual health and BBV issues on the youth sector agenda and supporting the sector to take action. Therefore we want to make sure the sector is being recognised for the action they are taking. We also want to profile 'role model' and 'mentor' agencies, youth workers and programs so that the rest of the youth sector can learn from their experiences. The Annual WA Best-Practice in Sexual Health Youth Sector Awards will be developed in late 2013, the details of nominatins will be available on the Blog in early 2014.

Applicants will be assessed based on the level to which they can demonstrate they have implemented some or all of the strategies in the guidelines. Nominees will need to provide evidence (real examples) of the work they are doing, such as photos of their 'sex-positive, safe space' youth agency environment (strategies 3 and 4) or evaluation feedback from young people (strategies 5 and 6) and stakeholders (strategies 1, 2 and 10).

### 5.1 Sexual Health and Blood Borne Viruses

Sexual health is about the physical, emotional, mental and social well-being in relation to sexuality. It is not just about the prevention of sexually transmitted infections (eg. chlamydia, HIV, viral hepatitis), but rather also includes a person's capacity and ability to enjoy positive, respectful, pleasurable and safe sexual experiences and relationships (WHO, 2006b). When viewed holistically and within context, sexual health education includes topics such as relationships, consent, sexual assault, alcohol and other drugs, peer pressure, social and gender expectations, the media, pleasure and love (ShineSA 2011; Sorenson & Brown 2007).

Risk taking behaviours for sexual health are on the rise in young Australians (Smith et al. 2009), and correspondingly, rates of sexually transmitted infections (STI) continue to escalate to epidemic proportions; rates have tripled in the last decade with over 80% of this in young people under the age of 30 (Department of Health, WA 2010). Young people are also at a high risk of acquiring blood-borne viruses (BBV) through non-sexual behaviours, including injecting drug use and backyard tattooing and piercing. Whilst these behaviours are different to sexual behaviours, the underlying reasons why young people are at a high risk are very similar: highly influential social and peer cultures; environmental factors; gender and power in relationships; the role of emotions and belonging in behavioural choices; low risk perception; a lack of health education that prevents informed choice; inexperience; and the pleasure inherent in risk-taking (Maycock, 2005). In addition, sex and alcohol and other drug experiences are often socially connected, meaning it is important to educate young people about STIs and BBVs concurrently and in a way that reflects their social realities (Walker, 2010).

Sexual and BBV ill-health can have significant and long-lasting negative impacts on a young person's life, such as infertility, social isolation, sexual coercion and assault, chronic disease, low self-esteem, and difficulties engaging in happy, healthy relationships. Young people have a right to information and education that enables them to protect their health and enjoy their relationships, and all adult members of our society have a responsibility to fulfill these rights. Addressing these issues requires a whole-of-community response, of which the WA youth sector is an integral part.

### 5.2 About the YEP Project

#### 5.2.1 The History

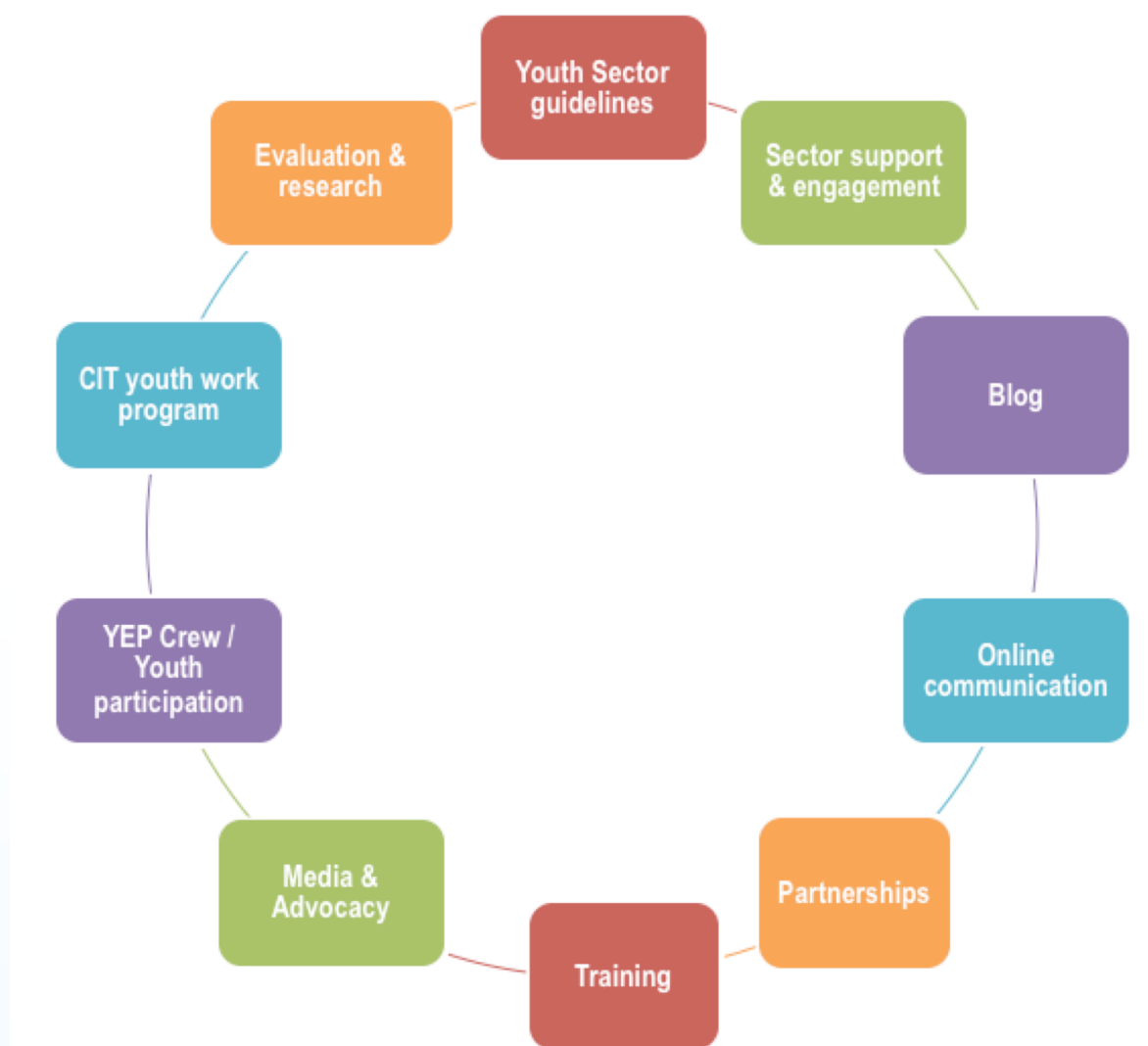
YACWA was initially funded by the Department of Health, WA, Sexual Health and Blood-Borne Virus Program (SHBBVP) to conduct a two-year Participatory Action Research project (2009-2011). The aim of this research was to investigate the value of, and processes involved in, implementing peer based strategies in youth sector settings for promoting positive sexual health and blood-borne virus (SHBBV) outcomes with young people. YACWA collaborated with six WA youth sector agencies, including 13 youth workers and over 55 young people, to trial the development of SHBBV peer education programs.

The research had a number of key findings but overall found that peer based programs for SHBBV issues can have a significant positive impact on the young people and youth workers involved. The youth sector and youth workers were in a unique position to create safe, non-judgemental, confidential spaces for young people to explore sensitive topics. The research also showed the value of positive peer influence for sexual health promotion, which is consistent with other literature. Such programs require sustained investment and commitment from the service providers to mitigate challenges faced (Walker 2011).

#### 5.2.2 The YEP Project | Youth Sector Capacity Building

Due to the success of research project and the clear needs and opportunities within the WA youth sector, YACWA received ongoing funding to work with the WA youth sector to build its capacity to deliver sexual health and blood-borne virus (SHBBV) education and support to young people. A summary of the YEP Project can be seen in Figure 1 on the following page.

Figure 1: Summary of the YEP Project Capacity Building Approach



***Our vision is for the WA youth sector to view sexual health and blood-borne viruses as priority issues that are integral to young people's development and wellbeing and incorporate the YEP Project Youth Sector Guidelines into youth work practice.***

### 5.3 Sexual Health and the WA Youth Sector

#### 5.3.1 The value and role of the youth sector

##### The Value

Young people view community-based services, including youth drop-in centers and youth-friendly sexual health clinics, as filling the void that can be created by parents, teachers and peers shaming and silencing meaningful discussion about sexuality issues (Shoveller et al. 2004). This is because community services can be confidential spaces where young people can talk with trustworthy adults who accept them as sexual beings and don't judge their sexual behaviours (Shoveller et al.; Sorenson & Brown, 2007; Walker 2011).

The YEP Research Project demonstrated that sexual health and blood-borne virus (SHBBV) peer based programs in youth sector settings can be highly valuable for a number of reasons. Firstly, SHBBV peer based programs broke the taboo that youth sexual health needed to be talked about behind closed doors. Rather it fostered a culture of openness and non-judgment in youth agency environments so that young people felt comfortable seeking help. Secondly, the programs enabled sexual health information to be delivered in a relevant, contextual way, due to youth-led, peer conversations. Thirdly, programs created the time and space for youth workers to proactively support young people in this area. The ability to create safe, non-judgmental spaces and facilitate holistic, relevant education was considered unique to the role of the youth sector, as youth workers can have more flexibility than other professionals, for example teachers, to develop relationships with young people and address sensitive topics (Walker 2011) (See Figure 3).

##### The Role

It is increasingly evidenced that young people who experience social, economical and/or cultural marginalisation have poorer mental health and wellbeing outcomes, are often at a higher-risk of unsafe sex and drug practices, and have poorer access to health services. The youth sector is ideally placed to play a significant role in supporting these young people on sexual health and blood-borne virus issues (SHBBV) due to the synergies between the youth worker role and best-practice in SHBBV education (Janssen & Davis 2009). For example, both are focused on creating safe spaces for young people, building relationships, addressing issues like social pressures, self-esteem and service access, and on developing young people's life skills, including their social and emotional skills (Janssen & Davis; Walker 2011). Youth workers can often avoid raising SHBBV issues with their clients due to concerns of a lack of knowledge and the fear of getting it wrong (Janssen & Davis; Walker).

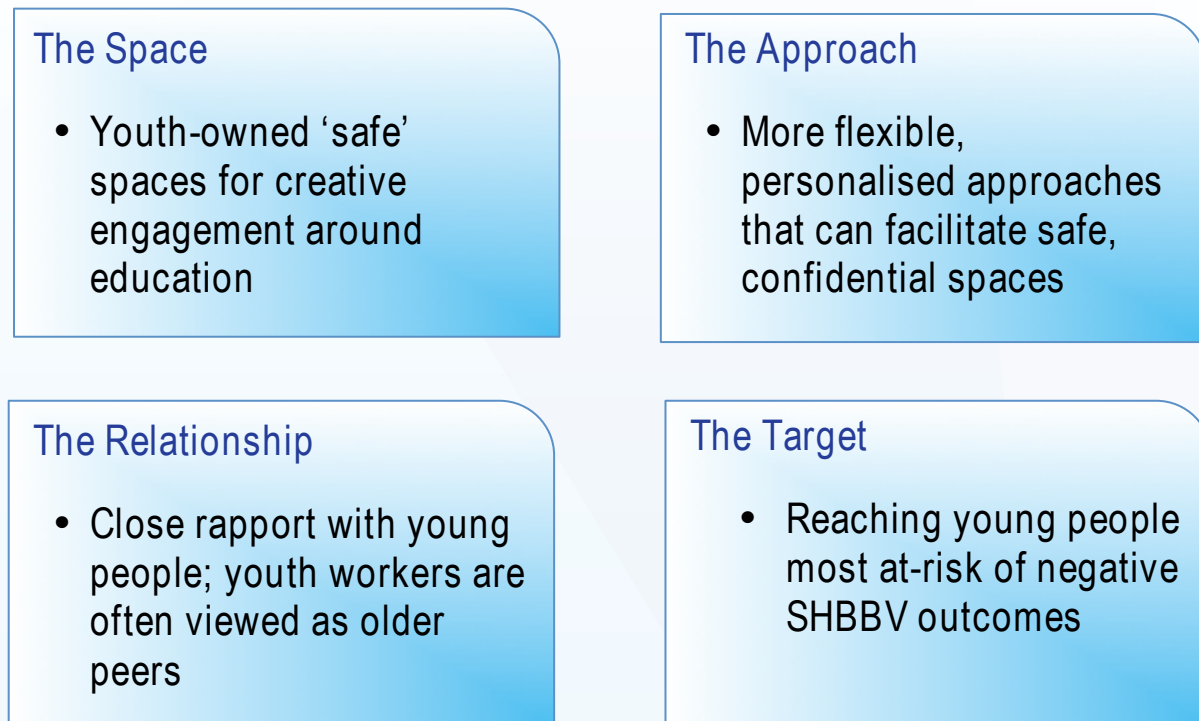


However...

*The role of the youth sector is not to be clinical experts, but to create safe, non-judgmental spaces that normalise conversations about sexuality, relationships and blood-borne viruses so young people feel comfortable to ask questions, access support and increase their capacity for safer behaviours.*

Creating these spaces is critical because young people can often experience difficulties in asking about and communicating their feelings on SHBBV topics, which can result in minimal communication and support (Janssen & Davis 2009). The youth sector is well placed to do this and has a unique contribution to make in the whole-of-community response to rising STI and BBV rates in young people. This uniqueness is due to the youth sector space, approach, relationship with young people and ability to reach those young people most at risk (Walker 2011). **Figure 3** illustrates this.

**Figure 3: The unique value and role of the youth sector**



### The Impact

The skills and self-development processes inherent in holistic relationships and sexuality education initiatives also support broader health and wellbeing. For example, life skills relevant to sexual health include problem solving, decision-making, communication and negotiation skills, coping with emotions, empathy and self-esteem (WHO 2004), which are all transferable skills that are critical for young people's wellbeing. For example, the young people in the YEP Project research not only felt more capable of having safe and respectful sexual relationships, but they felt more confident in their lives in general (Walker 2011).

The other flow-on effect from engaging young people in SHBBV peer based programs is the strengthening of relationships between young people and youth workers, which increases rapport and engagement external to the program and facilitates support opportunities on a range of issues (Walker 2011).

### 5.3.2 The law on consent and sexual assault

Refer to the Department of Health, WA, publication: *Working with young people: a legal resource for community based health workers*, for information on legalities relating to mature minors, consent and client confidentiality, sexual health and age of consent, and sexual assault.

[http://www.health.wa.gov.au/docreg/Education/Population/Child\\_Health/Child\\_Health\\_Services/HP010283\\_working\\_with\\_youth\\_FNL\\_legal\\_resource.pdf](http://www.health.wa.gov.au/docreg/Education/Population/Child_Health/Child_Health_Services/HP010283_working_with_youth_FNL_legal_resource.pdf)

#### Consent

Consent can be described as 'free agreement'. BOTH or ALL people must willingly agree to sexual acts without feeling pressured or forced. It is okay for young people to change their minds and to choose to do some sexual acts and not others. The law on consent is:

- The legal age of sexual consent in Western Australia is 16
- The legal age becomes **18** when
  - The perpetrator is in a position of power or authority or in a caring role over the other (e.g. teachers, sports coaches)
  - The perpetrator knows the victim is a relative including 'step' or 'defacto' relative
- Claiming to believe the child was 18 or over is no defense
- If two mature minors are in a sexual relationship, both are committing an offence but it is up to Police discretion whether or not to charge.
- For all other sexual interactions involving an adult and child, consent is irrelevant, **the act is a crime.**
- It is not 'free agreement' if the person had sex because they were: threatened, coerced, unconscious, intimidated, misled, mentally impaired so unable to, forced, asleep, understand act or guard against exploitation
- More information for young people can be found at [www.respectfulrelationships.org.au](http://www.respectfulrelationships.org.au)

### Heading

#### Reporting Child Abuse and Neglect

Mandatory reporting was introduced in WA in January 2009. This is the legal requirement to report suspected cases of child abuse, child sexual abuse and neglect. Doctors, Nurses, Midwives, Teachers & Police Officers are all mandatory reporters. Even though youth workers and other occupations working with young people are not mandatory reporters, everyone has a duty of care to protect children. In some cases this may also concern the safety of siblings. Further information can be located at <http://www.mandatoryreporting.dcp.wa.gov.au/Pages/Home.aspx>

For youth workers and other people working with young people, the decision about whether to report suspected child abuse or neglect is complex, as some youth workers or agencies hold the view that it is not necessarily always in the best interests of young people to make a report. Some of the issues which need to be considered in the decision to report or not report are outlined below.

#### The WA Youth Work Code of Ethics

The Code of Ethics for Youth Work in WA contains a number of elements which may assist youth workers, or people working with young people to resolve whether or not they need to report suspected child abuse or neglect. A copy of the Code of Ethics is available on the YACWA website: <http://www.yacwa.org.au/uploads/CodeofEthicsBooklet.pdf> . The relevant sections to refer to in the Code of Ethics when considering abuse and neglect are:

- Empowerment
- Duty of Care
- Transparency
- Confidentiality
- Cooperation
- 

Some youth workers and other staff working with young people are employed in agencies where there are agreements in place (such as funding agreements) that require youth workers and other staff employed in particular programs to mandatorily report child abuse and neglect. Staff should be aware whether such an agreement applies to their role, and other relevant policies and procedures in their organisation.

If you suspect sexual abuse:

- Consider the agency procedures that apply to the case
- Consult your supervisor or manager
- Follow agency procedures

Where a decision to report is made:

- Reports should be made to the local district office of the Department for Child Protection and Family Support (DCPFS), or directly to the young person's case worker, should they have one. If you do not have a contact person, you should speak with a duty officer.
- **IMPORTANT:** Your role is not to find detailed information or proof that abuse is occurring, this is the role of DCP and the Police.

### Sexual Assault Resource Centre (SARC) Services

SARC provides **free** services to young people 13 years and over (of any gender) in WA who have experienced sexual assault (including rape) or sexual abuse.

Services include:

- A 24 hour emergency medical, forensic, counselling service following a recent sexual assault
- Counselling for past sexual assault or sexual abuse
- Statewide professional development education and training
- Respectful relationships presentations for high school students

SARC is based in Subiaco and also has outreach counselling services in Midland, Rockingham, Fremantle, Gosnells, Joondalup and Clarkson. SARC has trained psychologists and social workers, as well as a team of youth counsellors.

Included in SARC's education and training opportunities are free 1-hour presentations on responding to disclosures (contact [SARCTraining@health.wa.gov.au](mailto:SARCTraining@health.wa.gov.au)). Resources about sexual consent and SARC services can be located at <http://www.kemh.health.wa.gov.au/services/sarc/publications.htm>

#### SARC Contact details

For appointments call 9340 1828

Freecall (landlines only) 1800 199 888

Website: [www.kemh.health.wa.gov.au/services/sarc](http://www.kemh.health.wa.gov.au/services/sarc)

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## APPENDIX A: YEP Guideline Evaluation Checklist

## APPENDIX B: YACWA Advocacy Fact Sheet

