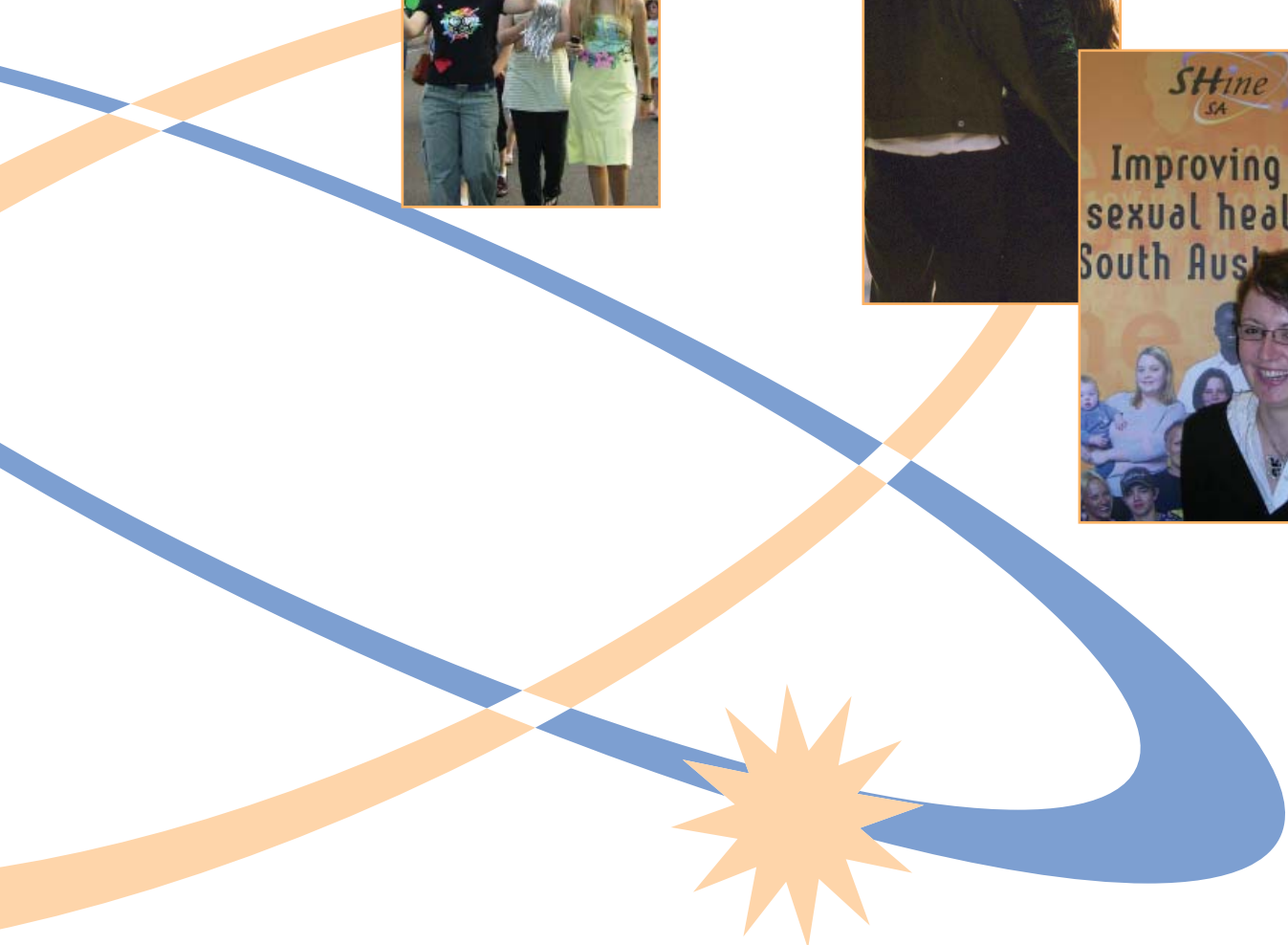




Strategic Directions 2010–2013



Strategic Directions 2010–2013 is the result of extensive research, consultation and collaboration by the people working at SHine SA and the community organisations who work in partnership with us.



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We acknowledge and appreciate the support of SHine SA’s communities of interest, and the contribution of government and community representatives who, along with many people working at SHine SA, have been instrumental in developing a shared future direction for SHine SA.

Strategic Directions 2010–2013

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From the Council

SHine SA's strategic directions provide the framework that will drive the work that we do over the next four years.

We will:

- promote open discussion about sexual health and relationships
- identify, acknowledge and seek to address the social, economic, political, legal and environmental determinants that contribute to poor sexual health, wellbeing and relationships
- build the capacity of individuals and communities to advocate for their own sexual health and wellbeing
- strengthen Primary Health Care and create health promoting settings that are responsive to people's sexual health and wellbeing
- advocate and take leadership in the development of policy and strategy to improve the sexual health and wellbeing of South Australians
- work in partnership with relevant service providers to build their capacity to contribute to the promotion and improvement of sexual health and wellbeing
- provide a comprehensive range of sexual health services and programs

The strategic directions have been built upon the achievements of the past. These achievements have been made possible through our partnerships with individuals, communities, other organisations and governments.

SHine SA has developed the strategic directions through a process of:

- research into population demographics, sexual health morbidity, relevant state, national and international policy and strategy, best practice and current sexual health research
- consultation with SHine SA's communities of interest, partner agencies, governments, Council and staff of SHine SA
- evaluation of our work through QIC accreditation review, services and programs reviews and accreditation as a Registered Training Organisation

Strategic Directions 2010-2013 is the core document for our planning and evaluation management. It will continue to be the basis for SHine SA's annual operational planning and reviews. It will also underpin individual staff yearly planning, review and development programs.

The strategic directions are the foundation of any work at SHine SA and therefore this document is for everyone working in or with the organisation. A shared commitment to the strategies and actions outlined in this document will ensure that SHine SA continues to meet our goals and build upon our past achievements.

About SHine SA

SHine SA is the lead sexual health agency in South Australia, working in partnership with government, health, education, and community agencies and communities to improve the sexual health and wellbeing of South Australians.

SHine SA is funded primarily by the South Australian Government through SA Health and by the Commonwealth Government through the Public Health Outcomes Funding Agreement. Government financial support represents 95% of SHine SA's total income with 5% being raised by the organisation through its service provision.

SHine SA is a statewide organisation, determined to reach people both within and beyond the metropolitan area; our policies and initiatives are both innovative and robust, and focused on providing services.

Forty-five full-time equivalent positions are filled by 88 staff members located in three regional metropolitan areas, with services provided to country areas on a visiting basis. SHine SA aims to provide services within its financial and human resource base.

SHine SA provides:

- prevention, promotion and education programs that build the capacity of communities in greatest need
- workforce development programs that build the capacity of workers across all sectors
- clinical services that target communities with health inequalities and poor sexual health
- therapeutic counselling services that target individuals who are unable to afford private providers
- information about sexual health and wellbeing
- resources and library services that are accessible to workers and the community
- opportunities for partnerships with workers, governments and agencies
- individuals and workers with links to relevant services and supports
- leadership and advocacy for sexual health
- opportunities for participation by our communities of interest

SHine SA's work is guided by the following principles:

- Jakarta Declaration (1997)
 - » increasing community capacity
 - » increasing investments for health development
 - » promoting responsibility for health
 - » expanding partnerships

- Ottawa Charter (1986)
 - » building healthy public policy
 - » creating supportive environments
 - » strengthening community action
 - » developing personal skills
 - » reorienting health services
- Cairo (1994) and Beijing (1995) declarations
 - » acknowledging and supporting the rights of individuals to have the information, skills, support and services that they need to make responsible decisions about their sexuality, consistent with their own values

Social determinants

SHine SA is applying a social determinant approach to its strategies and policies in the coming years.

Social determinants look at ... *the 'causes of the causes'—the fundamental structures of social hierarchy and the socially determined conditions these structures create in which people grow, live, work and age—the social determinants of health* The vast majority of inequalities in health, between and within countries, are avoidable and, hence, inequitable. Our success in improving health and reducing these inequities depends on serious attention to the underlying societal causes. Technical solutions within the health sector are important, but are not sufficient. Dealing with the social determinants of health may yield greater and sustainable returns. Action on social determinants of health empowers people, communities and countries.

Relationships and sexual health—impacts on physical, mental, emotional, and every other form of health and wellbeing—fundamentally is socially determined.

Social factors that are the underlying cause of sexual 'ill-health' issues and problems are all interconnected and include:

- poverty
- power inequalities (for example, between men and women, adults and children, boss and worker)
- social/cultural attitudes, beliefs and expectations about relationships, sexuality, pregnancy
- social isolation
- discrimination
- lack of access to information and education
- lack of access to health and other services and support

Individual characteristics and behaviour explain only a small part of the difference in the incidence of health problems and diseases between and within different population groups; despite this evidence, the primary focus of concern in South Australia is on 'risky' individuals and 'risky' behaviours. The higher the level of an individual's or a group's power or status in society, the more resources and opportunities will exist to control their sexual and reproductive lives, and their enjoyment of their sexuality.

The best sexual health outcomes are achieved in countries that have adopted a comprehensive primary health care approach to improving relationships and sexual health, and in which the sexual and human rights of all people are respected and protected.

Evidence shows that young people who receive comprehensive school-based relationships and sexual health information and education are more likely to delay the onset of sexual activity and, if they are sexually active, to increase safe behaviours.

There are still many South Australians of all ages, however, who do not have access to age or culturally appropriate and accurate information about relationships and sexual health.

SHine SA works to shift the 'risky' focus and instead aims to increase the empowerment and education both of South Australians and of those serving them (in the work around health, law, families and communities, police, schools and so on), so that people can enjoy relationships and sexual health with safety, pleasure and respect.

What is sexual health?

Sexual health is a state of physical, emotional, mental and societal wellbeing related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. The sexual rights of all people must be respected, protected and fulfilled for sexual health to be attained and maintained.

What is sexuality?

Sexuality is a part of who we are, what we think and feel about ourselves, our bodies and how we relate to others. A person's sexuality is unique and individual.

Sexuality is shaped by many things: culture and tradition, the society we live in, life experiences and personal beliefs.

The relationships in which people express their sexuality are many and varied.

Sexuality develops and changes throughout a person's life; it is a part of us from birth to death, for all our life and can be a joyous and enriching part of who we are.

SHine SA believes in celebrating all positive expressions of sexuality.

Working with communities in greatest need

All South Australians should be able to enjoy good sexual health; however, inequalities do exist.

The highest burden of sexual ill-health in Australia and South Australia is borne by Aboriginal and Torres Strait Islanders, teenagers, young adults, gay men, people from rural and remote areas, people with disabilities and those with low socio-economic status.

Reducing the current inequalities in sexual health status between population groups in South Australia is essential to improving the overall sexual health of South Australians.

Reducing inequalities under current funding levels can be achieved only by directing resources and services to individuals and communities in greatest need. SHine SA has identified and prioritised the following communities, to improve sexual health outcomes of South Australians:

- young people 19 years and under
- young adults 20–30 years
- Aboriginal and Torres Strait Islander people
- people from regional, rural and remote communities
- people from culturally and linguistically diverse (CALD) backgrounds
- people with disabilities
- gay, lesbian, bisexual, transgender, intersex, queer and same sex attracted (GLBTIQS) people
- workers in the health, education and community sectors

SHine SA will work to minimise the risk factors impacting on the sexual health and wellbeing of the above communities of interest, as well as working with other professionals to develop their skills and abilities to work with their local communities.

Young people 19 years and under

With whom we will work

- Young people in education settings
- Young people out of school
- Teachers, health and community services providers
- Parents and carers
- Young people from our communities of interest
- Young people at risk or disadvantage
- Pregnant and parenting teenagers

Social determinant assessment

Young people's vulnerability to poor relationship and sexual health outcomes is increased by limited sexual health knowledge, high rates of partner change, inexperience, binge drinking and substance use, and high rates of sex with someone met for the first time.

Relationships and sexual health education programs are a key element of safe and supportive school environments for young people's learning and wellbeing. Young people nominate school programs as their preferred source of sexual health information.

Family and community characteristics influence sexual knowledge and risk behaviours. Parent and home influences can be positive, or may have a negative effect (for instance, the family can be an unsafe place for women and children if they experience violence and abuse).

There is clear evidence that family connectedness, good parent-child communication, and communication about relationships and sex reduce teenage pregnancy and high numbers of sexual partners at a young age.

Pregnancy and parenthood while young is a strong predictor of poverty and social exclusion, and is associated with a wide range of indicators of poor maternal and child health and wellbeing. Infant mortality rates are at least twice that for teenagers than for the general population.

Pregnant and parenting teenagers are more likely to be daily smokers, experience higher levels of psychological distress, unstable relationships and domestic violence and, for female parenting teenagers, to partner with men who are poorly qualified and/or unemployed.

Few pregnant and parenting teenagers remain engaged in education, resulting in long-term negative consequences for income, housing, employment and civic participation.

What we will do

- Improve access to appropriate, comprehensive information and education about relationships and sexual health by:
 - » promoting healthy relationships and sexual health for young people in their everyday settings including schools, clinics, residential care settings and other children's and youth services
 - » extending the provision of age, culturally and developmentally appropriate, comprehensive relationships and sexual health education programs in all secondary schools in SA
 - » developing regional-level, integrated, cross-sector health and wellbeing approaches in schools, building on work in existing relationships and sexual health *Focus Schools*
 - » developing targeted school retention and support programs for individuals and groups who are educationally vulnerable, including students who:
 - are pregnant and/or parenting
 - are same sex attracted
 - harass, bully or target others regarding sexual health issues
 - are new arrivals or refugees
 - have a disability
 - » developing and implementing a workforce development strategy to ensure all education and children's services workers can meet their obligations in relation to child/student health, safety and learning in relationships and sexual health
- Increase equitable access to condoms and contraception choice and pregnancy options by:
 - » advocating for improved access to quality termination of pregnancy services
 - » advocating for the development of statewide and regional level plans to ensure reliable supplies and equitable access to condoms and contraception.
 - » advocating for primary health care services to offer free or low-cost emergency contraception
 - » providing drop-in sexual health clinics for young people
- Increase effective support and care for pregnant and parenting teenagers by:
 - » advocating for the development of models of appropriate antenatal, birthing and postnatal care for Aboriginal and other teenagers
 - » developing targeted programs to support pregnant and parenting students

- Increase the focus on young people's relationships and sexual health by:
 - » refreshing action on existing commitments in whole-of-government Youth Action Plan 2005–10
 - » supporting a holistic, comprehensive primary health care approach to the health of young people in which physical, social, emotional and sexual health are linked
 - » extending the provision of youth general and sexual health clinics within health services
 - » negotiating the inclusion of a specific focus on young people in future population health plans

Expected outcomes and assumptions

- The sexual health and wellbeing of young people will improve through the following strategies.
- All young people gain increased access to affordable clinical services, sexual health information and education.
- All young people have access to comprehensive school-based sexual health and relationships education programs.
- Partnerships are strengthened with agencies, workers and communities involved with young people.
- More youth participate in SHine SA through the Youth Action Teams.
- Sexually transmitted infections and blood-borne viruses show reduced rates.
- Unwanted and unplanned pregnancies in teenagers show reduced rates.
- Sexual coercion, rape and sexual assault is reduced.
- Homophobia and homophobic harassment is challenged through education programs.
- Support for pregnant and parenting teenagers to remain engaged in education is provided through the Primary Health Care Teams and the *Focus Schools Program*.
- Increased number of pregnant and parenting young people remain in education.
- Increased capacity of workers to work effectively with young people with sexual health and wellbeing issues.
- Increased capacity and confidence of parents and carers to talk to their young people about sexual health.

Young adults 20–30 years

With whom we will work

- Young adults experiencing disadvantage
- Young adults in regional, rural and remote areas
- Young Aboriginal and Torres Strait Islander people
- Young adults with disabilities
- Young adults in custody
- Young adults from culturally and linguistically diverse backgrounds
- Young adults who identify as gay, lesbian, bisexual, transgender, intersex, queer or same sex attracted
- Workers who work with young adults

Social determinant assessment

Unplanned pregnancy and termination of pregnancy are a normal part of many women's life experience. Around one-half of all Australian women will experience an unplanned pregnancy during their fertile years.

Australian research has shown that intimate partner violence is linked with higher rates of unplanned pregnancy, and with both termination and increased risk of miscarriage.

There is considerable stigma attached to terminations of pregnancy despite the fact that most Australians support safe and legal abortion. Studies show that around 98% of women feel they have made the right decision.

Consumer surveys have identified such issues as prolonged waiting times, or problems with access to termination services for rural and remote women, as important to women getting access to termination of pregnancy services.

Australian research surveys have concluded that most unplanned pregnancies can be explained by contraceptive method failure or inconsistent use of a contraceptive method.

There is Australian evidence of widespread knowledge of the existence of emergency contraception but there is a low level of use.

Emergency contraception has been available over-the-counter since 2004, but the cost of it is a barrier for some women.

National survey data show that 1 out of every 5 Australian men, and 1 in 6 women, has been diagnosed with a sexually transmitted infection (STI).

Community surveys have reported generally low-level knowledge among Australians about the transmission and health consequences of most common STIs.

STIs occur with the highest frequency among marginalised populations, in particular Aboriginal people, men who have sex with men and injecting drug users.

STIs are associated with many adverse physical, mental, emotional and social health and wellbeing outcomes such as infertility.

Consistent and correct condom use is critical to preventing or reducing the transmission of STIs, including HIV.

What we will do

- Develop community-based relationships and sexual health information and education resources and programs to target particular priority populations including young adults outside of school.
- Advocate for the development of statewide and regional level plans to ensure reliable supplies and equitable access to condoms and contraception and pregnancy options.
- Advocate for primary health care services to offer free or low-cost emergency contraception.
- Provide drop-in sexual health clinics for young adults.
- Increase the focus on young people's relationships and sexual health by:
 - » refreshing action on existing commitments in whole-of-government Youth Action Plan 2005–10
 - » supporting a holistic, comprehensive primary health care approach to the health of young adults in which physical, social, emotional and sexual health are linked
 - » extending the provision of youth general and sexual health clinics within youth health services
 - » negotiating the inclusion of a specific focus on young adults in future population health plans

Expected outcomes and assumptions

- SHine SA services to young adults will be informed through actively engaging young adults in service planning.
- Young adults in socially disadvantaged areas will have improved access to SHine SA clinics.
- Young adults are using emergency contraception.
- Reduce unwanted pregnancy and abortion rates.
- SHine SA will increase partnerships with other agencies and service providers in improving the sexual health outcomes of South Australians.

- Young adults will support their peers in accessing sexual health information.
- Young adults' strengths will be identified and resources developed that build on these strengths.
- The incidence of STIs and specifically Chlamydia will be reduced.
- Young men will advocate for positive sexual health and relationships with their peers.
- Young adults in South Australia will be provided with sexual health information via Sexual Health Awareness Week.
- SHine SA website will be a source of positive, accurate and extensive sexual health information to young adults.

Aboriginal and Torres Strait Islander people

With whom we will work

- Aboriginal and Torres Strait Islander communities and organisations
- Aboriginal and Torres Strait Islander workers
- Aboriginal and Torres Strait Islander young people
- Community-controlled Aboriginal Health Services
- SA Health and Country Health SA
- Department of Education and Children's Services
- Department for Families and Communities
- Other workers and organisations that offer services to Aboriginal and Torres Strait Islander people

Social determinant assessment

There is a range of barriers to Aboriginal people accessing sexual health and wellbeing services and support, including contraception, antenatal care, preventive screening, STI screening, post-assault management and support, which leads to poorer and inequitable outcomes for Aboriginal people and communities.

- There are more than twice as many deaths among Aboriginal infants than non-Aboriginal infants in Australia.
- One-third of Aboriginal children leave school before 15 years of age.
- Around 1 in 4 Aboriginal births in South Australia is to an Aboriginal teenager, compared with 1 in 20 non-Aboriginal births.
- 51% of all hospitalisations for Aboriginal young people Australia-wide were related to pregnancy complications.

- STI infection rates for Aboriginal people are 5 to 10 times higher than for non-Aboriginal people. There are considerably higher levels of Chlamydia, gonococcal infection and syphilis.
- Alcohol and substance abuse and associated violence are major issues for Aboriginal communities. Rape and sexual assault are reported as increasing in frequency and intensity in some Aboriginal communities.
- Aboriginal women are 45 times more likely to suffer domestic and sexual violence than are non-Aboriginal women.
- Aboriginal women and girls are 28 times more likely than other Australians to be admitted to hospital for assault injuries.
- As many as 80% of young Aboriginal women involved with the criminal justice system may have been sexually abused.
- It is estimated that more than 4 out of 5 incidences of rape and sexual assault in Aboriginal communities go unreported.

What we will do

Develop community-based relationships and sexual health information and education resources and programs to target metropolitan, regional and remote Aboriginal populations.

Develop a culturally sensitive, comprehensive and age appropriate relationships and sexual health education program for Aboriginal children and young people.

Expand the *Investing in Aboriginal Youth* program to include rural, regional and remote communities.

Continue to build on the training and workforce development for Aboriginal health, education and community workers.

Provide culturally respectful clinical services for Aboriginal and Torres Strait Islander people that improve, maintain and restore sexual health.

Consult with Aboriginal Elders and community members when developing or updating policy and procedures relating to this community of interest.

Develop Aboriginal and Torres Strait Islander friendly information for use in one-to-one clinical and counselling work which will support clients to make informed decisions about their health care.

Develop a tool in partnership with Aboriginal and Torres Strait Islander people to evaluate sexual health clinical services.

Package the Aboriginal Worker courses so that they can be used nationally and internationally to build capacity for prevention, health promotion and early intervention.

Provide SHine SA staff with cultural (safety) awareness training.

Expected outcomes and assumptions

Aboriginal and Torres Strait Islander people are offered the full range of sexual health services delivered in a culturally appropriate manner.

Aboriginal Elders and communities are invited to have their say about the work that SHine SA does with them.

Aboriginal and Torres Strait Islander workers access SHine SA's nationally recognised training courses.

The Aboriginal and Torres Strait Islander Sexual Health Course package is available to other workers and organisations.

SHine SA encourages and promotes the employment of Aboriginal and Torres Strait Islander people in the organisation.

Young Aboriginal and Torres Strait Islander people have greater knowledge about sexual health and safety.

Partnerships are maintained with a wide range of agencies.

Aboriginal and Torres Strait Islander people with disabilities receive culturally appropriate services from SHine SA.

SHine SA staff have a good knowledge about how best to work in collaboration with Aboriginal and Torres Strait Islander people and communities.

People from regional, rural and remote communities

With whom we will work

- People living in regional, rural and remote communities, especially young people and workers providing services to rural and remote communities

Social determinant assessment

Young people in rural and remote areas of Australia have identified barriers to accessing health information and services, including lack of services, limited choice of service providers, waiting times to see a GP, lack of transport to services, lack of information and access to all forms of contraception, lack of information and support about same-sex attraction and relationships, and lack of knowledge of available services.

The lack of appropriate first responses to sexual assault throughout country South Australia is another important issue.

Conservative and discriminatory community attitudes in relation to sexuality and relationships are a significant barrier to improving sexual health in rural and remote communities.

Barriers are compounded by the perceived or real lack of confidentiality that goes with living in a small community—‘people know everyone, everyone knows you’.

It is difficult for young people in small communities to purchase contraceptives, get access to emergency contraception, seek contraceptive and relationship advice, or obtain an abortion.

Acquiring a sullied reputation is perceived for girls requiring sexual health care as a greater threat than are any physical consequences of sexual activity.

The tough stoical male image in rural areas makes it difficult for boys/men to seek help, particularly on mental health, and sexual health and relationship issues.

Rural communities have poorer general health outcomes than do metropolitan communities. Young people in rural and remote regions tend to have worse health outcomes than young people living in metropolitan communities of Australia.

Higher rates of alcohol abuse, smoking, reduced access to preventive and other health care compared with people living in metropolitan communities, and limited venues for social interaction all affect the sexual and mental health and wellbeing of rural and remote populations.

Secondary school students living in the country identified youth suicide and teenage pregnancy as the most important health concerns for rural youth.

The rates of teenage pregnancy in South Australia are higher in many rural and remote areas compared with most metropolitan areas. The rate of hospitalisation Australia-wide for pregnancy and childbirth among young women aged 15–24 years is much higher in rural and remote areas.

What we will do

- Develop community-based relationships and sexual health information and education resources and programs to target particular priority populations including:
 - » men in rural areas
- Advocate for Country Health SA to develop and incorporate in its Strategic Plan a relationships and sexual health priority program area which includes:
 - » a focus on young people’s access to affordable and confidential sexual health services
 - » equitable access to:
 - condoms and contraception
 - relationships and sexual health information
 - sexual assault services
 - quality termination services

- Utilise a public health approach to attitude change, including school-based and community-based targeted relationships and sexual health information and education.
- Provide workforce education and training about relationships and sexual health.

Expected outcomes and assumptions

Increased access to sexual health information and resources by community agencies, educational facilities and communities from rural, regional and remote areas.

Increased number of rural workers accessing SHine SA professional education courses.

Increased workforce capacity to address issues that impact on sexual health and wellbeing.

Improved partnerships with regional health services and other agencies.

Collaborative approaches to addressing emerging or identified sexual health issues.

Increase in sustainable programs or projects addressing sexual health and relationships.

People from culturally and linguistically diverse (CALD) backgrounds

With whom we will work

- Newly arrived migrants and refugees
- Young people from culturally and linguistically diverse backgrounds and their families/carers
- International students and associated education and health care providers
- Bilingual and bicultural workers in health and education sectors
- Workers in health, education and community services who work with people from culturally and linguistically diverse backgrounds

Social determinant assessment

People who arrive in Australia as refugees or migrants often come from countries where there may have been little, if any, publicly available information and education about sexual health. Many people may not have had access to adequate sexual health care. Many people have experienced torture, trauma, war and conflict violence.

Many CALD people come from countries with conservative and controlling attitudes towards women, young people's sexuality and same sex attracted people.

Literacy and language barriers hinder access to information in South Australia about prevention, treatment and care of sexual health problems.

There can be intergenerational issues for young people from CALD backgrounds where the expectations and values of their parents and their communities differ from those of their peers and from what they are taught in school-based relationships and sexual health education programs.

There is no shared agreement currently in South Australia among CALD agencies about policy, strategy or ways of working around the issue of sexual health. Each of the many agencies involved works mainly independently on these issues.

Particular access issues for people from CALD backgrounds result from concerns about the appropriateness and confidentiality of free interpreters, lack of available information in the many different languages, a tendency for people from CALD backgrounds to segregate within country-of-origin groups, and the possibility that previous trauma, torture and sexual assault may underlie presenting problems.

Fewer non-English speaking women reported sexual assault to the police, compared to women born in Australia. Refugee women face perhaps the greatest barriers to reporting sexual assault to police and are greatly under-represented as clients of sexual assault counselling and support services.

There is no epidemiological evidence that CALD communities have a greater prevalence of Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) or other STIs compared to the English-speaking-background population, but there is concern that language barriers and other factors may act to hinder access to information about prevention, testing, treatment and care.

There are higher incidence and death rates for cervical cancer among migrants generally than in the Australian-born population.

What we will do

- Develop community-based relationships and sexual health information and education resources and programs to target priority populations of people from particular CALD backgrounds.
- Improve sexual health outcomes for people from CALD backgrounds.
- Develop a specific cross-agency sexual health strategy for people from CALD backgrounds to achieve improved outcomes through networking and collaboration.
- Provide workforce development and education to increase the numbers and sexual health competencies of bilingual and bicultural GPs, health workers, peer educators and appropriate interpreters.
- Advocate for better sexual health, safety and social inclusion outcomes for international students.

Expected outcomes and assumptions

People from CALD backgrounds have access to information and resources about sexual health.

People from CALD backgrounds are accessing culturally appropriate sexual health services.

Qualified interpreters are used as appropriate to improve access and effectiveness of services.

Resources are available in relevant languages other than English.

Effective sexual health programs have been developed, implemented and evaluated through a partnership approach with people from CALD backgrounds and relevant service providers.

Current networks maintained and new ones developed.

Training in cross-cultural issues and the provision of culturally appropriate sexual health services, sexuality and diversity is available to workers in the human services and education sectors.

Reduced sexual health morbidity among people from CALD backgrounds.

People from CALD backgrounds are involved in the planning, delivery and evaluation of sexual health services and education.

People with disabilities

With whom we will work

- People who have one or more of the following disabilities:
 - » intellectual disability
 - » Autism Spectrum Disorder
 - » total or partial loss of a part of the body
 - » mental illness
 - » sensory disability
 - » malfunction, malformation or disfigurement of a part of the body
 - » physical disability
 - » Acquired Brain Injury
- Workers in the disability sector
- Parents, carers, family members
- Teachers

Social determinant assessment

The terms 'disability' and 'disabled' cover a complex range of circumstances, from genetic abnormalities, adverse pregnancy or birth events, to permanent injuries acquired through accident, or the effects of disease or ageing.

Sexual activity may diminish or disappear but affection, regard and love as expressions of intimacy can continue to flourish.

Grief and loss may differ between those who have lost normal sexual functioning/behaviours because of acquired/developed disability and those who have always had to find ways to work around the disability, but the intensity, effect and level of the loss should not be presumed to be more or less in one group over the other.

Some people with a disability are socialised into infantilised, compliant roles, effectively denying them an independent, adult sexual identity. Such infantilisation and denial of a sexual life also can happen to adults who have become disabled or chronically ill, creating another level of loss for them.

Some parents want their children (adolescent or young adult) to have access to quality sexuality and relationship skills training and find that this is not available anywhere, much to their grief and frustration.

People with disabilities may lack access to condoms, contraceptives, STI and cervical screening and services around pregnancy and relationships.

People with disabilities most often do not have the same opportunities to learn about sexuality and sexual behaviour and often are in positions of dependence on others, making them highly vulnerable to abuse of various kinds.

There is a lack of consistently resourced and available opportunities in South Australia for clients with a disability and/or their parents to encourage them to talk about sex and sexuality, and learn about relationships and sexual health.

People with disabilities and chronically ill people can be very vulnerable—whether they were born with a disability or became disabled through disease, accident or ageing—and can be susceptible to being exploited, preyed upon, abused, neglected, marginalised and ignored in matters around relationships, sexual behaviour and sexuality.

People with disabilities are particularly vulnerable to child sexual abuse and sexual assault.

People with an intellectual disability are at three times the risk of sexual assault, robbery and physical assault than people without a disability.

Dependence on caregivers and limited communication means that abuse is often both undetected and undisclosed.

What we will do

- Develop community-based relationships and sexual health information and education resources and programs to target particular priority populations including:
 - » people with particular disabilities
- Address the sexual health needs and improve sexual health outcomes for people with a disability by recommending that Disability Services SA:
 - » provide leadership for sexual health policy development
 - » underpin this with explicit procedures which relate to standards
 - » develop specific performance indicators around sexual health
 - » make this a funding requirement for disability services
 - » support lead sexual health agencies, including SHine SA and Yarrow Place, to engage more fully with the disability sector
- Tailor disability worker sexual health education to fit particular needs within a disability services framework.

Expected outcomes and assumptions

People with disabilities are consulted at all levels of the organisation.

People with disabilities have access to comprehensive sexual health clinical and counselling and education services.

A Sexuality & Disability network or 'e-group' is available to workers.

Stronger partnerships and collaboration about sexuality and disability across the sector have been established.

Increased number of people having access to sexuality and disability education results in more people with disabilities being able to make informed decisions about their sexual health and relationships.

A range of education services are provided for workers in the disability sector and special education teachers, based on primary health care philosophy.

The cultural needs and values of Aboriginal and Torres Strait Islander people with disabilities and people from CALD backgrounds are taken into account in all services delivered.

Strong advocacy exists for people with disabilities in SHine SA.

SHine SA staff have received training and development sessions about sexuality and disability.

Gay, lesbian, bisexual, transgender, intersex, queer and same sex attracted (GLBTIQS) people

With whom we will work

Gay men: men who are sexually attracted to other men.

Lesbians: women who are sexually attracted to other women.

Bisexual people: people who are sexually attracted both to persons of the same sex and opposite sex (although not necessarily equally).

Transgender people: a broad term which can be used to describe a wide range of different relationships to gender, including cross dressing. Some people who experience transsexualism choose to identify as transgender while others do not.

Transsexual: a term for a condition where an individual is born with reproductive organs that are incongruent with their sense of gender identity. These individuals may then take steps to transition to their preferred gender identity through surgery or hormones.

Same sex attracted: people who are attracted to the same sex but who may or may not identify as gay, lesbian or bisexual.

Queer: an umbrella term that includes a range of alternative sexual and gender identities, including gay, lesbian, bisexual and transgender.

Intersex: a medical (genetic) condition where an infant is born with reproductive organs and or sex chromosomes that are not exclusively male or female.

In addition to working with the above communities it is recognised that the health of GLBTIQS people is affected by the appropriateness and accessibility of relevant services and the legal and policy framework. For this reason SHine SA will work with workers, government and non-government agencies and community groups.

There are many different ways in which people may identify their sexuality or gender identity.

Social determinant assessment

The major issues for GLBTIQS people are the lack of acceptance by the community, the associated lack of supportive legal and policy contexts for their lives, and the scarcity of appropriate, accessible service responses.

Negative effects of the discrimination and abusive behaviour experienced by GLBTIQS people include social isolation, psychological distress, self-harm, substance use and abuse, unsafe sex and contracting STIs.

Gay men continue to be the community most affected by the Human Immunodeficiency Virus (HIV) in Australia.

Gay and bisexual men are more likely to report being forced or frightened into sexual activity than heterosexual men.

A large majority of same sex attracted young people have reported feeling suicidal at some time. Suicide risk is greater in rural areas than in large cities.

Gay and other homosexually active men have a higher prevalence of depression and are more likely to have experienced suicidal ideation and to have attempted suicide.

Lesbians and same sex attracted women use screening services less frequently compared to heterosexual women, delay treatment and are less likely to have a regular general practitioner.

Lesbians and same sex attracted women are much more likely than are heterosexual women to report being frightened or forced into sexual activity.

Intersex, transgender and transsexual people's needs often are managed by specialist services and they often deal with overt discrimination.

Homophobia and homophobic violence is widespread in Australia and is known to have a profound impact on health and wellbeing, use of health and other services, and the quality of health services available for GLBTIQS individuals and populations.

The effects of homophobia on same sex attracted people can be so severe as to cause depression and suicide.

GLBTIQS young people experience difficulties in finding safe and appropriate education and sexual health services. It was found in an Australian survey that same sex attracted young people experience verbal abuse including name-calling, threats, rumour-mongering and physical assault; they perceive school as the most dangerous place, and are exposed to school-based health education and promotion programs that often do not address their needs or experiences.

What we will do

- Work in partnership with the AIDS Council of SA and SA Health to develop community-based relationships and sexual health information and education resources and programs to target particular priority populations including:
 - » men who have sex with men and gay men
- Reduce the transmission of STIs/HIV by:
 - » targeting promotion of safe sex and sexual health checks to gay men and men who have sex with men
 - » targeting promotion to the heterosexual community to reduce the transmission of Chlamydia and other STIs
- Improve screening and treatment services for lesbians and same sex attracted women
- Improve sexual health outcomes for people of diverse gender and sexuality through a focus on services that are inclusive and appropriate.

- Participate in health promotion events that advocate for the rights of GLBTIQS people.
- Continue to address homophobia through the *Focus Schools Program*.
- Develop educational resources that can be used in a variety of educational contexts that explore gender and sexual diversity.

Expected outcomes and assumptions

SHine SA workers are working in partnership with GLBTIQS people.

GLBTIQS people are involved in the planning, implementation and evaluation of sexual health services and education.

Partnerships and networks are maintained and strengthened and new ones developed.

Workers are effectively challenging homophobic and transphobic attitudes and values for themselves and their communities.

Mainstream workers increase their awareness and competence in providing health services to GLBTIQS people.

Improved sexual health and wellbeing of GLBTIQS people.

Reduced rates of STIs and blood-borne viruses.

GLBTIQS young people accessing effective education and support in the school environment.

GLBTIQS people accessing effective sexual health services in specialist and mainstream settings.

Increased community awareness and celebration of differences between people based on sexuality and gender identity.

Workforce development

With whom we will work

- Teachers, school counsellors and principals
- Aboriginal workers
- Community Health workers
- Nurses and Midwives
- Doctors
- Youth workers
- Workers who work with communities of interest
- Policy makers/managers
- Aboriginal Community Controlled organisations
- Agencies and organisations that need upskilling in the area of sexual health

What we will do

Continue to build the capacity of the workforce in sexual health knowledge, skills and confidence.

Investigate and develop flexible modes of both accredited and non-accredited education.

Deliver workshops, forums, conferences and seminars for workers.

Strengthen the participation of communities of interest in education programs.

Strengthen existing and develop new networks and partnerships with workers.

Participate on relevant professional bodies which contribute to the promotion and improvement of sexual health.

Develop appropriate educational resources.

Continue to develop the organisation's capacity to deliver programs through e-learning.

Continue development of the SHine SA website as a resource for workers.

Expected outcomes and assumptions

- Increase in the number of workers participating in education and training programs, conferences and networks provided by SHine SA.
- Increase in the number of sexual health networks.
- Workers are given support by SHine SA staff.
- Workers advocate for sexual health and relationships.
- Workers provide quality sexual health services and education to people in their communities.
- Networks and partnerships are strengthened.
- Integration of sexual health services within mainstream primary health care.
- Increased availability of sexual health information and resources.
- Partnerships with other agencies and service providers to improving the sexual health outcomes of South Australians.
- Increase in the investment allocated to research by:
 - » developing strategic research partnerships with universities in South Australia
 - » developing the research capacities of workers within the organisation
 - » supporting research into issues in sexual health by other organisations by engaging in dialogue with workers/researchers
 - » advocating for the development of research into sexual health services training and other issues, to ensure we are getting the evidence of best practice

Organisational development

Quality and service development

What we will do

Further quality and service development and achievement of 3-year National Re-Accreditation by Quality Improvement Council in 2011.

Further quality and service development and achievement of Registered Training Organisation Re-Accreditation in 2012.

Relocation of the Southern Primary Health Care Team to a permanent service and staff base in the southern region located within the Noarlunga Super Clinic.

Ensure ongoing evaluation and planning cycles for all services and programs.

Strengthen community participation.

Advocate for the implementation of the Sexual Health Strategy developed by SHine SA for SA Health in 2007.

Further develop the evidence base for strengthening prevention, education and early intervention in sexual health.

Contribute to the implementation of South Australian Health modernisation and the State Strategic Plan.

Continue to strengthen the partnership with the Department of Education and Children's Services to support and promote school community and student health and wellbeing.

Integrate health promotion into all services, programs and roles in the organisation.

Extend our scope of registration as a Registered Training Organisation to include new competencies as the opportunities arise.

Human resource development

What we will do

Develop the skills, knowledge and confidence of all staff members to create health promoting settings.

Develop the skills, knowledge and confidence of all staff members to reduce the organisation's carbon footprint.

Provide opportunities for collaboration between staff and Council members to contribute to individual learning and organisational development.

Continue to support staff to pursue educational opportunities which contribute to improved services, increased morale and motivation.

Provide staff opportunities for multi-skilling.

Values that guide us

These values guide the work of all individuals who work for SHine SA.

We are responsive to the needs of individuals and accountable to the South Australian community.

We demonstrate this by:

- providing services that are based on individual/community needs and priorities which maximise health gains
- ensuring individuals and communities are informed of their rights
- recognising and accepting the individual's ability to determine their own health needs and to choose their own course of action in response to those needs
- ensuring that the needs and wishes of individuals are central when responding to negative feedback about our services
- ensuring mechanisms are in place for reporting back to individuals and communities
- using current research which informs our content and practice

We value community participation and involvement in the ongoing development of SHine SA.

We demonstrate this by:

- involving communities in a broad range of SHine SA activities, including policy development, recruitment, planning, implementation and evaluation
- ensuring communities are represented on SHine SA Council
- providing a sustainable role for young people within the organisation

We are committed to developing and maintaining partnerships to achieve SHine SA's goals.

We demonstrate this by:

- building positive links with communities of interest, all sectors, governments, medical and scientific communities
- promoting sustainable partnerships that are respectful and build system capacity

We are committed to social justice and working with communities of most need.

We demonstrate this by:

- ensuring that all SHine SA services improve the sexual health of South Australians with most need and least choice by focussing our work on SHine SA's communities of interest
- providing and promoting services that are accessible, relevant, affordable and responsive to the sexual health and wellbeing of SHine SA's communities of interest

We respect and appreciate the sexual diversity within the community both in terms of sexuality and sexual choices.

We demonstrate this by:

- challenging and opposing individual and community views and behaviours which negatively affect the sexual health and wellbeing of others and/or contravene human rights
- respecting and celebrating the diversity of sexual expression within SHine SA and the community
- being aware of how our own values, beliefs, assumptions and behaviours impact upon people

We value a healthy and productive workplace that works together to achieve SHine SA's strategic directions.

We demonstrate this by:

- working within the SHine SA Code of Conduct
- valuing each other's roles, skills, knowledge and experience
- modelling positive and respectful communication
- using processes that facilitate consultation at all levels of the organisation
- being creative in planning, willing to take some risks, learn from experience and question traditional service delivery models
- seeking opportunities to improve staff health and wellbeing

References

South Australia's Strategic Plan 2007

SA Health Strategic Plan 2007–2009

Sexual Health Strategy for South Australia, SHine SA for SA Health 2007 (not published)

National Indigenous Reform Agreement

Indigenous Early Childhood Development National Partnership Agreement (IECD NP)

National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (Closing the Gap NP)

South Australia's Implementation Plan for the IECD NP – Element 2: Antenatal Care, pre-pregnancy, and teenage sexual and reproductive health

South Australia's implementation Plan for the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes

National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005–08 (as revised)

National Sexually Transmissible Infections Strategy 2005–08 (as revised)

National HIV/AIDS Strategy 2005–08 (as revised)

The Ottawa Charter (1986)

The Jakarta Declaration (1997)

If you are interested in the references that underpin our strategic directions please go to www.shinesa.org.au and view the series of Sexual Health Fact Sheets.

Statement of commitment to Reconciliation

SHine SA recognises Aboriginal and Torres Strait Islander peoples as the original owners and custodians of lands and waters in what is now known as Australia. SHine SA acknowledges that we live and work on land originally owned by Aboriginal and Torres Strait Islander peoples and respects the continuing unique cultural and spiritual relationship of Aboriginal and Torres Strait Islander people to their land and waters.

SHine SA will work with Aboriginal and Torres Strait Islander peoples towards reconciliation and will actively work to eliminate racism in our workplace and our communities.

SHine SA's work will be in partnership with Aboriginal and Torres Strait Islander peoples and guided by its policy (Provision of Sexual Health Services to Aboriginal and Torres Strait Islander Peoples).

SHine SA invites others to commit themselves to reconciliation.

Endorsed by SHine SA Council

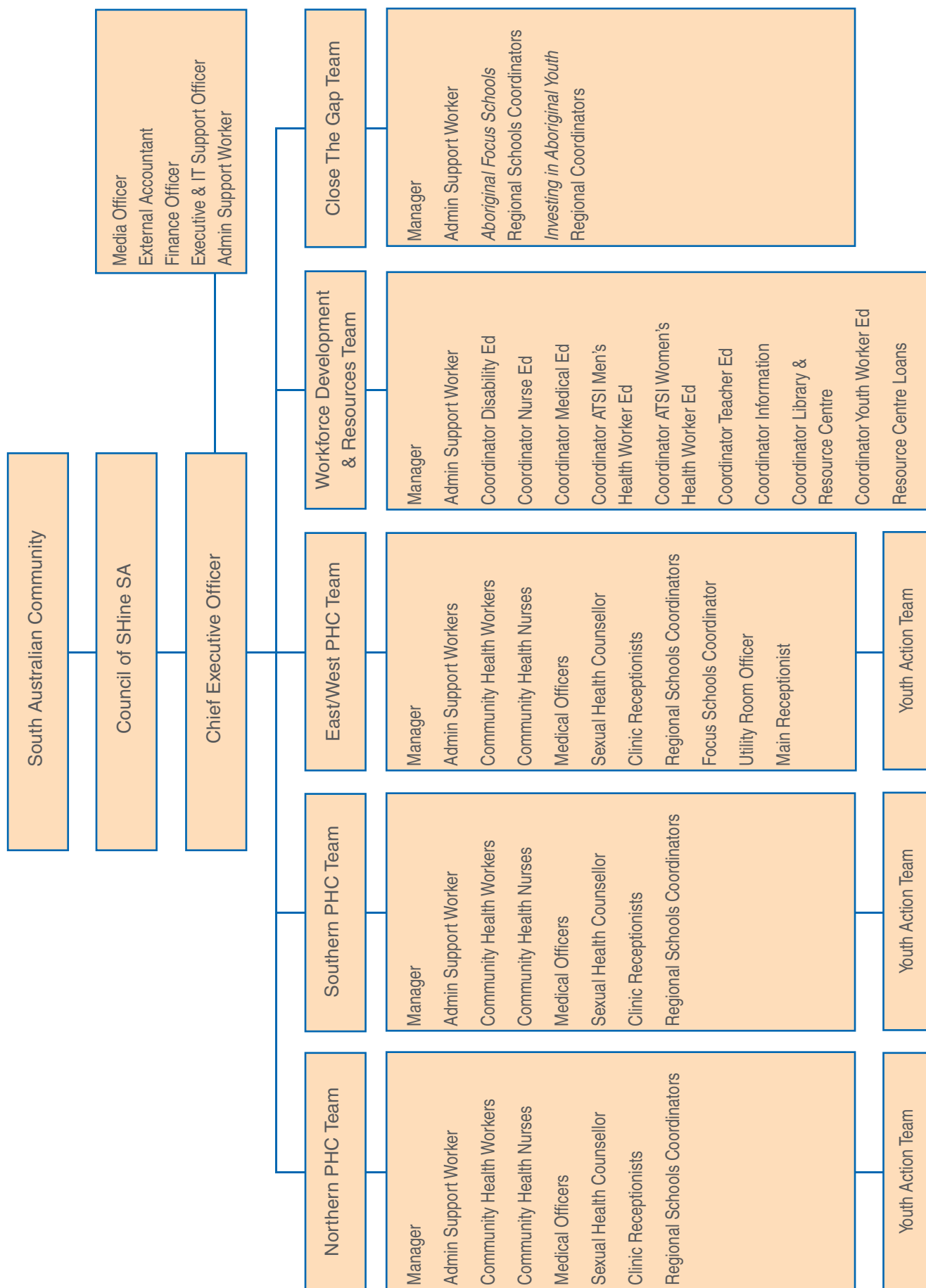
22 September 2004

Re-affirmed by SHine SA Council

18 March 2008

Re-affirmed by SHine SA Council

22 February 2010



Indicators and areas to examine for the evaluation of a country's sexual health

Sexual health component	Indicator or area
Planned and wanted pregnancies	Contraceptive prevalence
	Percent using effective methods
	Cost, accessibility and quality of contraception and abortion services including general and emergency contraceptives
	Legality of abortion
	Abortion mortality and morbidity rates
	Teenage pregnancy, birth and abortion rates
Low risk of contracting a sexually transmitted infection (STI)	Rates of major sexually transmitted diseases including HIV/AIDS by gender
	Cost, accessibility and quality of STI diagnosis and treatment
No sexual coercion, abuse, harassment, assault, rape, or mutilation	Rates of sexual coercion, abuse, harassment, assault and rape
	Extent of female genital mutilation
	Cost, accessibility, and quality of services for victims and treatment for abusers
Lack of discrimination	Extent of empowerment of and services for women, sexuality and gender diverse people and other groups who tend to be marginalised
	Degree to which laws promote political, economic and social equality for all age groups irrespective of gender, race, age ethnicity, class, sexual preference or religion
	Extent of social harassment based on gender, race, sexuality
	Cost, accessibility, and quality of sexual health services for special population groups such as teenagers, Indigenous people, culturally and linguistically diverse, people living in non-metropolitan regions, gays and lesbians

Sexual health component	Indicator or area
Sexual enjoyment and pleasure	Extent of sexual dysfunction
	Degree of sexual satisfaction
	Cost, accessibility, and quality of medical treatment and sex therapy for psychological sexual problems
	Extent of sexual dissatisfaction due to lack of a partner
	Degree of sexual knowledge and skills of the general population
	Knowledge of sexuality based on scientific, multidisciplinary research
Sexual knowledge and education	Comprehensiveness of sexual health and relationships education in public schools
	Uniformity, comprehensiveness, and quality of professional education programs to health, education and community services sectors
	Extent of media coverage of sexual health issues with consideration of wide range of experts as well as topics
	Level of community knowledge and openness to discuss sexual health
Reproductive health	Infant and maternal morbidity and mortality rates
	Extent and treatment of infertility problems
Adopted from <i>New Views on Sexual Health. The case for Finland</i> . Lottes I et al 2001. The Population Research Institute Finland	