

'T-Shirt' Project

Taking it to the streets:
Testing, sexual health
information, referral and
treatment for young people

What is T-Shirt?

- A testing and sexual health care programme for at risk young people
- Conducted as an interagency partnership
- Building on the success and experience of similar outreach programmes
- Outreach model used to reduce barriers to access to Sexual health care

Establishing Need:

- AAC Approached by youth agency who knew of our work in outreach testing
- Reports of a range of high risk activities
- Evidence of increases in STIs in this group
- Numerous barriers in accessing health care
- Decision to run pilot program

Issues to consider:

- Different agencies in the partnership have different agendas
- Not just HIV testing, not just 'testing' as such
- Need to maximize access and follow-up
- Legal aspects such as mandatory reporting need to be considered

Planning process:

- Establish needs and expectations of different agencies
 - Identify and address issues eg:
 - Confidentiality
 - Mandatory reporting
 - Follow-up and referral methods
- MOU codifies these arrangements

Mandatory reporting issues:

- 12-17 years
- doctors, nurses, teachers etc are mandated
- reasonable suspicion of non-accidental physical injury and sexual abuse

Client Issues:

- Homelessness
- Background of abuse (sexual and other)
- Drug and alcohol issues, including injecting
- Mobile population
- Limited sexual health education

Client complexities

- Trust – clinicians, contacts
 - fear of breach of confidentiality
 - fear of 'slutty' reputation
- Isolation
 - lack of peer and adult support to talk issues through
- Drugs & alcohol
 - lack of recall of contacts, guilt

Conducting clinics

- Youth only space, special times
- Need to identify outreach workers
- Promotion emphasized free, easy and confidential aspects
- Important to cultivate youth workers as 'allies' in the process
- 'Showbags' for participants

Providing results and followup

- By T-Shirt nurses in person, however 'Plan B' may be necessary
- Process may not be ideal and understanding often incomplete
- Important education opportunity
- Youth workers involved if necessary
- Simple, written information summary

Results

- 23 Consultations in 4 sessions
- High percentage of follow-up consultation
- Feedback success and plans to conduct clinics in future