

CONSENT MATTERS - *DISABILITY*

*A legal and ethical
framework for working
with young people with
cognitive disability.*



EVALUATION REPORT **Consent Matters - *Disability***

Author: Dr Rachel Bush

Acknowledgement of Country

Sexual Health Victoria and Women's Health in the South East acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and the Traditional Custodians of the lands, waterways and skies where we work, live and play.

We celebrate that this is the oldest continuous living culture in the world, and that sovereignty was never ceded in this country. This always was, and always will be, Aboriginal land.

Acknowledgements

Sexual Health Victoria and Women's Health in the South East would like to acknowledge the Department of Families, Fairness and Housing and the Victorian Government for their support of the Consent Matters program.

Sexual Health Victoria and Women's Health in the South East are grateful to our consultation partners Youth Disability Advocacy Service and Rubix Support who helped us refine our program.

Sexual Health Victoria and Women's Health in the South East are grateful to our program participants for their active engagement and contribution to the project design and development, and for participating in the pilot. Their feedback has been invaluable to the success of the program.

We would like to acknowledge and celebrate the contributions of Samantha Read, Anne Atcheson, Dr Catherine Kirby, Em Mah, Kardie Whelan, Dr Rachel Bush and Laura Riccardi for their work in developing, delivering and evaluating the program.

Executive summary

Consent Matters - Disability was developed by Sexual Health Victoria (SHV) and Women's Health in the South East (WHISE) to help disability support workers talk about consent, respectful relationships, and sexual health with young people who have cognitive disabilities. The program combined online learning with an interactive workshop and involved 98 participants across two regions.

The evaluation shows that the program met its objectives. Participants reported:

- Stronger knowledge – the biggest gains were in understanding how to teach consent (+29%) and knowledge of available sexual health services (+33%).
- Greater confidence – particularly in talking about sex and relationships (+24%), teaching the legal aspects of consent (+25%), and linking young people to services (+22%).
- Lasting impact – improvements were largely sustained 12 weeks after the training.

Participants valued the practical resources, activities, and legal updates, saying these tools were relevant and easy to use in schools, disability services, and health settings. Many described feeling more confident to create safe learning spaces, hold open conversations, and adapt resources for parents, carers, and colleagues. The program also reinforced existing good practice and, for some, sparked meaningful changes in how they approach their role.

Feedback was overwhelmingly positive. Participants praised the training as engaging, inclusive, and empowering, with several emphasising the importance of recognising the sexual health needs of young people with cognitive disabilities.

Contact information

For more information about this program, please contact:

Em Mah, Sexual Health Victoria's Schools and Community Educator: emah@shvic.org.au

Laura Riccardi, WHISE's Sexual and Reproductive Health Lead: lrccardi@whise.org.au

Background

Origins of Consent Matters

Consent Matters was developed in 2022 as a collaborative initiative between Sexual Health Victoria (SHV) and Women's Health in the South East (WHISE) in response to the Victorian Government's new affirmative consent legislation. The program sought to address gaps in consent education for young people outside mainstream schooling, recognising the critical role of youth and community services in supporting at-risk young people.

The pilot program combined two online modules which covered cultural and legislative shifts, ethical and legal dimensions of consent, and practical teaching resources, with a six-hour interactive workshop. Delivered in partnership with local councils and other women's health services across Victoria, the pilot equipped youth and community professionals with the skills, resources, and confidence to educate young people about affirmative consent, respectful relationships, and sexual health.

Impact of the pilot program

The evaluation of the pilot demonstrated significant gains across knowledge, confidence, and practice. Participants reported:

- A 41% average increase in knowledge of affirmative consent legislation.
- Stronger understanding of ethical and legal aspects of consent (18% average increase).
- Improved confidence to educate young people (17–27% average increase), particularly in creating safe spaces, taking sex-positive approaches, and modelling affirmative consent.
- Increased readiness to respond to disclosures and address complex consent scenarios.

Overall, the program demonstrated that a combined online and workshop format could strengthen workforce capability and support the embedding of affirmative consent principles into youth and community services. Recommendations from the pilot highlighted the need for more tailored content to meet the needs of specific groups, such as young people with cognitive disabilities, CALD communities, and those in justice or alternative education settings.

Consent Matters - Disability

Building on these findings, Consent Matters was redesigned to meet the needs of disability support workers. This second iteration, 'Consent Matters – Disability', recognises the importance of ensuring that professionals working with young people with cognitive disabilities have access to relevant, practical, and inclusive resources.

The program retained the blended delivery model (i.e., online modules paired with a face-to-face workshop) but adapted the content to the disability sector context.

The aims of Consent Matters - Disability (hereafter referred to as Consent Matters) were to:

- Strengthen disability support workers' knowledge and confidence to deliver affirmative consent education.
- Equip participants with practical, evidence-informed strategies to support respectful relationships and sexual health in their practice.
- Ensure young people with cognitive disabilities can access safe, tailored education on consent, relationships, and wellbeing.

By expanding into the disability sector, Consent Matters responds directly to the pilot evaluation's recommendations and extends the program's reach to a critical workforce, ensuring equity and inclusion in consent education.

About the participants

Program engagement

Across the two cohorts, a total of 98 participants registered for Consent Matters, with 60 registrations from the Southern Metropolitan Region (SMR) and 38 from Gippsland (see Table 1). Engagement varied across components of the program. While 45% of registrants completed the online modules, workshop engagement was high, with 82% attending the full-day session.

Table 1. Module and Workshop Participation, *n*

	Registrations	Completed two online modules	Attended the workshop
Cohort #1: SMR*	60	43	51
Cohort #2: Gippsland	38	11	29

*SMR= Southern Metropolitan Region.

Gender identities

As can be seen in Table 2, most the 98 registrants identified as women, reflecting the gendered composition of the workforce engaged in youth and community services. Specifically, 86% identified as women, 11% as men, and 1% as non-binary. A small number preferred not to disclose their gender (2%).

Table 2. Participant Gender Identities

	n (%)
Woman	84 (86%)
Man	11 (11%)
Non-binary and trans-masculine	1 (1%)
Prefer not to answer	2 (2%)

Previous training and motivation to attend

Most participants had already undertaken training relating to sexual consent and/or violence before enrolling in Consent Matters. Of the 98 respondents, 71% (n=70) reported previous training, while 29% (n=28) had not. This suggests that the program attracted a workforce with an existing foundation of knowledge in consent and violence prevention, while also reaching a substantial proportion of participants who were new to this content.

Participants joined the program for a mix of professional and personal reasons, with workplace relevance being the strongest driver. Many were motivated by the need to build knowledge and confidence to better support young people with cognitive disability, particularly in discussing consent, sexual health, and respectful relationships. Several cited professional requirements or career development, describing the training as essential for new roles, CPD, or filling recognised knowledge gaps. Others highlighted the importance of staying up to date with legislative changes and best practice approaches, especially around affirmative consent laws and responding to disclosures.

Alongside these practical drivers, participants also emphasised personal interest and values, including a commitment to fostering safe, inclusive environments and empowering young people with disabilities. A smaller number were encouraged by colleagues or organisational recommendations, reinforcing the program's perceived relevance across the sector.

Provision of information, advice or support

Table 3 shows that participants most often provided support to a young person with cognitive disability around healthy relationships, and sex and sexual health, with the majority doing so at least occasionally. In contrast, topics such as ethical and legal aspects of consent, disclosure of sexual violence, and referrals to sexual health and wellbeing services were less commonly addressed, with a substantial proportion of participants reporting they had never or only rarely provided support in these areas.

These patterns suggest that while participants were relatively comfortable supporting young people with cognitive disability around relationships and sexual health, there may be gaps in confidence, opportunity, or skills when it comes to more sensitive or complex areas such as responding to disclosures or discussing legal aspects of consent.

Table 3. Proportion of Participants Who Have Provided Information, Advice or Support to Young People with Cognitive Disability in the Past Three Months

	Never	Rarely	Occasionally	Regularly	Frequently
Sex and sexual health	24%	29%	35%	12%	0%
Healthy relationships	20%	17%	43%	14%	5%
Ethical and legal aspects of sex and consent	32%	0%	29%	8%	1%
Disclosure of sexual violence	40%	35%	20%	4%	1%
Sexual health and wellbeing services	30%	34%	26%	10%	1%

Findings

Surveys were administered at three time points: 1) at program registration (pre), 2) immediately after the program (post), and 3) 12 weeks following program completion (follow-up). These surveys assessed participants' understanding of key topics, confidence in applying knowledge, reflections on key learnings, and the program's impact on professional practice. At follow-up, participants were offered the opportunity to join a short interview or focus group, where they could describe how they had put their learnings into practice and share any changes they had seen in their workplace culture.

A total of 98 participants completed the pre-survey, 69 completed the post-survey, and 15 completed the follow-up survey, with one participant taking part in an interview and three in the focus group. While the data provides valuable insights into trends across the program, the declining response rates significantly reduce the comparability of results over time. In particular, the small number of follow-up responses limits the representativeness of findings and increases the potential for bias, as the views captured may not reflect the experiences of all participants. For this reason, results should be interpreted with caution.

Changes in understanding

Ratings of understanding

Figures 1 to 7 show that the Consent Matters program effectively increased the participants' professional understanding of:

- The ethical and legal aspects of sexual consent.
- The new affirmative consent legislation.
- Teaching strategies about affirmative consent.
- Healthy relationships.

- Sex positive approaches to education and support.
- Trauma-informed approaches to education and support.
- Sexual health and wellbeing services for young people with cognitive disability.

Before the program, Figure 1 shows that many participants rated their understanding of the ethical and legal aspects of sexual consent as ‘neither low nor high’ or ‘high’, with few selecting ‘very high’. Following participation, there was a clear shift, with most participants moving into the ‘high’ category and more reporting ‘very high’. This represents an average increase of 15% in understanding from pre to post. Gains were generally maintained at follow-up, although a small proportion still identified their knowledge as moderate.

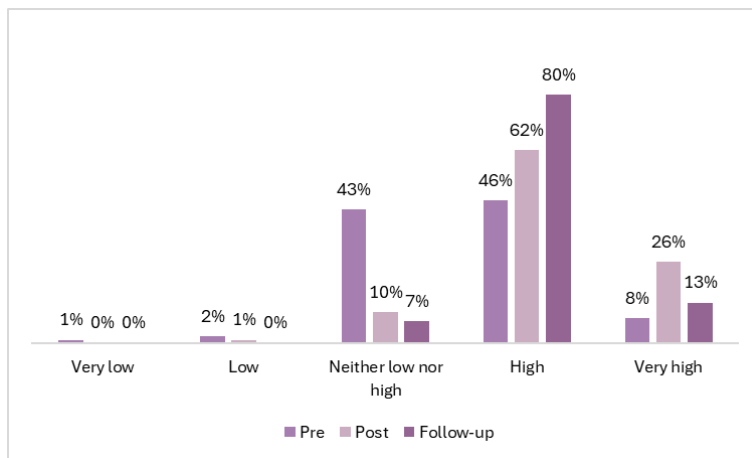


Figure 1. Ratings of understanding of the ethical and legal aspects of sexual consent.

Understanding of the new affirmative consent legislation was not included in the pre-survey. However, Figure 2 shows that most participants reported a ‘high’ or ‘very high’ level of understanding immediately after the program, and these levels were largely sustained at follow-up, despite some remaining variability.

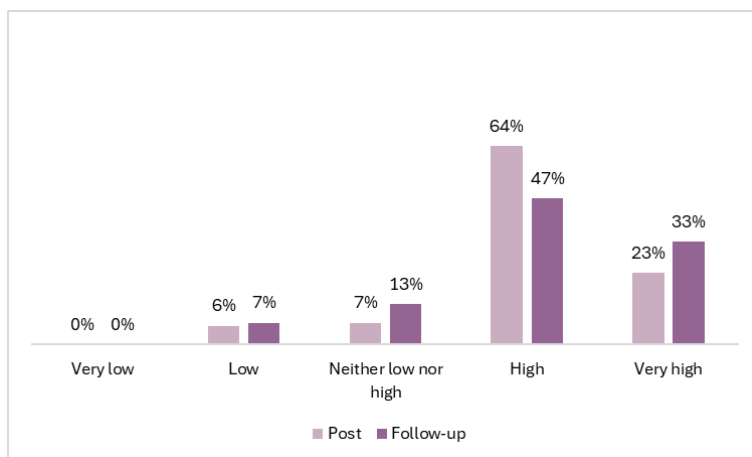


Figure 2. Ratings of understanding of the new affirmative consent legislation.

Understanding of strategies that can be used to educate young people with cognitive disability about affirmative consent showed notable improvement, with an average increase of 29% in understanding from pre to post. Before the program, responses were concentrated around ‘low’ or ‘neither low nor high’ (see Figure 3). After participation, a large majority shifted to ‘high’ or ‘very high’, and this trend was sustained at follow-up. These findings suggest that the program was particularly effective in building practical teaching capacity.

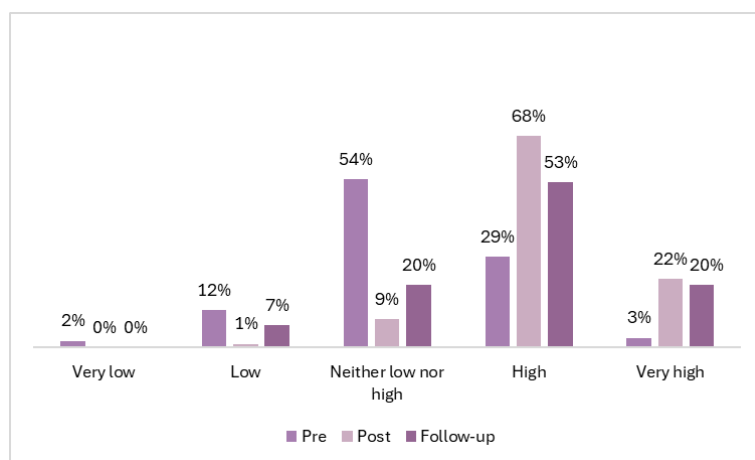


Figure 3. Ratings of understanding of teaching strategies about affirmative consent.

Understanding of healthy relationships improved by an average of 12% from pre to post. As can be seen in Figure 4, many participants entered the program with a high level of understanding. Post-program responses showed a higher concentration in the ‘very high’ category, and this upward trend was maintained at follow-up.

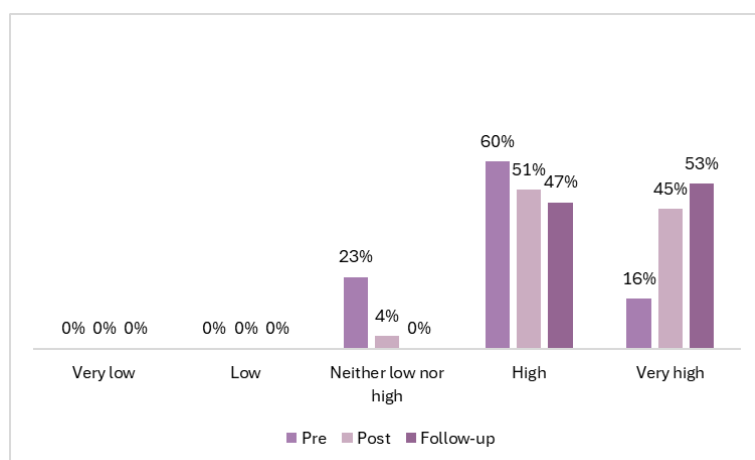


Figure 4. Ratings of understanding of healthy relationships.

Prior to participation, many respondents rated their understanding of sex positive approaches to education and support as ‘neither low nor high’ (see Figure 5). After the program, there was a strong shift into ‘high’ and ‘very high’, with an average increase of 23% from pre to post. At follow-up, these improvements were sustained, indicating lasting gains. The data suggest the program was effective in encouraging a sex-positive framing.

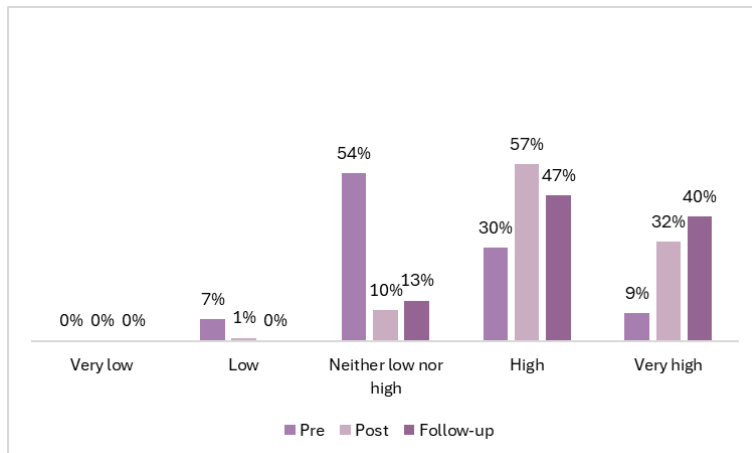


Figure 5. Ratings of understanding of sex positive approaches to education and support.

In terms of understanding of trauma-informed approaches to education and support, Figure 6 shows at baseline, responses were spread across categories, with a sizeable proportion rating their knowledge as ‘low’ or ‘neither low nor high’. Post-program, there was an average increase of 15% in understanding, with more response in the ‘high’ and ‘very high’ categories. Follow-up data suggest these improvements were retained, though some participants still expressed moderate confidence.

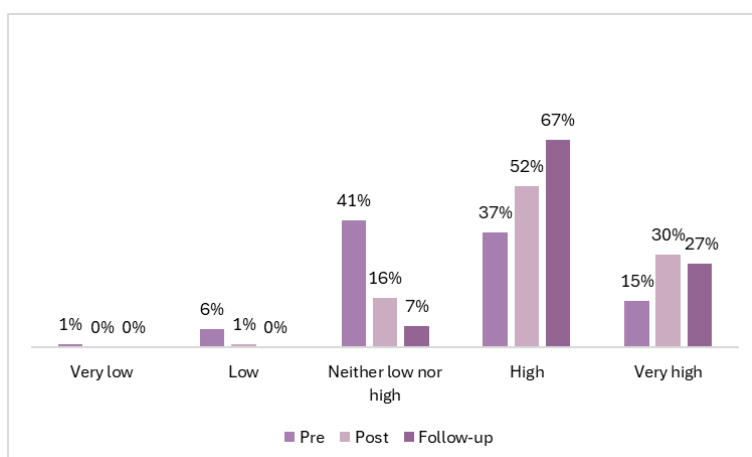


Figure 6. Ratings of understanding of trauma-informed approaches to education and support.

Understanding of sexual health and wellbeing services that are available for young people with cognitive disability showed the greatest change, with an average increase of 33% from pre to post. As can be seen in Figure 6, many participants initially rated their knowledge as ‘low’ or ‘neither low nor high’. After the program, responses moved strongly into ‘high’ and ‘very high’, reflecting substantial gains in confidence. At follow-up, the improvements were sustained, though a few respondents continued to identify gaps. The findings highlight the program’s success in addressing a critical area of need, though ongoing sector support and access to up-to-date service information will be important to maintain and build on these outcomes.

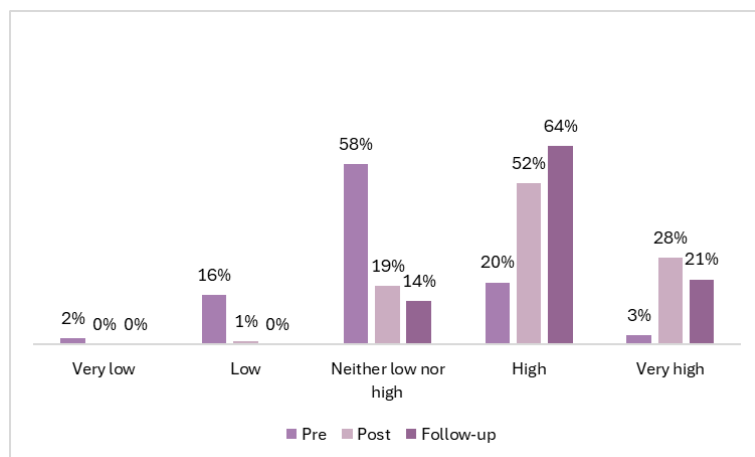


Figure 7. Ratings of understanding of sexual health and wellbeing services for young people with cognitive disabilities.

In summary, across all areas measured, participants reported clear improvements in their understanding following participation in the program. The largest gains were observed in knowledge of sexual health and wellbeing services for young people with cognitive disability (+33%) and teaching strategies about affirmative consent (+29%), highlighting the program’s effectiveness in addressing critical gaps in practice. These shifts were sustained at follow-up, suggesting the program had a lasting impact on participants’ knowledge and confidence. However, a proportion of participants continued to identify only moderate levels of understanding across some areas, indicating that ongoing reinforcement, practical application, and access to up-to-date resources would be beneficial to consolidate and extend these gains.

Key learnings from the workshop

When asked about the most significant takeaway or key learning from the in-person workshop, participants highlighted a range of insights that reflected both practical tools and broader shifts in understanding. Their responses demonstrated that the workshop not only provided valuable resources and legal updates but also enhanced participants’ confidence, communication strategies, and ability to support young people with cognitive disability in navigating consent and relationships.

A central theme was participants' deepened knowledge of what consent means, how to teach it, and how to communicate it clearly to young people with cognitive disability. Many valued the breakdown of consent into practical, accessible concepts, for instance some participants commented, "The breakdown of what consent actually looks like. Especially for our special kids," and "Consent and how to ask consent." Others highlighted the importance of adaptability and simplicity, noting that "teaching consent is empowering and important (and pretty simple to do)," and "be adaptable to the audience." For some, the session affirmed existing practice. For example, one participant shared, "Reassurance of what I have been covering so far."

Many participants pointed to updates on legislation as a key learning, with repeated mentions of "affirmative consent," "consent FRIES & legislation changes," and "the new rules and legality of consent in Victoria." Several valued the way legal information was made accessible and practical with comments such as, "Fantastic language prompts and legislation knowledge. Great referral resources," and "understanding the legislation and the tools to help explain to our [young people]." For some, these updates provided critical "clarification of knowledge and hearing other's perspectives."

Practical resources were consistently described as significant takeaways. Participants highlighted "the teaching resources/activities," "the new resources and slides," and "the practical lessons and handouts. A great guide." Many noted that these tools were immediately applicable in their work. Others especially valued resources tailored for young people with cognitive disability, with comments such as, "accessible ways to communicate consent and important considerations for young people with cognitive disabilities" and "great resources to share with young people with cognitive disabilities."

Participants highlighted learning new ways of communicating about sex, relationships, and consent. They appreciated strategies such as "adaptive communication" and "protective interrupting." Many valued the session's emphasis on language, reporting that they enjoyed "phrasing of ways to say things" and "communication strategies and tools to utilise in discussions with young people." Trauma-informed approaches were also noted.

For some, the most important outcome was an increase in confidence and reassurance. One participant shared, "That you can't mess it up. If you identify an issue, you can fix it," while another valued the sense that "everything was significant, it broadened my knowledge on the subject of consent with people who have disabilities." The session also provided space for reflection, with participants appreciating the chance to connect with others.

These insights suggest that Consent Matters successfully balanced theory, legal updates, and practical tools, leaving participants both better informed and more confident to apply their learning in practice.

Changes in confidence

Ratings of confidence

Figures 8 to 14 illustrate increases in confidence to:

- Educate young people with cognitive disability about sex and relationships.
- Educate young people with cognitive disability about ethical and legal aspects of sexual consent.
- Create safe spaces for education and discussions about sex and relationships.
- Model and practice seeking and giving affirmative consent.
- Take a sex positive approach to education and support.
- Inform young people with cognitive disability about available sexual health and wellbeing services.
- Respond appropriately to a young person with cognitive disability's disclosure of sexual violence.

At baseline, confidence to educate young people with cognitive disability about sex and relationships was mixed, with many participants rating themselves as 'not so confident' or only 'fairly confident' (see Figure 8). After the program, there was a substantial increase, with most identifying as 'confident' or 'very confident'. This represents an average increase of 24% from pre to post. Gains were largely sustained at follow-up, though a small group still reported only moderate confidence, suggesting that additional opportunities for practice may help consolidate skills.



Figure 8. Ratings of confidence to educate young people with cognitive disability about sex and relationships.

Pre-program confidence to educate young people with cognitive disability about ethical and legal aspects of sexual consent was relatively low, with a concentration of responses in the 'not so confident' and 'fairly confident' categories (see Figure 9). Following participation, there was a clear shift towards 'confident' and 'very confident', reflecting an average increase of 25%. These

improvements were maintained at follow-up, but some participants continued to express only moderate confidence, pointing to the value of ongoing support to navigate complex legal and ethical scenarios.

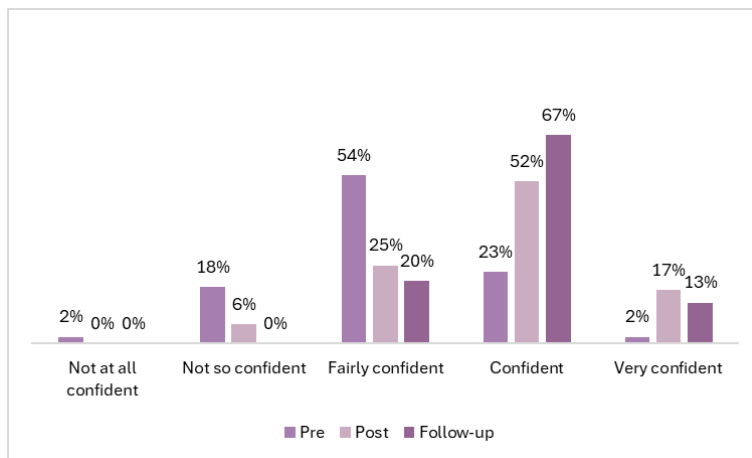


Figure 9. Ratings of confidence to educate young people with cognitive disability about ethical and legal aspects of sexual consent.

As shown in Figure 10, participants generally felt somewhat confident to create safe spaces for education and discussions about sex and relationships at the outset. Post-program, more respondents identified as ‘confident’ or ‘very confident’, showing an average improvement of 15%. The follow-up data indicate that this gain was sustained. While the majority felt able to create safe spaces, further reinforcement may be useful to strengthen confidence for those still reporting moderate levels.

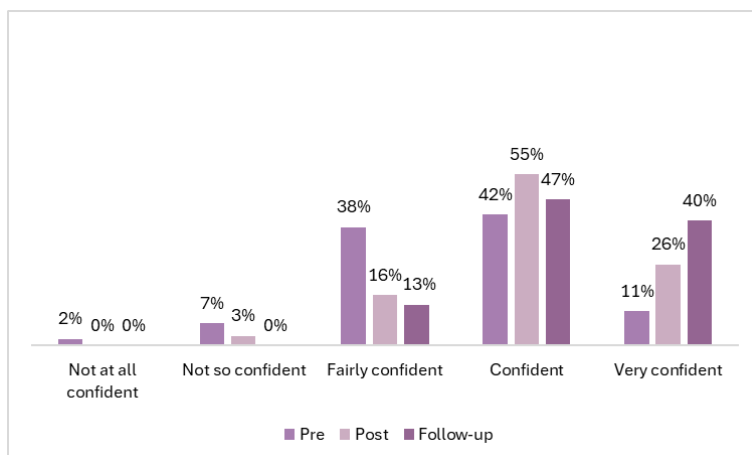


Figure 10. Ratings of confidence to create safe spaces for education and discussions about sex and relationships.

Confidence in modelling and practising affirmative consent was initially moderate to high, as demonstrated in Figure 11. After the program, more shifted into the ‘confident’ and ‘very confident’ categories, though the overall increase was smaller at 13%. Follow-up data suggest these improvements were stable but modest. This points to a potential need for further practical training and opportunities to rehearse these skills.

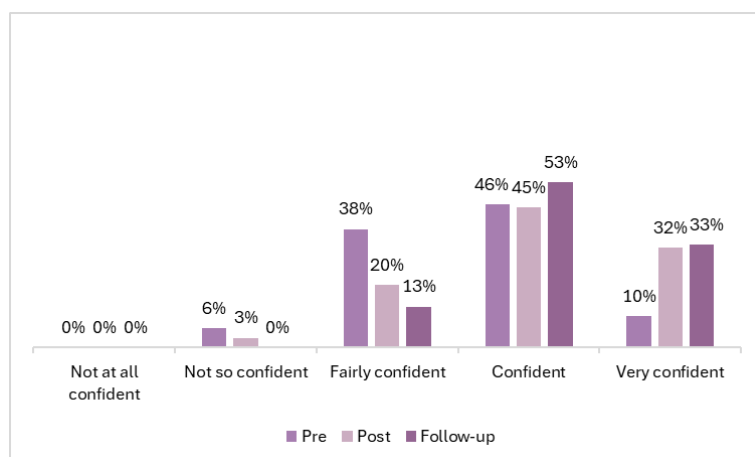


Figure 11. Ratings of confidence to model and practice seeking and giving affirmative consent.

Pre-program responses showed moderate to high confidence to take a sex positive approach to education and support (see Figure 12). After completing the program, participants reported greater confidence, with an average increase of 16% from pre to post, and most now identifying as ‘confident’ or ‘very confident’, and these gains were retained at follow-up.

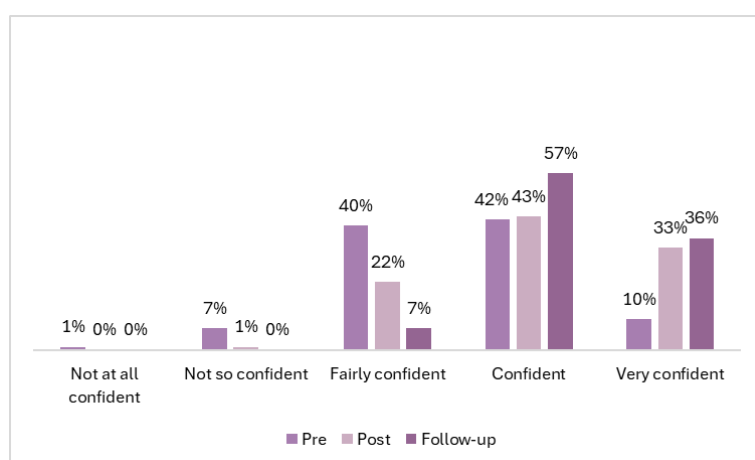


Figure 12. Ratings of confidence to take a sex positive approach to education and support.

Confidence to inform young people with cognitive disability about available sexual health and wellbeing services increased by 22% from pre to post. Initially, Figure 13 illustrates that many

participants were only 'fairly confident' in their ability to guide young people towards services, with others feeling 'not so confident' and about one third feeling 'confident'. After the program, most shifted into the 'confident' and 'very confident' categories, and these gains were sustained at follow-up.



Figure 13. Ratings of confidence to inform young people with cognitive disability about available sexual health and wellbeing services.

At the pre-program stage, Figure 14 demonstrates that confidence to respond appropriately to a young person with cognitive disability's disclosure of sexual violence was varied with many rating themselves as 'fairly confident' or 'confident'. Post-program, there was a meaningful upward shift, with more participants identifying as 'confident' or 'very confident'. This represented an average increase of 20%. The gains were retained at follow-up, though a proportion still reported limited confidence.

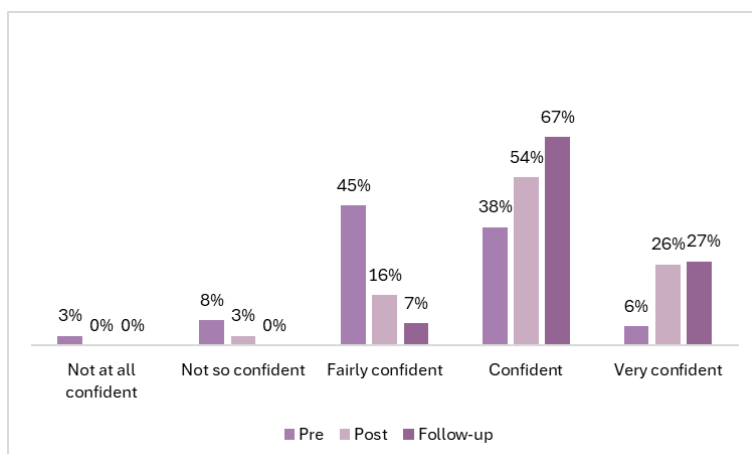


Figure 14. Ratings of confidence to respond appropriately to a young person with cognitive disability's disclosure of sexual violence.

Participants therefore reported notable increases in confidence following the program, with improvements sustained at follow-up. The largest gains were in educating young people with cognitive disability about ethical and legal aspects of consent (+25%) and about sex and relationships (+24%), as well as informing young people about available sexual health and wellbeing services (+22%). These findings suggest the program was successful in building confidence across a wide range of practice areas. However, the persistence of some participants rating themselves as only 'fairly confident' indicates that further support would be beneficial, particularly in areas such as responding to disclosures and modelling affirmative consent.

Confidence in applying learnings

Participants were asked whether they could confidently apply the learnings from the workshop to their role. Responses showed that the program provided both the resources and the reassurance needed to translate knowledge into practice across diverse professional settings.

Most participants expressed confidence in being able to apply the learnings to their work, particularly within educational, disability support, and health contexts. Many noted direct opportunities to embed the resources into classes, group work, or one-on-one sessions. For instance, one participant felt they "could run a session through my disability organisation," and another commented, "Absolutely... much more user friendly than the ASK tools in a lot of ways." Others described clear alignment with their roles in schools: "As a student support officer in a secondary setting, 100% as I work amongst many students who have various disabilities and the topic surrounding consent has come up many times."

Another recurring theme was the value of the practical resources, slides, and activities provided during the program. Participants felt these gave them a tangible starting point saying, "I feel I would struggle without." Others emphasised the adaptability of the resources saying, "I'm looking forward to exploring how the resources can be used and adapted to meet specific client needs," and "I would be happy to use the tools provided and then further adapt to suit our client population."

Many participants reflected on applying the learnings not only with young people with cognitive disability but also with other groups such as parents, carers, and staff. For example, one shared, "education for parents with young people with [cognitive disability] exhibiting sexual behaviours," while another planned to "support house carers to have these conversations." Several also noted they planned to use the training to "upskill practitioners and team members to better support their clients with cognitive impairment."

For many, the session provided reassurance and confidence to engage in sensitive conversations about consent, relationships, and sexual health. Participants noted they felt more able to hold "open discussions about communication preferences, relationships and consent with my young people," and to "engage in relationships with young people around consent and healthy relationships." Others planned to incorporate their learnings into existing initiatives delivered by their workplace.

While the majority responded that they felt confident to apply their learnings, a few participants indicated partial confidence or uncertainty. Some noted the need for further preparation or adaptation saying, “I think I need to take more time looking at the resources and planning how to apply that.” Another raised concerns about boundaries: “I would need to adapt it to adults with [cognitive disability]... the big barrier for me is how easily lines get blurred and having difficulties with boundaries.”

Overall, participants reported strong confidence in applying their learnings, particularly through the use of resources and activities in schools, disability organisations, and health settings. The training was seen as adaptable to a range of audiences, from young people with cognitive disability to parents, carers, and colleagues, and it provided participants with reassurance to engage in open conversations about consent and relationships. While a small minority expressed uncertainty or conditional confidence, the overarching theme was that the program gave participants both the tools and the confidence to translate learning into practice.

Application of learnings to their role

In the 12 weeks since completing the program, participants described a range of ways they have begun to apply their learnings in their professional roles. Many participants reported that they had already begun to put the training into practice in their professional roles. This was particularly evident among those working directly with young people with cognitive disability. For example, one participant explained, “I teach consent to young people in schools and occasionally in 1:1 sessions with young people with disabilities,” while another shared, “I am using the activities in a group program with people with cognitive disabilities. I also use the Easy Read resources as handouts.” Others described using the resources in conversations with clients, such as, “I shared the materials with my team. I discussed legal and ethical aspects of consent with a client with an intellectual disability and serious behavioural issues.”

For some, the training had already shaped broader professional practice and discussions. One participant highlighted, “Adding to professional conversations about consent among young people in the school system. For young students, consent begins with choice, which we encourage all our students to understand.” Another noted, “Talking with supports around consent and how it relates to the recommendation of behaviour support strategies.” These examples suggest the training contributed to embedding consent education into everyday professional dialogue.

Several participants emphasised that the training helped validate and build on their existing skills and understanding. As one reflected, “The learnings were useful in confirming my knowledge and understanding of the work I do and how I do it.” This suggests the program not only provided new knowledge but also reinforced best practice approaches already in place.

A smaller group noted that they had not yet had the opportunity to apply the learnings, often due to timing or current role responsibilities. However, many expressed readiness to do so when the right circumstances arise.

Overall, participants reported that the training was already influencing their work in tangible ways, from classroom teaching and group programs to professional conversations and individual client support. While some had not yet applied the content, many indicated plans to do so, suggesting strong potential for ongoing impact. Importantly, the training also reinforced existing knowledge.

Impact on behaviour and practice

Participants described a range of changes to their behaviour and professional practice in the 12 weeks since completing the program. Several participants reported that the program prompted them to reflect more consciously on their approaches and to avoid becoming complacent in their work. One participant explained, “It has facilitated a reminder of being mindful of what I do,” while another shared, “It has made me think differently about my approach.” For others, the impact was felt through increased attention to how consent and choice are embedded in everyday practice: “It has prompted me to rethink my practice by allowing students to make more decisions regarding their own learning.”

Many participants described feeling more informed and confident after the training. They spoke of becoming “more mindful of language and law” and “more informed” in their roles. For some, this translated into stronger professional confidence, as reflected in the comment, “I feel more confident in my role as a disability advocate.” Another participant added, “it has helped to boost my knowledge of consent and how I can effectively talk about consent with professionals and the people I support.”

A number of participants noted specific ways they had applied the training in their practice. One participant reported, “I am using the activities and have also used some of the general principles in redesigning the group I had previously run,” while another shared that they had “applied the approach to engage with my client and that actually promoted my client’s reflection.” Others highlighted how the training had directly shaped their planning for work with young people with cognitive disability.

Some also highlighted the value of the resources provided, particularly the easy English and plain-language materials. One participant described how these resources were immediately integrated into an existing healthy relationships group for adults with intellectual disability and co-occurring mental health disorders. They explained, “I printed out copies of the easy English handouts and we read through them together, making sure the understanding as a group was there. They could also keep copies in their workbooks if they wanted...Having that was such a helpful level for our group.” This experience illustrates both the applicability of the program and the critical role of accessible resources that meet the diverse learning needs of participants.

A smaller group indicated that while the training had influenced their thinking, they were still in the process of engaging with the materials in more depth. As one participant explained, “I hope to look at the resources from the forum more thoroughly in the school holidays.”

The Sketch Group produced a graphic recording of the focus group conversation, captured in Figure 15, illustrating participants' reflections on the program's early influence on staff and workplace culture. Participants also shared the persistent barriers they face when discussing consent with young people with cognitive disability, alongside their intentions to embed the program more deeply into their day-to-day work.

Overall, participants described the program as having a meaningful impact on their behaviour and practices, particularly through greater mindfulness, increased confidence, and more intentional application of consent education strategies. While some were still exploring the resources, most reported that the training had either reinforced existing good practice or prompted positive changes in how they approach their role.

Feedback

Following the workshop, the overwhelming majority of participants praised the session's quality, describing it as "amazing," "fantastic," and "super informative and beautifully delivered." Many highlighted the engaging and inclusive facilitation style, with one participant stating, "Thank you Em and Kardie for presenting in an informative and inclusive way that empowered the learners and the people they work with!" Others noted how thoughtfully the content was designed and presented: "I just think the presenters are fantastic... they were able to deliver the information thoughtfully to a diverse range of individuals from different professional backgrounds and I just loved it." The interactive approach was particularly valued, described as "informative, interactive and engaging" and "a very much needed education session."

Several participants emphasised that the resources, materials, and discussions were highly relevant and practical. For instance, one participant commented, "Great workshop, very clearly communicated with relevant information," and "This was highly engaging and informative." One participant remarked that the workshop was "incredible... this cohort of people is finally being recognised as having sexual needs and desires," reinforcing the importance of the program's focus.

Participants frequently expressed appreciation to the organisers, with many offering thanks directly. Others commended the inclusivity of the program, noting, "Thank you for making this inclusive and non-heteronormative."

CONSENT MATTERS: DISABILITY 24 OCTOBER 2025



Figure 15. Graphic recording of focus group discussion.

Summary

Consent Matters - Disability was designed to strengthen disability support workers' knowledge and confidence to deliver affirmative consent education, equip them with practical strategies to support respectful relationships and sexual health, and ensure young people with cognitive disability can access tailored, inclusive education on consent and wellbeing.

The evaluation findings demonstrate that the program met these objectives. Participants reported substantial increases in both understanding and confidence across all key areas, including the ethical and legal aspects of consent, teaching strategies, trauma-informed practice, and access to sexual health services. The greatest improvements were seen in knowledge of available services (+33%) and strategies for teaching affirmative consent (+29%), highlighting the program's effectiveness in addressing critical workforce gaps. Importantly, these gains were largely sustained 12 weeks after program completion, suggesting a lasting impact on participants' knowledge and confidence.

Participants described the resources, activities, and legislative updates as highly relevant and immediately applicable, with many embedding them into their daily work in schools, disability organisations, and health services. They reported greater confidence to engage in sensitive conversations, create safe learning spaces, and support young people and families with accurate, accessible information. For some, the training also reinforced existing good practice and provided reassurance, while for others it prompted meaningful shifts in behaviour, such as more consciously embedding choice and consent into everyday practice, or using the training to advocate for the rights of people with disability.

Feedback from participants was overwhelmingly positive, praising the program's engaging facilitation, inclusive design, and practical tools. The overall response confirmed that Consent Matters delivered high-quality, sector-relevant training that filled a critical gap.

In summary, the program achieved its aims by equipping disability support workers with the knowledge, skills, and confidence to deliver affirmative consent education and support young people with cognitive disability. It not only built individual capability but also contributed to broader cultural change by strengthening professional conversations and advocacy around consent. The findings suggest strong potential for sustained impact.