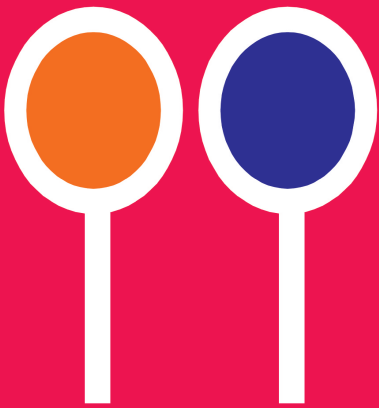
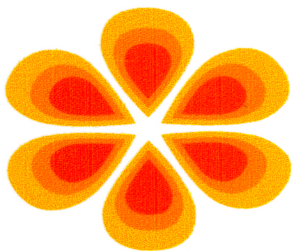


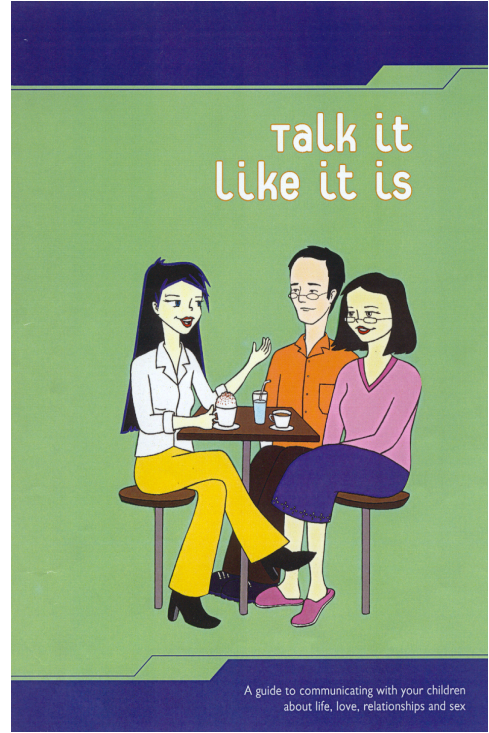
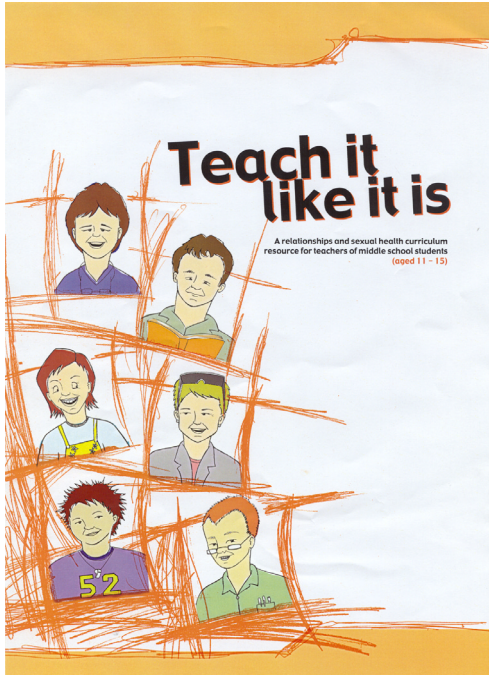
# SHine SA



ISSN 1445-4084



Annual Report 2001/02



## share | respect, health, life

sexual health & relationships education

Research indicates that relationships and sexual health issues are linked to health and educational risk for young South Australians and that comprehensive relationships and sexual health education programs, within supportive school environments, can reduce that risk. These research findings create an imperative for relevant health and education services to work together with explicit collaborative strategies that support young people's sexual health, safety and wellbeing.

Surveys of parents, teachers and young people (SHine SA 2000, 2001), demonstrated consistent support for relationships and sexual health education in the school community. Youth-based research (SHine SA 2001) demonstrated that young South Australians want to access better education about relationships and sexual health.

International research has demonstrated that young people who are knowledgeable about relationships and sexual health matters delay the onset of sexual activity and countries that have comprehensive relationships and sexual health education programs in schools, have significantly lower rates of unplanned teenage pregnancy, abortion, sexually transmitted infections and sexual violence and abuse.

There is a strong correlation between social disadvantage, including educational disadvantage, and predictors for sexual risk taking and personal safety. Child sexual assault, sexual coercion, unplanned and unwanted pregnancy, early parenthood and sexually transmitted infections are the result. At its worst, disadvantage contributes to poor health and well-being, poor educational achievement, leaving school early, becoming a single parent, unemployment, social exclusion, poverty and substance misuse – all predictors for sexual risk taking and personal safety.

With the imperative for schools, families and health agencies to work in partnership to support learning about relationships and sexual health, 2001/02 saw the commencement of an exciting new program for schools.

**share: Respect, Health, & Life** (Sexual Health and Relationships Education). **share** is a collaborative project between SHine SA and the Department of Education and Children's Services (DECS) and made possible with the financial support of the Department of Human Services.

**share: Respect, Health, & Life** is a comprehensive relationships and sexual health program which will be conducted initially over 3 years and will involve 15

Department of Education and Children's Services (DECS) Secondary Schools, nine metropolitan and 6 rural schools, targeting students in years 8 to 10. Three Regional Coordinators have been appointed to work on **share**, each being responsible for 5 schools within their region.

A unique aspect of **share** will be the comprehensive evaluation and research that will be undertaken in partnership with La Trobe University's Centre for Sex, Health and Society. The evaluation will examine the impact of a whole school approach to relationships and sexual health education. The findings will have importance for the future direction of not only sexual health programs but all health and wellbeing program with a schools focus.

### New Resources

Complementary to **share** has been the development and distribution of new resources for young people, teachers and parents. These are:

- **Teach it like it is**

Designed by teachers, Teach it like it is is a practical tool to support and promote learning in the classroom

- **Tell it like it is**

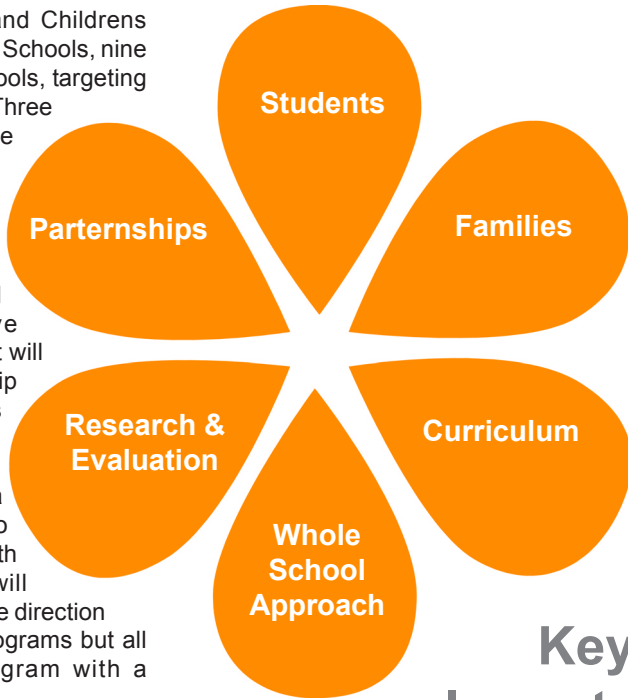
Designed by young people, Tell it like it is, explores life, love, relationships and sex

- **Talk it like it is**

Designed for parents to improve their skills and confidence in talking with young people about sexual health and relationships.

These resources along with training of teachers and support and information for parents, will greatly increase the access of young people to quality relationships and sexual health education. This is an exciting new development for South Australia and we look forward to working with DECS and DHS on its implementation and in seeing positive outcomes for young people in schools.

Schools in the public, independent and Catholic education sectors will be able to access these resources and will be supported with access to teacher training programs, library and resource services at SHine SA.



Key elements involved in the **share** strategy

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This publication together with the 2001/2002 Audited Financial Report constitutes the 2001/2002 Annual Report of SHine SA.

See Page 5: Parents In Need Of A PEP Talk and; Best Practice Schools Program



# aboriginal and torres strait islander peoples



## *Why We Work With This Community*

The health status of the Australian Aboriginal and Torres Strait Islander communities continues to rate worse than non-Aboriginal people on every indicator: infant and maternal mortality, and life expectancy. Sexual health morbidity contributes a significant burden of ill health in the lives of Australian Aboriginal people.

SHine SA's strong and emerging partnership with Aboriginal communities and organisations has facilitated increased access to SHine SA's services by Aboriginal people.

## Respect Yourself, Respect Your Culture: Croc Festival

Respect yourself, respect your culture, was the theme of this years Croc Feast held at Port Augusta in August. Country schools from all over the state and some from interstate came to take part in the Festival. The festival included two nights of performances, markets, workshops and a health expo which SHine SA was invited to take part in. The health expo presented by Pika Wiya Health Service gave young people an opportunity to learn more about their bodies and how to stay healthy, as well as being able to meet and chat to some Port Power players! Overall the Croc Festival was a great success and the performances from the students over the two nights were outstanding.

Dianne, Maria and Cheryl @ Croc Festival 2001



## ATSI Portfolio Group

The ATSI (Aboriginal and Torres Strait Islander) Portfolio group ensures that work with the ATSI communities has a high priority across SHine SA. The group provides an opportunity to share information about work across SHine SA as well as the opportunity to plan special events and programs. It is a support and debriefing forum for indigenous and non-indigenous staff with a focus on ATSI sexual health. There have been some beginning conversations about how best non-indigenous workers can work respectfully and appropriately with indigenous people.

The portfolio group redefined its role and purpose at the beginning of 2002:

- To contribute to the achievement of the SHine SA Strategic Directions
- To provide support for group members

and other staff working with ATSI communities

- To share information about work being done in SHine SA and distribute that information across teams along with information about issues, actions and outcomes
- To provide, through management representative on the group, information about outcomes to both Management Team and SHine SA Council
- To ensure that action planning and communication occurs
- To keep ATSI health and community issues on team agendas and support the implementation of team plans in the ATSI community of interest.

The portfolio group works together to improve the sexual health of ATSI people.

Didgeridoo performance  
@ Black + Yellow + Love SHAW Event -14 February 2002



## Investing in Aboriginal Youth

Investing in Aboriginal and Torres Strait Islander Youth trains Aboriginal and Torres Strait Islander workers in peer education and youth participation strategies. Small grants are being made available for workers to implement local peer education/youth participation programs in their community. Some of these projects will be showcased along with projects from Investing in Rural Youth at the Youth Lets Shine Together Conference November 2002. Two separate workshops have been run with 20 participants completing the two day program. Other workshops are planned for 2002/2003.

Teenage pregnancy rates in the Indigenous community are up to four times greater than for the non Indigenous community in South Australia. Young ATSI women are more likely to continue with their pregnancy. Many are under 15 years of age and early parenthood is often compounded by their lack of education and life experience. This is having an impact not only on their own lives, but on the lives of others in the community. Often the older members of the community are having the responsibility of raising their grandchildren even though their health is poor and they should be

taking life easier. Some young mothers are finding out how demanding parenting is, and are needing support from other family members as they are not able to cope. It is the custom of our community for extended family to help out when help is needed. This is not always easy for people who are living in poor conditions, and often have major health problems themselves. In many cases in remote areas there are little or no services to help struggling young or old people who are trying to do the right thing by the family and their cultural kinship values and responsibilities.

Sexually transmitted infections are also high in the Indigenous community. Some STIs show no symptoms and if they are not picked up they can lead to infertility. This is a major threat to the future of the ATSI community.

Investing in Aboriginal Youth provides training for Indigenous workers in youth participation and peer education and an opportunity for young ATSI people to participate in local health promotion programs that develop their capacity to make healthy life choices.

Left: Paul - SHine SA Coordinator ATSI Male Worker @ Youth Week



## Northern Aboriginal Women & Friends Peer Education Group

The Northern Aboriginal Women and Friends Peer Education Group is now in its second year and five women have continued to attend regularly. The program is assisted with funding from United Way. The group meets fortnightly at the SHine SA Munno Para site during the school term and explores health topics that assist the women and their family and friends to make choices based on accurate information. This year the topics we have covered included breast health, with the women afterwards actively recruiting women in the area to attend the Breast Screen SA mobile service at Munno Para. Domestic violence issues have also been addressed with Police Officers from the Child and Family Protection Unit at Elizabeth CIB providing a clear and practical guide to some of the issues and resources women need to be aware of. The group has also completed an Essential First Aid certificate and attended a Pap Smear Party. We plan to continue together as long as the interest and enthusiasm continues.







**Black + Yellow + Love SHAW Event -14 February 2002**

## Ceduna/Koonibaa Aboriginal Womens’ Clinic

SHine SA continues to work with Ceduna Koonibba Aboriginal Health Service and SA Cervix Screening to provide women’s health clinics and community sexual health education. This program has run for 13 years. In the early days, Judy McDonald (doctor) began the womens’ health clinics and several different nurses accompanied her on these early journeys. The SHine SA nurses who currently work on the clinic are Robyn Pretty and Janet Kelly.

The program has been successful for a range of reasons. Firstly, it is owned by the community. Originally, the women of Ceduna lobbied to have a choice of practitioners for women’s health services. From its humble beginnings in the operating theatre (where only the most intrepid would go for a pap smear), the clinics moved to the Medical practice building, and then to the Ceduna Koonibba Aboriginal Health Services (CKAHS).

The program is funded by SA Cervix Screening using both Indigneous and Non-Indigenous monies. Harriet Coleman, the Aboriginal Health worker focusing on Women’s Health, together with the CKAHS, ensures that the clinic meets the cultural needs of the community. This is reflected by the wide range of women who attend; Aboriginal women, CLDB women, non-Indigenous women, townspeople and women from outlying Home Lands and farming areas.

While in Ceduna 5 days of clinical services are provided, during which 100-120 women are seen. Also provided are health updates for Aboriginal Health Workers and nurses, school information sessions, involvement in local discussions and community groups (ie as guest speakers) and provision of support and debrief for local workers. It is often important to meet people out in the community so that the workers become known. Younger women are now being seen for sexual health screening and contraception, having been encouraged by their mothers, aunties and grandmothers. This is possible due to the level of trust that has built up over the years.

As well as our program, there is now a resident female general practitioner who holds monthly pap smear clinics. There is also a fly in and fly out doctor service with the RFDS. All of this ensures that the women of Ceduna and surrounding areas have increased choices and access to a range of services. However, due to these changes, the program will need to be reviewed regularly co-operatively with the Ceduna Medical Practice and RFDS to prevent duplication and to ensure the program continues to best meet the needs of the community.

**Guests @ Black + Yellow + Love SHAW Event -14 February 2002**



## Reconciliation Celebration

A Reconciliation Lunch and Celebration was held on Wednesday May 29th at the Noarlunga Auditorium. Approximately 300 people were there on the day, and the young people from Aboriginal Youth Action Committee cooked 35 kilos of sausages for the hungry crowd!

A group of workers called Aboriginal Services Action Group (ASAG), from many organisations in the South, (Onkaparinga area) meet every couple of months, to share programs and ideas around Aboriginal Health and plan events. A smaller sub-group of workers from ASAG got together and planned this event. The weather was kind to everyone, being a beautiful sunny day. Daphne, Coordinator of Neporendi Aboriginal Forum was MC for the day.

Children from local primary schools, O’Sullivan’s Beach and Hackam South, and Christies Downs Kindy provided fantastic entertainment in the way of song and dance. The local childrens dance group: Minya Porlis Dancers did a great job of welcoming people to the lunch event and continued with some great dancing later on. Troy Rigney played Didgeredoo.

This reconciliation event provided an opportunity for the whole community to come together and enjoy the entertainment and togetherness. Agencies had an opportunity to display their organisations reconciliation statement and information about the services they provide.

## Growing, Evolving, Changing The Creation of The Port Adelaide Nunga Women’s Clinic

Over the past 4 years SHine SA has provided a women’s clinic at Port Adelaide (ACCHS) which has grown, evolved and changed.

### The Clinic Team

The original clinic team consisted of a doctor, nurse and receptionist from SHine SA and an Aboriginal health worker from Nunkuwarrin Yunti, in a co-operative venture between SHine SA and Nunkuwarrin Yunti. Over the years several different workers have been involved. Currently the clinic is staffed by SHine SA workers, Dr Judy McDonald, Janet Kelly (Clinical Nurse) and Dennise Micklem (receptionist).

### Growing

When the clinic started four years ago, networks and relationships with the community and other workers had to be established. This was achieved by networking afternoon teas, distribution of flyers with clinic staff photos, and clinic information. The clinic had a holistic approach to Aboriginal women’s health, and also teamed up with Child and Youth Health workers to provide mothers, babies and smaller children checks. Other family members were seen on occasions. Using these strategies, the clinics grew slowly and steadily.

### Evolving

From its humble beginnings, the clinic has now evolved into a well-recognized and readily utilized service, accessed by many ATSI people. Important links have been made both within the community and with other workers. Close links with Tauondi College has been one of the major factors in a two way journey of learning and sharing.

One of the most important networking links has been with workers at ACCHS - Port Adelaide who have supported the growing Nunga Women’s clinic wholeheartedly. The afternoon teas were replaced with lunches, which are co-ordinated by ACCHS - Port Adelaide and attended by up to 60 people each week. Many of those attending the lunches, access the clinic services.

### Changing

Over the last twelve months, drop- in clinic numbers have grown to such an extent that client needs were no longer being met appropriately. As an interim measure an appointment system has been introduced, and people with general medical conditions are being referred to other clinics. Ongoing consultations with the community may lead to further changes. Although there is still a strong holistic approach, the community now supports a greater focus on sexual health.

## Aboriginal Nurse Wins Overseas Study Tour

2002 has been a huge year for SHine SA. Aboriginal Women’s Worker Education Coordinator and registered nurse, Ros Pierce has won a scholarship to travel to Canada to study Indigenous sexual health issues amongst Canada’s Indigenous community.

Ms Pierce said the information gathered during her 4 week study tour will greatly assist her work in the area of Indigenous sexual health. “I have a particular interest in looking at the success the Canadian health care organizations have had in recruiting Indigenous peoples to work in the health care profession. I also want to examine some of the similarities between their sexual health status and ours”, she said.

Ms Pierce’s work was also recognised when she was awarded the SA Department of Human Services Award for Excellence In Nursing – Aboriginal Nurse. Ms Pierce was presented with the award by SA Premier, the Hon. Mike Rann at a ceremony in May this year. The annual nursing awards recognise the commitment and work of nurses.



**Ms Ros Pierce (Coordinator - ATSI Women’s Worker Education SHine SA), the Premier, Hon Mike Rann, with Ms Margaret Jacobs**

## Lower Murray Nunga Club Women’s Health Clinic

Once a month on Tuesdays a session on women’s health is run at the Lower Murray Nunga Club in Murray Bridge. This clinic is funded jointly by SA Cervix Screening Program and SHine SA and depends on the tireless energy of Murray Mallee Community Health worker, Di Wilson, who, through her work in the community, encourages indigenous women to use the clinic. The clinical services are offered by Ms Yvonne Thomson, nurse with Murray Mallee Community Health Service, and Dr Katrina Allen, a SHine SA doctor.

The format of the clinic varies quite a bit from specific health days with a special focus on aspects of women’s/Indigenous health, such as smear tests, nutrition, contraception, menopause to smaller groups discussing particular issues as well as the ongoing clinical services offered. Usually about 8 – 10 women are seen each clinic for a variety of primarily sexual and reproductive issues.

The uptake of smear tests has been quite slow at least in part because there is only one functional clinic room so the two practitioners are juggling the best use of the room. However as the clinic has become more established locally there has been greater acceptance among the women and the particular task of increasing their regular cervix screening has been better addressed.

We are hoping that the further development of the both rooms as clinic rooms will increase our potential to improve sexual health promotion in this community. Particular thanks go to Di for her energy and enthusiasm in promoting the clinic among her community.



# young people 12 - 19 years



## Why We Work With This Community

State and Federal government policies identify sexual health as significant health issues for people under 25 years of age. The highest concentration of young people in South Australia are found in the outer Northern (Elizabeth, Munno Para, Salisbury), other Southern (Noarlunga), the middle and inner West and North Western suburbs as well as some rural and regional areas.

These are also identified as areas of multiple social disadvantage with the poorest health status. Young South Australians are the future of this state and SHine SA is committed to working with young women and young men to improve their sexual health.

## Young People Under 19 Years Portfolio Group

The Young People under 19 years portfolio group has worked in collaboration with young people to develop a policy which outlines how SHine SA will work with young people. This policy links to the Bill of Rights developed by young people and the poster 'We Listen @ SHine SA'. The promotion of SHine SA services to young people in school has been a priority areas. Each high school in South Australia, through their school counsellor, has a package containing information on how to access SHine SA services and information promoting the Sexual Health Line and web site. In 2002 the two youth portfolios joined forces. The Youth Advisory Groups have been established and provide advice to both the young people and young adults Portfolios. However each portfolio continues to meet for a time individually so as not to lose focus of each target group.

## Choose 'Choice'

It's all about choice...that's the main message of a program run by workers from SHine SA and The Second Story at a couple of locations in Adelaide's southern suburbs.

Choice aimed to provide accurate health information specifically for young men, as well as exploring some of the myths & messages they receive as young men.

The name of the program came from discussions with young men in which they stated that they felt a lack of choice about how to act when it came to 'being a guy'

Sex, drugs, communication, relationships, body image, violence, homophobia, stress & being a guy – it's often said that young men don't want to talk about this stuff – the reality was quite different, the young men who took part in 'Choice' have torn these myths up & thrown them away.

It has been extremely rewarding to take part in some of the conversations that Choice has allowed, made even more special when participants let you know they've never had the chance to discuss these issues before.

The program owes a large debt to the workers from the Just Chillin' program

which was developed by The Second Story and SHine SA. This highlighted the need for relaxed relationship building in a conversation-based program rather than information jammed in between activity-based sessions.

This type of program directly challenges traditional ways of working with young men that can perpetuate harmful ways of 'being a man' – ideas that deny young men the opportunity to openly discuss issues relevant to their lives can support the 'guys don't talk about stuff' myth.

Our fliers say it all...

- There are many messages that are given to guys about how to be a man.
- They come from a lot of different places and for lots of reasons.
- Some are positive, some are a bit dodgy and some are really dangerous
- Some of these messages can stop guys from living life the way they want to

Choice creates a safe space to explore some of these messages and how they can affect the decisions young men make.

### Choose Choice Participants



## Networking

As it says in our name networking is a vital component of SHine SA's work. Networking provides opportunities to maximize information and resource exchange, meet workers in the area, identify gaps and duplication in services, develop stronger links with services which assist workers to provide the best possible service for their clients.

Across the State there are a variety of local youth networks that SHine SA is involved in, the majority of these are affiliated with the South Australia's youth peak body Youth Affairs Council of South Australia (YACSA). YACSA represents the interests of young people, workers, organizations and networks who work with young people. They are also responsible for liaison and co-operation with government youth services and policy makers and for advocacy to State and Federal Governments on the range of matters that affect the lives of young people in South Australia.

In the southern region there are three main youth networks, Southern Fleurieu Youth Network, which covers Victor Harbor, Alexandrina Council areas, South Western Youth Workers Network which covers Marion Council and Southern Youth Workers Network that covers City of Onkaparinga Council.

For many years SHine SA has been actively involved in the Southern Youth Workers Network, which began in 1987, started with and maintained a membership of over 50 people (including organisations, workers and individuals). Over this time members have been actively involved in a range of inter-agency initiatives, political lobbying

and policy development, establishing training programs for young people and workers and regional planning for youth services. Additionally SYN was also actively involved in assisting in the successful formation of the Southern Fleurieu Youth Network.

Over the past year stronger links were developed between SYN and the City of Onkaparinga through a working together agreement. The Working Together Agreement supports Council's Youth Services model, which agrees that SYN will be utilized as the Regional Youth Sector Forum within this model.

The Youth Services Model is made up of a Youth centre, regional resource centre, Youth Development Officers, local youth networks, a youth forum and the Regional Youth Sector Forum (SYN). The Youth Services Model demonstrates a commitment to young people having access to relevant information and services in the region. And where services are unavailable SYN and Council will work together to attract services and resources to the area.

Through being a part of the Networks across the state SHine SA increases opportunities to educate workers, young people and the community about sexual health, relationships and sexuality issues, creates increased opportunities to work collaboratively with services, provides referral points for clients and most importantly ensures that sexual health is constantly addressed as an important component of a young person's health and well-being.



Young Women's Group - Streetlink [SHAW]

## Relationship & Sexual Health Program for Young Men In The Northern Metropolitan Area

A concerted effort to engage young males, living in the northern area in programs dealing with relationships and sexual health is proving successful.

A collaborative working partnership between Worklink, JPET, Northern Youth Service (NACYS) and SHine SA has been successful in identifying, accessing and encouraging young men to attend a ten-week program, created and facilitated by community health workers from SHine SA's northern team.

The program was designed to allow the young men to explore and challenge their understanding about themselves, their friendships and relationships. It was decided to include two SHine SA community health workers, one male and one female. This enabled the participants to ask many questions about sexuality and relationships and receive a male and female perspective (depending on the

question asked!). Over the ten-week program, the use of both workers also encouraged and mentored respectful and positive communication to the participants.

Feedback from the participants about how the information was delivered has been positive.

Worklink, as the host venue, provided a positive environment in which to conduct the sessions; supplied great food for the participants (and facilitators) and assisted with transport for two field trips. The field trips incorporated sessions specifically dealing with expressing anger in relationships and learning about contraception and sexually transmitted infections (STI's).

A similar program for young females was offered and delivered by SHine SA staff @ the Worklink premise. Future programs are being planned for the northern area.



# Parents in need of a PEP Talk

PEP (Parents Educating Peers) Talk is a new program which commenced late last year and targeted parents of secondary students. It aims to help improve parent's confidence in talking with young people about relationships and sexual health. South Australia and Australia has one of the highest teenage pregnancy, abortion and sexual assault rates in the western world next to the United States. Evidence suggests that lack of information and access to contraception contribute to these high rates. Countries such as Denmark and the Netherlands which have comprehensive sex education programs from reception through to Year 12 in schools, have some of the lowest rates in the developed world. SHine SA has always promoted comprehensive sex education throughout the schooling years as an investment in early intervention and prevention of unplanned pregnancy and STIs and education about sexual health. SHine SA believes that parents play an integral role in education of their children in the area of sexual health and relationships.

For many young people, the most trusted people they would like to talk to about sexuality, love and relationships are their parents. Yet, for many parents this can be difficult to do as they do not feel confident and equipped to guide their children through the many ups and downs of adolescence. Many parents, had little guidance and communication with their own parents, so are unsure of how to tackle many of the issues that come up during adolescence. This project helps parents gain confidence in talking to their children about a whole range of issues such as sexual identity, peer pressure, body image and safer sex. It targets parents of years 8, 9 and 10 students in metropolitan and rural schools.

The project produced a training program and resource package in consultation with parent groups, to assist in training parents as educators of not only their own children but also of other parents. Part of the project was to train parents as peer educators to support and encourage other parents to talk to their sons and daughters about sexual health and relationship issues. By educating parents as peer educators, it helps to sustain the project within each region. The training program involves four sessions covering areas such as communication skills, sexually transmitted infections, contraception and drug use and risk taking behaviour. To date, training has occurred in Peterborough and Whyalla through the local high schools. Feedback from those who attended has been very positive and many appreciated the opportunity to be able to talk to other adults about issues concerning their children's development and sexuality. For many this was the first time they had had an opportunity to do this. The program highlighted for parents the importance of communicating honestly and openly with their children so that they grow up and feel comfortable with who they are and confident about their body. By the final sessions, many had already started to talk to their family/friends about what they had learned during the program so peer education was already starting to happen.

There has been a mixed response to the Pep Talk program with schools with some having lots of interest and others no interest at all. Parents are an interesting group to target and future workshops are planned for two high schools, one primary school and a one off program open to the general public to trial where demand is greatest.

# Cavan Training Centre

A new group of young men at Cavan Training Centre took part in a six-week relationship and sexual health program, offered and facilitated by SHine SA northern team. The program has created interest with the young men, who on hearing about the previous course through their internal 'grapevine" are eager to attend. Cavan staff that work alongside SHine SA community health workers in each session help create an atmosphere that is relaxed, friendly and open. Participant feedback indicates the young men are interested in the information and are ready to ask challenging (and sometimes humorous) questions of the SHine SA facilitators. Issues covered by the program include communication, respectful relationships, masculinity and sexual health information. Continued success of the working partnership between SHine SA and Cavan Training Centre has ensured future programs scheduled throughout 2002.

Youth Advisory Team (Y@) Member [See page 8]



## INCUBATOR

### Interactive peer education about teenage pregnancy

As a member of SHine SA's Southern Primary Health Care Team I was privileged to be on the Steering committee of Incubator, an innovative theatre partnership project between Southern Youth Theatre Ensemble (SYTE) and Adelaide Central Mission (ACM). The ACM is a major organisation in South Australia's community services sector and focuses on delivering services to the most disadvantaged in the community using innovative approaches.

Southern Youth Theatre Ensemble is a dynamic youth performance ensemble which works in collaboration with young people to produce challenging productions about real and contemporary issues.

So, how did Incubator come about? In 2001, SYTE was invited to join with Jumbuck Youth Theatre in a joint project about teenage pregnancy which was a hot issue for members of both companies. It was a great chance to develop an interactive peer education performance about youth pregnancy whilst encouraging networking and community development activities for young people affected by pregnancy and possibly social isolation and difficulty accessing support. Jumbuck theatre closed due to lack of funding, however SYTE carried on the idea and the ACM came on board in partnership.

The Incubator performance explores many issues that have been reported in research. In Australia, most young people become sexually active between the ages of 16 and 25 years. <sup>(1)</sup> Australia, in 1999, had three times the level of teenage pregnancy and about seven times more abortions compared to developed countries in Europe <sup>(2)</sup> South Australian figures in 1999 showed that 21% of all abortions and 6% of all births occurred to women 19 years and under. <sup>(3)</sup>

The end result of months of hard work resulted in a dynamic, humorous and very moving theatre production about the realities of teenage pregnancies and parenthood.

Based on the 7 female cast member's

personal experiences, the production touched on issues including positive and negative aspects of parenting, societies judgment about young mums, the role of young men and pregnancy, impersonal institutional birthing experiences (the "production line" skit) and journeys of darkness into light and decision-making. The importance of friendships and being seen as an individual and feeling supported was emphasised.

Some of the cast are single, some have partners, while some have had terminations, miscarriages or given birth. With the help of director, Hannah McDougall, these young women have opened themselves up to share an intimate and personal view into their lives. After each of the five performances to schools and the two general public performances, the young women cast members were involved in a 20 minute forum where they could answer questions from the audience and ask the audience to express their views about the show. On the night I went to see the production, there were some very heartfelt responses from members of the audience about their personal experiences not to mention the very positive comments to the cast.

During the school performances (targetting high school students 13-19 years), a resource kit was handed out to teachers containing sexual health and other relevant information about services to young people. A website was developed with useful links to organisations such as SHine SA, The Second Story and health websites, as well as information about the Incubator Project.

Addressing the complex issues around teenage pregnancies, the theatre medium and forum certainly encouraged a confronting and interactive milieu in which to raise awareness effectively. The project is currently being evaluated by Adelaide Central Mission and SYTE staff. For more information about the project contact:

SYTE office (08) 83846744 email syte@chariot.net.au

## Just Testin'

Just Testin' is program for 15-19 year old young women who are clients of JPET (Job Placement, Employment and Training) Program. Southern Team community health workers and nurses periodically deliver information and education sessions for the young women to cover issues such as pregnancy, contraception, safer sex, sexually transmitted infections and the menstrual cycle.

The information is delivered in a very interactive format. Participation is always excellent and staff are usually asked many questions from very enthusiastic young women. Most of the Just Testin' members are early school leavers and so contact with the Southern Team enables them to receive information and education about sexual health and safer sex they have not had the opportunity to access before.

## share: respect, health, life

### Relationships & Sexual Health Educaton

The overall aim of this project is to improve the sexual health, well-being and safety of young South Australians by developing a whole school relationships and sexual health strategy. The project has been funded by the Department of Human Services and is a collaboration with the Department of Education and Children Services. It will be conducted initially over 3 years and will involve 15 DECS secondary schools - 9 metropolitan and 6 rural, primarily targetting students in years 8-10. An in depth evaluation will be done on the project with the support of LaTrobe University.

I was the first Regional Coordinator appointed to work within the East/West PHC Team and have been on board since May establishing the groundwork for the project. The other two Regional Coordinators, Susie Hank for the Northern PHC Team and Cheryl Gursansky for the Southern PHC Team will commence their appointments mid July to coincide with the start of Term 3. All three Regional Coordinators are practising Health and Physical Education teachers with experience in teaching relationships and sexual health in a school environment and have a strong commitment to improving the health and well-being of young people within our schools.

Each Regional Coordinator will be responsible for 5 schools selected from within their respective areas- 3 metropolitan and 2 rural. The promotion of the Project and the call for schools to

express their interest to be involved will occur early in Term 3, 2002.

Schools selected to be involved in the Project will receive personnel support from their Regional Coordinator for the span of the project, professional development and training for staff, assistance in developing links with parents and community agencies and significant resource support. This will include access to our website, resource centre and pamphlets and the 3 resources that SHine SA has developed, "Tell it Like it is" - designed by young people exploring life, love, relationships and sex; "Teach it Like it is" - will be used as a practical tool to support and promote learning in the classroom; and "Talk it Like it is" - designed for parents to increase their knowledge, skills and confidence to talk with their young people about sexual health and relationships.

During 2001, and in the first half of this year, the Project has slowly evolved with funding being approved, recruitment of Regional Coordinators completed, and project plans drawn up outlining our objectives, and strategies, and identifying indicators for success. LaTrobe University has been contracted to work with us on the research and evaluation component of the Project and consultation is well underway.

The next phase of the Project is sure to be exciting and rewarding as the Project takes shape and schools become actively involved.



# New Strategy Targeting Young People & Sexual Health

SHine SA in collaboration with the Department of Education and Children Services and the Department of Human Services have developed a strategy aimed at improving the health and well being of young people in schools, with particular emphasis on addressing the unacceptably high levels of

- unplanned teenage pregnancy and parenting
- teenage abortion
- sexually transmitted infections
- sexual coercion and sexual abuse
- homophobic discrimination and harassment.

Associated with high levels of these sexual health concerns comes real stress and isolation for many young people around access to information and support services, particularly for young people in rural and remote areas and for those who are socio-economically disadvantaged.

Research indicates that relationships and sexual health issues are linked to health and educational risk for young South Australians and that comprehensive school based programs, within supportive school environments, can reduce that risk (Social Exclusion Unit, UK 1999, Condon J et al 2002).

The strategy acknowledges the importance of access to relevant information by young people, the significance of families and the contribution of schools to student health and well being.

### Teach It, Tell It and Talk it Like It Is

The roller coaster of adolescence is an exciting and difficult time for teenagers. Can you remember what it's like? Just when you think you've mastered puberty, your body changes again. Then the hormones kick in and as soon as you become interested in the opposite sex or the same sex, you break out in pimples making you feel self-conscious and awkward.

This is a normal part of growing up. To assist young people through the transition, SHine SA have developed three new resources for teachers, young people and their parents on relationships and sexual health.

**Teach it like it is** has been designed by teachers to support the classroom teacher and is based on research and effective

curriculum practice. The resource is structured around a series of modules where issues are linked making them relevant for young people. The 6 modules are:

- Getting started
- Puberty
- Respecting difference
- Love, attraction and desire
- When things go wrong
- Decisions about your sexual health

The activities within the resource will provide young people with strategies, problem solving and decision-making skills, an understanding of the dynamics of relationships and knowledge to assist them to shape their own future in relation to relationships and sexual health.

The resource uses a harm minimisation approach. This approach is one that is supportive and non judgemental, acknowledges the continuum of sexual activity that young people are engaging in and works towards reducing the potential risks when developing sexual relationships.

The themes of diversity, a sense of self, feelings, gender as a social construction and power in relationships run through the resource, acknowledging the impact of social dynamics on decisions young people make in relation to their sexual health.

**Tell it like it is**, is a 24 page booklet targeted at 13-19 year olds. It explores the realities of young people and relationships. SHine SA has developed this booklet to increase the communication, decision-making, negotiating and problem solving skills of young people and promote assertive and responsible behaviour in relation to sexual health and well-being.

**Talk it like it is**, is a guide for parents to assist them with communicating with their children about life, love, relationships and sex. It provides practical information about sexual health to help them talk to their children in an informed and confident manner.

**share - respect, health life** provides support to 15 Adelaide metropolitan and SA rural schools, over a period of 3 years, to develop a sustainable approach to student well being in the area of relationships and sexual health.

See pages 16 & 17 for more information on these resources.

# Funky Cushion Workshop

Creative approaches and activities used as part of this 'outreach' service in the Port, include a Funky Cushion-Making Workshop we ran with Adelaide Central Community Health Service staff this year. This involved a group of young women making their own personalized cushions as well as larger cushions for the group room with positive messages on them relating to themes of : Love, Sex, and Friendship. These cushions have really brightened up the space and made it more 'user-friendly' for young people, for future groups and events at ACCHS, Port Adelaide.

This was an afternoon activity for young indigenous and non-indigenous women, designed as a gathering to discuss relationships, as well as to have some fun making things. We hope to find other creative ways to work with Port Adelaide Community Health Service staff to encourage and enhance the well being of other young people living in the West.

Funky Cushion Making Workshop participants



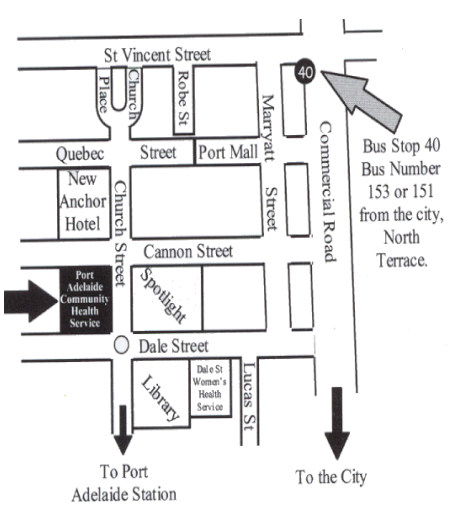
# Port Adelaide Youth Services

2002 started with a 'bang', with the East-West team getting a new service for young people in the Port region, up and running!

With one reception worker (Dennise), a doctor (Meredith) and Counsellor (Jo) staffing this service, a clinic was set up to respond to the sexual health needs of young people in the West. The doctor's service was designed to run along side the counselling service as a form of 'outreach' from the Kensington site. Most importantly, a 'two-doctor' clinic is available during this time, ensuring that the needs of young people under 16 years old can be met in a single visit. We'd like to thank Adelaide Central Community Health Service for their support of these programs and for the provision of clinic and counselling rooms.

The team travel to Port Adelaide each Wednesday afternoon, in order to improve services for youth in the Western areas, making it the first time both services of counselling and a clinic have been available together in this way.

Staff also have been actively networking with other youth focused agencies in the area including the workers from Adelaide Central Community Health Service ( ACCHS), Port Adelaide.

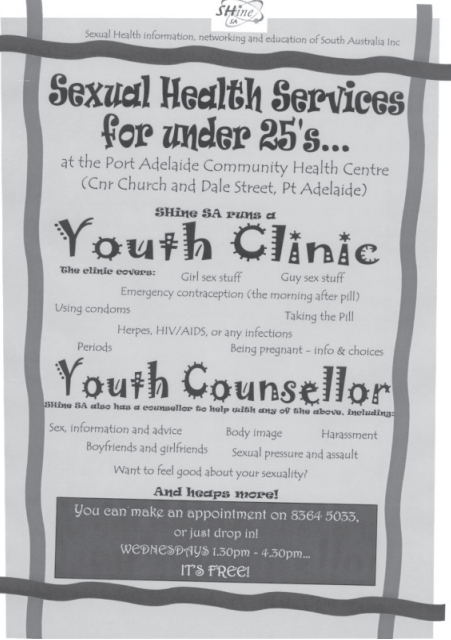


Appointments are available but SHine SA recognizes the need for urgent assistance at times, therefore drop-in clients are also encouraged to use the clinic is service on Wednesdays.

Counselling appointments can be made by calling the number 8364 5033 or you can come in on the Wednesday to arrange a time between 1 and 4 pm! See map below.

The range of sexual health issues dealt with include: unplanned pregnancy, sexual identity, work out how to say sexual abuse the impact of past sexual assault / abuse on sexuality, sexual concerns, contraception, providing information and education relating to sexually transmitted infections and safe sex practices... Really, just about anything you want to find out more about or discuss, regarding sex, health and well –being!

It has been really exciting beginning this new initiative, and to see more young people able to access our services in the Western region.



SHine SA @ the Life Journals - Karoonda



Sexual Health Awareness Week: Hot Spots Condom Pub Crawl

# SHAW Poster Competition



As part of Sexual Health Awareness Week SHine SA ran a poster competition. This was the first time we had done this and some great entries were received.

The only requirement for the design was that it included the word "pleasure, safety and respect" and acknowledged diversity. A few entries came through school students but most were from young people who were interested in graphic design. The steering committee for SHAW made the final decision and sectorG designers, Nic Eldridge and Hannah Martin were declared the joint winners.

Their design was used on the poster and they also adapted this design for the condom pack and T-shirts, free of charge. Congratulations to Nic and Hannah.

See colour version on pages 16/17



# Talking Sexual Health With Young People

The workshop for Nurses and Community Workers “Talking Sexual Health with Young People” was held during Sexual Health Awareness Week (SHAW). This was the Professional Education and Resources Team contribution to SHAW and was the first time the Team had worked together on the same education program.

There were 34 participants, including nurses and health workers from a variety of metropolitan, regional and rural workplaces who attended the full day workshop held at SHine SA

The sessions in the workshop for the day included:

- A session on “Group Norms” in which a resource developed for young people “Shit Hot / Piss Weak” was demonstrated
- “Knowing Your Audience” - the question was asked of the participants “How will you learn about your audience”.
- “Learning Styles”. The team demonstrated different ways to teach “how to use a condom” in the linguistic, spatial and kinesthetic or interpersonal or participation styles of teaching. A discussion of making relevance of learning styles followed.
- “Values and topics” where participants worked in small groups to rank a set of topics in order of how they thought the topics should be taught.
- participants working again in small groups to develop a simple teaching

tool for the topic the group ranked as No 1 in the previous session.

- demonstrations of some SHine SA resources which were seen as adolescent appropriate: “Stepping Out”, “Contraception Pass the Parcel”, “Safe Sex Card Game”, “Sexually Transmitted Infections Card Game”, “What Do You Reckon”.
- “Evaluation of Workshops” where different evaluation forms were given out and discussion occurred about the benefits and disadvantages of these different types of evaluations
- finally, questions and a finishing round.

Overall the evaluations from the day showed that the participants found the workshop to be interesting and that they learnt new practical skills that will assist them in planning and running of workshops with young people. Positive comments were made about the resources that were demonstrated, the discussion of learning styles, that the workshop provoked reflection on participant’s own teaching practice and provided information and resources for them to use and that they enjoyed the networking opportunity.

Some suggested that the workshop would have been enhanced by a panel of young people as speakers, that there were too many presenters which made for repetition on some occasions and that a list of organisations which supported adolescents or were youth friendly would have added to the day.

# Emergency Contraception: No More Chopping and Changing

At last Australia joins the rest of the Western world and has a prescribable form of emergency contraception. Until April 2002 doctors in Australia, unlike those in New Zealand, Canada, United Kingdom, USA and other Western nations, had to make up emergency contraception from existing oral contraceptives. In April the new progesterone only emergency contraceptive preparation was approved for use in Australia. This is a course of 2 tablets of 0.75 mgs levonorgestrol taken twelve hours apart within 3 days of unprotected sexual intercourse. It is possible that this emergency contraception may work up to five days after, but it is quite clear that the sooner emergency contraception is taken after unprotected sex the more effective it is in preventing pregnancy.

It is important to emphasis that, even though it is taken after sex, emergency contraception works in the same ways as all forms of hormonal contraception such as the pill. It is however in a different dosage than the pill and is intended for occasional usage rather than continuous use.

Now we have “Postinor” the emergency contraception option in 2 tablets which are not on the Prescription Benefit Scheme (PBS) so the cost directly to the consumer is \$15 - \$20. This means that the previous method of writing a prescription for 4 months of mini-pill (Microval or Microlut) may still be a better option for clients with a health care card. The dose in this case is 25 tablets (30 micrograms of progestogen per tablet) followed 12 hours later by another 25 tablets within 3 days of unprotected intercourse but the 4 months script gives 112 tablets so potentially 2 complete courses of 50 tablets each for only \$3:60.

In 2001 SHine SA developed standing drug orders enabling the nursing staff to give out some medication and emergency contraception was included in these drugs. This has meant far greater accessibility during office hours for emergency contraception, a change that has benefited young people in particular. We now supply the two approved levonorgestrol tablets at all sites. For the reasons discussed above we may still supply the prescription of the mini-pill in certain circumstances.

# Para Hills Youth and Community Project

Para Hills Youth and Community Project is a peer education project working in collaboration with Para Hills High School, The Second Story Youth Health Service, Division of Child and Youth Health, Shopfront Youth Health and Information Service, Child and Adolescent Mental Health Services (CAMHS), Drug and Alcohol Services (DASC) and SHine SA. Sixteen students from Para Hills High School took part in a four-day peer education training, some topics which were covered were the role of a peer educator, values and attitudes, communication skills, sexual health, mental health and keeping yourself safe. The training also included a panel of young people who were able to share their stories and experiences of being peer educators. Feedback from the young people found that talking to current peer educators was one of the highlights of the training. At the conclusion of the training the young people decided to develop two posters with the messages “It’s Your Life...You Decide”. These posters were distributed to various community and health agencies as well as being put up around the school.



Youth Advisory Team (Y@) Members Training (See Page 8)

## Informal Client Contact at a Glance

881 informal client contacts were provided for 2001/2002

13% of clients were women, 15% of clients were men and 72% of clients were professionals.

Top five reasons for attending included:

- Contraception 24%
- Information and Advice 19%
- Pregnancy Related Issues 6%
- Men’s Health 5%
- Emergency Contraceptive Pill 5%



**What Do You Reckon?**

From Left: Sally Gibson - Team Leader East/West Team SHine SA with Tania Yeatman from Flinders University who helped developed the information for our Website on the What Do You Reckon game highlighted in last years Annual Report

# Health Promoting Schools Grants

As a part of the Health Promoting Schools partnership SHine SA offered grants of \$2,000 to two schools who were keen for support to improve relationships and sexual health education using the Health Promoting Schools approach. Bowden Brompton Community School and Riverland Special School were the successful recipients.

A Health Promoting Schools approach to health issues encourages schools to involve students, families, whole school staff and community support services in ensuring that the school environment, learning programs, school policies and practices complement each other and enhance student wellbeing.

Each school that received a grant developed an action plan early in 2002 and is currently working in a range of ways to address identified areas of need. SHine SA has supported both schools during the last 12 months to raise the awareness of their

whole school communities about the importance of relationships and sexual health. Teachers who deliver relationships and sexual health programs have been supported to build their confidence, skills and knowledge to provide effective learning programs.

SHine SA works with other agencies on the Health Promoting Schools partnership. 17 Schools have received grants in a range of areas including nutrition, physical activity, positive mental health and tobacco & smoking. Representatives from each school will come together for the Health Promoting Schools forum in November at the Education Centre. Each grant school will present their case study describing what they have achieved. It has been a worthwhile and exciting project for the schools involved and the supporting agencies with positive outcomes for student wellbeing.

# SHine SA Youth Worker Education Coordinator Wins Award

Roxanne Adams, SHine SA’s Coordinator: Youth Worker Education was awarded the 2002 ETSA Utilities Youth and Community Services Award at the SA Youth Awards Showcase. Roxanne Adams, has been involved in community work with young people since she was 15 years old. At 15 Roxanne began work with the group now called “Create” helping children in alternative care, such as foster homes, to address the inequalities that often face them, such as poor educational outcomes.

Roxanne is a former Guardianship of the Minister child herself, so it’s tremendous that she has been able to overcome her own disadvantages and devote her energies and experience to helping people facing similar issues.

In her own time, Roxanne has developed her links with a range of young people, by conducting ongoing interviews with them about their needs and often acting as a liaison between young people and youth workers.

Roxanne is using her knowledge of the needs of young people to develop the relationships and sexual health course SE&X for youth workers.

“I’m pleased to receive this award because I think it shows young people that they are valued, because it shows their needs are important and that they people who are working to meet those needs are valued”, said Roxanne.

“I’m not the sort of person that can turn a blind-eye to the things going on around me, so the work that I’ve been doing is an irreplaceable part of my life,” she says.

“This award also helps me to reflect on the work that I’ve done in the past and I think it also shows young people that working for the community is a good thing to do and is part of a healthy society,” she said.



# young adults 19 to 25 years



## Why We Work With This Community

Despite increasing independence and life experience young adults have relatively high rates of sexually transmitted infections and unplanned pregnancies than adolescents and are more likely to be sexually active. They also often have less access to appropriate education and services, particularly if they are outside of educational settings.

SHine SA believes that young adults need services and information that is relevant to their needs.

## Young Adults Portfolio Group

During this year the 19 – 25 Portfolio Group has combined with the Under 19 Portfolio Group to undertake some exciting joint programs including the development of the Youth Advisory Teams, Investing in Rural Youth Projects and Sexual Health Awareness Week.



SHine SA Display @ Youth Week - Civic Park Tea Tree Gully

## Emergency Contraception Promotion

Emergency Contraceptive Pill (ECP) has been available in Australia for 20 years. A new version of the ECP is available for prescription by doctors and because they contain only one hormone, do not cause nausea like the pills containing two hormones. The ECPs do not cause abortion. They use the same ingredients and actions as any other hormonal contraceptive.

Recent studies have suggested that ECPs work for up to five days after unprotected sex, however their efficiency drops after 24 hours. For that reason some people choose to keep ECP on hand.

SHine SA has developed an ECP postcard and copies are available by contacting SHine SA sites.



## Para West Adult Campus & SHine SA Work Closely Together

Community health workers from SHine SA have connected with many young people @ Para West Campus. As a result of conducting an exciting and fun promotion, on-campus during Sexual Health Awareness Week, many positive links have been established with key groups of young people.

An information session about SHine SA and general sexual health issues was held with the Reboot class (an alternative education program).

SHine SA staff assisted the campus counsellors in looking at the needs of young

people who were identifying as Gay, Lesbian, Bisexual or Transgender (GLBT) and how the campus supports these young people.

Time was spent with the campus Young Adult Support Group, providing information about the services SHine SA offers and looking at the needs of this group to include in future SHine SA programs.

As a result of SHine SA involvement on-campus, individuals from each of the groups @ Para West Adult Campus have chosen to apply to be part of our Youth Advisory Group for the northern area.

## Y@ YAK

SHine SA has been working in partnership with young people for many years. Many of these young people are now working at SHine SA, so it's been especially exciting this year as we've established, for the first time, Youth Advisory Teams (YAT's for short or Y@'s to make it even shorter) for each SHine SA Primary Health Care team.

The aim of Youth Advisory Teams is to ensure that young people are involved in decisions about SHine SA's service; policy, programs & projects that are targeted at young people aged under 25.

An ongoing advisory team for each of SHine SA's regional teams was one of the many recommendations made by the Youth Advisory Group that was established to guide a project, co-ordinated by Lex (Leanne) Black, looking at Youth Participation.

Youth Participation is one of the guiding principles for the work that we do with young people.

The concept of Youth Participation is not new and has been used by organisations for many years. The Australian Youth Foundation (2000) states Youth Participation is often used in three ways:

- At a broad level, which recognises that young people have the right to participate fully in the social, cultural, political and economic life of their country.
- At an organisational level, which describes the right of young people to be included in decision making about the policies, projects & programs, which are designed to ensure their full participation in Australian life.
- At a personal level, which is the right of young people to be included in and informed about the decisions that affect their lives.

An advisory team is just one expression of Youth Participation, other examples that have been used by SHine SA in the past are:

- Peer Education (training & supporting young people to pass on sexual health information to other young people)
- Youth Consultancy (planning services in partnership with young people)
- Involving young people as guest speakers in SHine SA training programs.

Recruitment for the current Y@'s started in April 2002.

Workers from SHine SA's Northern, Southern & Central teams got together to decide how to recruit the Y@ members, as well as come up with the job descriptions, interview process and all the other policies & procedures that go along with creating a new job...and then there was the training sessions to plan.

Y@ members were recruited from schools, colleges, unis & other youth agencies in metropolitan Adelaide...all the way from Willaston in the north to Seaford in the south, with interviews starting in early May.

The training days finally came around at the end of May and it was great to have all the Y@ members together in the same room – real people instead of the mythical Y@'s.

We decided to get all the Y@'s together in a central location for the initial training sessions, this gave everyone a chance to meet each other and share ideas as well as making sure that we all started out with the same information & understandings about what we were doing.

Over the four days of training we covered issues such as SHine SA's services, youth participation, power, values & attitudes, sexuality, sexual health & communication. The days were certainly jam packed with info.

One of the Y@'s comments from the evaluation forms says it all – "I learnt more today than I ever did in school".

At the time of writing this article, all of the Y@'s have had their first meeting – these have mostly been devoted to orientation – finding their way to and around the regional teams, meeting some of their co-workers and there's always plenty of paperwork to fill in for any new job.

Each team is in the process of planning their services for young people for the next financial year so there's plenty of consulting to be done with the Y@'s in the upcoming meetings.

There's an all Y@ meeting planned for the end of the year so that all of the Y@ members can come together to evaluate & celebrate their work.

It's expected that Y@ membership will change from time to time with people coming & going so if you're 24 or under, with an interest in sexual health & having your say, stay tuned – we might be looking for you !

Thanks to all the Y@ members and everyone who has given their support & energy to make this work.

### Y@T Members





# Sexual Health Awareness Week

Sexual Health Awareness Week (SHAW) was conducted for the first time in South Australia from February 14th -21 2002. The week was an initiative of SHine SA with financial support from the Department of Human Services. The goal of the week was to increase the awareness and understanding of the South Australian communities on sexual health issues. It had the themes of pleasure, safety and respect.

Some of the highlights of this week were:

- 40 different agencies and community groups ran events for SHAW. These events had direct participation by 1,900 people throughout South Australia.
- A poster competition was conducted that resulted in a bright and innovative design for the resources for the week. These resources included the poster, condom pack, T-shirts and sticker.
- A youth magazine (Sexual Health Awareness Gazette) was produced by and for young people aged 18-30 years. 8,000 of this street magazine was distributed to venues and shops frequented by young people.
- The Hot Spots program targeted young people who use city clubs and venues. 530 young people participated in these events. The condom pub crawl was particularly successful and 700 more young people received condom packs on the night this was run.
- A Comedy Debate on “Laughter is better than sex” was organised and involved Fringe performers and media identities. 190 people attended this debate and it attracted mainstream media coverage.
- Specific indigenous events took place including the development of an indigenous sexual health poster that was launched at an opening night event at Tandanya.

- 10 different events run with culturally and linguistically diverse communities including a night of Multicultural art and music organized by men from Middle Eastern and African communities.

Sexual Health Awareness Week was very well received and all the community agencies and groups who participated in 2002 wanted to do it again. Here is how some of them answered the question” Should SHAW be an annual event?”

*Yes, to build on what is started this year there is a need to follow up.*

*Yes definitely. I do a lot of sex education. The SHAW grant allowed me to use resources to provide a fun way to reinforce prior learning.*

*I believe having a regular event will help keep more of the community involved and accepting of these issues.*

*I think it's a great concept, particularly for engaging conversations with young people around sexual health.*

*For many people with mental illness other important issues tend to be brushed aside. This helped raise sexual health awareness.*

Based on the experience of organising the first SHAW in South Australia and on the information gathered in its evaluation SHine SA has decided to organise another Sexual Health Awareness Week in 2003, beginning on February 14<sup>th</sup> 2003. The primary target group for this week will again be 18 -30 year olds as these people have a relatively high rate of sexually transmitted infections and unplanned pregnancies and yet often have less access to appropriate information and services. SHAW will be evaluated again and then a decision will be made whether to keep it going yearly or conduct it every 2 years.

SHine SA would like to thank everyone who contributed to SHAW; and there were many people. Particular thanks to DHS for funding, DASC and CYH for their contribution to the youth magazine and Glyde condoms for the free condoms. See page 32 for a pictorial review.

# Just Chillin’

Just Chillin’ is a 6 week program for young women living and working in the southern region. The Second Story and SHine SA have been working collaboratively over the past year to facilitate these groups. Just Chillin’ aims to work with young women to help them be aware of their own identity as positive, equal and powerful. It looks at what it’s like to be a woman in our culture and the issues we face in our lives such as stress, body image, relationships, etc. It’s also a chance for them to take time out in a safe, relaxed and positive environment.

Young women involved in the first Just Chillin’ program expressed an interest in continuing contact with the group within a Peer Leadership context. The Just Chillin’ Peer Education Program is specifically aimed at young women interested in

developing Peer Leadership skills who have previously been participants of Just Chillin’. The young women involved in the Peer Education Program have developed skills that they have been able to transfer to their own interest areas. All of them have either become involved in other community and health promotion activities or found employment.

Young women involved in the groups have expressed experiencing a number of positive effects from involvement in the group ranging from increasing self-confidence and self-image to forming new friendships that have reduced their social isolation.

It has been a very successful program which has now expanded to include the city and the northern regions.

Participants of the Just Chillin’ Program in the North



## Look After Your Tubes: What Everyone Needs To Know About Chlamydia Infections

Chlamydia is a common infection that is easily spread through vaginal sex and occasionally during anal sex. It affects both men and women and can be passed from a mother to her baby at birth, causing eye infections and pneumonia. Diagnosed Chlamydia infections in South Australia have increased by approximately 30% since 1996. Symptoms of Chlamydia can include unusual discharge from the penis or vagina, pain on passing urine or during sex, and in women, pain in the pelvis or lower abdomen. Not everyone who has a Chlamydia infection will have symptoms and many women get no symptoms at all. There are many cases of Chlamydia in the community that have not been treated because of no obvious symptoms.

**Chlamydia can live in a woman’s cervix, undetected, for many months and can spread up into the uterus and fallopian tubes, causing Pelvic Inflammatory Disease (PID). PID can damage the fallopian tubes and can cause of infertility, tubal pregnancies and chronic pain. Research shows that one in five women having a single episode of PID may become infertile.**

The largest numbers of people diagnosed with Chlamydia infections are under 30 years of age.

Once Chlamydia is diagnosed it can be easily treated with antibiotics. If a person suspects that they have been exposed to Chlamydia they can ask their Doctor or SHine clinic for a Chlamydia test. This is a simple test. People in the 18-25 year old age group should consider screening for Chlamydia infection when they attend their doctor for other reasons. The aim of screening is to find Chlamydia infections that are not causing any symptoms, prevent such long term effects as infertility and lower the numbers of people becoming infected.

**Protect Your Tubes and Fertility- Get tested!**

## Pap Smear Awareness Week 13 - 17 May 2002

With the assistance of a small grant from Cervix Screening SA, SHine SA’s Northern Team was able to promote the importance of regular Pap Smears to many women in the Northern area during this week. The week became a ‘whole’ team priority with all members being involved in some way.

At Elizabeth TAFE and Para West Adult Campus, two health promotion displays were set up in the students cafeteria, with the one at Para West being shared with Northern Second Story. Both displays were staffed for most of the four days and during this time a large number of students took the opportunity to find out more information about pap smears and where they could have one. We endeavored to target the 19-25 year age group, but many older students also spoke to staff about a wide range of sexual health issues, including endometriosis, pregnancy, contraception, sexually transmitted infections. As this is an adult campus, some students who have teenage children also requested information about sexual health issues to pass onto their sons and daughters. A highlight of the health promotion was a competition, to guess the number of condoms in the jar.

The other event was a “Pap Smear Party” for Aboriginal Women. The number of woman attending was disappointing, but those who did come along enjoyed the morning, which was followed by a luncheon. Dr Nicola Chynoweth provided a very informative education session during the morning and the women felt comfortable to ask a variety of questions about pap smears and other sexual health issues.

The outreach nurse from the Spina Bifida Association also made contact with our team prior to this week. We planned an informal education session for her clients, followed by the women having a smear. Numbers were small but as this was a first for our team working with the Spina Bifida Association, we are hopeful of building on this for next year.

Not only did the Cervix Screening Program provide us with a small grant, but a selection of posters, postcards, bookmarks, pamphlets and small torch keyrings. Thank you for that assistance.

### Educating in the Rundle Mall - SHAW February 2002



## Lifespan

SHine SA's Southern Primary Health Care Team is actively involved in the LifeSPAN project (Southern Prevention & Awareness Network) funded by the commonwealth Department of Health and Aged Care. LifeSPAN is a prevention project aimed at working with young people, their parents and the wider community to create change in the Southern Onkaparinga and Southern Fleurieu regions over two years.

LifeSPAN has a steering committee which oversees the project and has representation from Job Placement, Employment and Training, Drug Alcohol Services Council, SA Police, local health and youth services, schools, local council, community members and Shine SA.

The initial phase of the project has looked at community consultation and education as well as research and marketing. Then began preparation for the peer education component.

The project has a main focus on peer education and aims to empower young people with life skills and explore alternative

recreation options to drug use and enhance resilience in the process. Although there is a focus on drug prevention the project has a holistic view of drug prevention and impacting factors providing young people with training on assertiveness, self esteem, communication, conflict resolution, living skills, drug awareness, goal setting, harm minimization, grief and loss, anger and stress management, peer pressure, relationships and sexual health.

The Peer Education training is available for young people in and out of school, with the target groups being 12-15 and 16-21 years. Training has already been successfully run in the Victor Harbor. The same training program will be offered to young people from Mt Compass, Yankallia and Goolwa, with an anticipated 60 young people trained across the region.

The next phase of the project will offer further training for interested young people about ‘formal peer education’ or how best to provide this education to other young people and the community.



# culturally and linguistically diverse backgrounds



## *Why We Work With This Community*

Our work with people from culturally and linguistically diverse backgrounds continues to be a major focus for SHine SA. These communities do not access sexual health services because of language barriers, isolation, different health priorities and cultural hesitation in addressing sexual health issues.

SHine SA has adopted pro-active measures to reach out to these communities by identifying their needs, by liaising and networking with Community Health and Welfare Workers operating within these communities and by conducting culturally appropriate educational programs on sexual health matters.

## CALD Portfolio Group

Over the last year the portfolio group has:

- Planned and implemented inservice training for all SHine staff on cross cultural awareness.
- Reviewed the leaflets that need to be translated.
- Attended community festivals to promote SHine SA and sexual health information.



## Increasing Awareness for the Spanish Community

Building capacity and increasing awareness of Sexual Health for the Cultural and Linguistically Diverse Background (CLDB) Communities in the north is one of the aim's of SHine SA, it reflects a commitment to enhance the delivery and quality of sexual health services for CLDB communities.

During Pap Smear Awareness Week 2002, SHine SA, held an information session at the Salisbury West Community Health Centre for the Spanish speaking community to provide information of pap smears and sexual health issues. A traditional BBQ and Latin-American food was shared -great to taste too, giving an opportunity for the Spanish speaking members to increase their awareness of the importance of sexual health issues. During the afternoon, nurses and community health workers had the opportunity to have a chat, share a tasty lunch, building rapport and promote SHine SA services.

The Network of Spanish Speaking Community workers (NSSCW) of which SHine SA is a part of, has been successful

in building and maintaining a network which increases workers' knowledge of services, projects and programs for the Spanish speaking community in Adelaide.

During the month of July the NSSCW was allocated a 30 minutes community radio program a week at PBA -89.7 FM to discuss issues in areas of health, education and welfare for the Spanish speaking community.

A panel of multicultural community health workers discussed the state of health and it's influence. Also discussed was how the physical, social and emotional aspects of health can affect our sexual health and how knowledge, information and access to services are important to our health. During the radio program, Spanish speaking people call in and express their views on how they perceived their health and how cultural differences, environmental, social & spiritual, can affect their health. The radio program was very interactive and we were able to continue to build the capacity of one of the cultural and linguistically diverse communities in South Australia -the Spanish speaking community.



## The Multicultural Showcase Concert

February 15<sup>th</sup> 2002 saw a group of very talented men from culturally & linguistically diverse backgrounds get together for The Multicultural Showcase concert at Coglin Street Community Centre Adelaide.

The men were all united in supporting the theme of "Pleasure, Safety & Respect" through their musical & visual artistic skills.

Abdul Aziz Hammad, a political cartoonist from Sudan who has published his work extensively in Africa & The Middle East turned his skills to producing sexual health messages from his own unique perspective. He produced a range of cartoons depicting various aspects of sexual health. These were exhibited on the night. Abdul Aziz is trying to establish himself & his family in Australia & is keen to explore new subject matter for his artwork.

The musicians, Al Hassan Bah, a great young singer from Sierra Leone, Dido Durmanovic from Bosnia, a very versatile & accomplished guitarist & his performing partner Damir Romanik from Croatia kept the seventy strong crowd of community members well entertained with a selection



of popular pieces on the night.

Miguel Quintero from SHine SA and Chris Fitzharris from The Migrant Health service helped link the men to the concert /art exhibition through a SHAW small grant. It was a good opportunity to extend the collaborative initiatives between Adelaide Central Community Health Service and SHine SA around men's health. This type of partnership will continue through 2002 & into 2003 in the "Positive Images Of Men's Health" project. Anyone wanting to engage the services of the above artists can contact them through Chris via e-mail on [chris.fitzharris@dhs.sa.gov.au](mailto:chris.fitzharris@dhs.sa.gov.au).

## Positive Images of Men's Health

In recent years, health programs are increasingly addressing the topic of men's health. These programs recognise that men have an important influence on women's and children's health and also have distinct health needs of their own. In many settings, men also may serve as gatekeepers to women's access to health services. Many men care about and are willing to make positive contributions to the health and well-being of their families.

Chris Fitzharris from Adelaide Central Community Health Services, ACCHS - Migrant Health Service, Enfield and Miguel Quintero from SHine SA are currently working with "Positive Images of Men's Health" project. The major aim is to present positive images of men's health through a range of multicultural photographs taken by a community photographer and portraits by school children. The project also included a consultation with women and men about the positive contributions that male partners, relatives and friends bring to their lives.

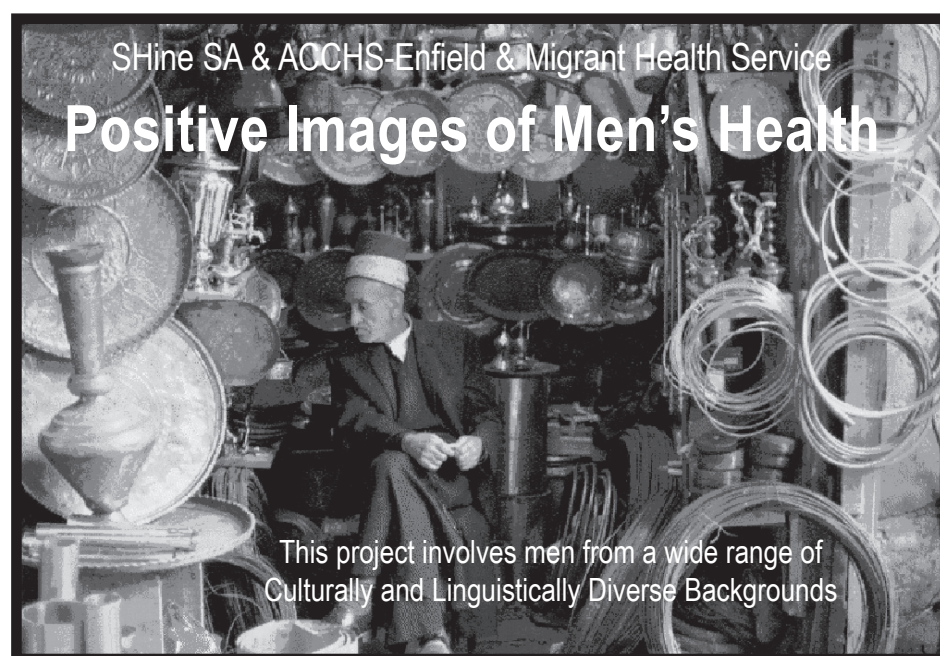
The major objectives of the project is to raise awareness of positive behaviour and practices related to ordinary men who do

ordinary things extraordinary well through positive images, and asking children to present the significant men in their lives through portraits and name the positive things they do and promote these images as positive role modelling behaviours.

The photographs and portraits will form part of a display to be located at community locations, schools and health agencies, promoting positive aspects of men's health. The 'mobile' display will also be used as a basis for sharing ideas around men's health in an atmosphere of reciprocal learning.

Focus areas included communication skills, sexual health and sexuality issues, relationships, substances, risk behaviours, coping strategies, leisure, skill development, employment, supportive networks, connectiveness to Australia society and sharing of cultural values & beliefs.

Men from a wide range of Cultural and Linguistically Diverse background are involved in the project, inviting them to assist a series of consultations groups via trusted key community members.





# Working with Refugee and Migrant Communities

SHine SA has been involved in two diverse community programs. The Enfield Multicultural Community group meets every Thursday at the Enfield Community Health Centre and includes people from many cultural and linguistic backgrounds. The program helps participants share their culture, food, stories, music and life experiences whilst enjoying socialization. It also breaks down barriers of isolation, helps them make friendships and encourages them to develop their skills in pursuing their career interests or hobbies. Participants also take the opportunity to enhance their skills in spoken English and in increasing their knowledge of health, welfare and education services available.

We have had the pleasure of hosting many interesting guest speakers who have given sessions on many aspects of health and welfare including nutrition, foot care, diabetes, relationships and gambling. The Enfield group has also been on a number of excursions as a way of experiencing different services offered to the Community and visiting various parts of the state. Members of the group have been able to pass on their knowledge and information they have gained during the program to other members of their communities.

The Anti Cancer Foundation also provided funds during the year for the promotion of pap smear awareness and we ran a workshop during Sexual Health Awareness week in February 2002. This event was well attended by culturally and linguistically diverse communities. A guest speaker spoke about her experience of living with HIV. This was very enlightening for the audience and very positive feedback was received at the end of the session. We finished the workshop with music and food.

Many from the group have now moved on and have obtained employment through their past involvement in the group. Some are now attending Advanced English classes or doing volunteer work in their community.

Another successful community program has been running at the Thebarton Senior

College. This program is run by SHine SA in collaboration with the Migrant Health Services and the Thebarton Senior College. It aims at providing participants with an awareness of health, welfare services and related issues such as housing, financial matters, drug and alcohol issues, equal opportunity issues, Police and the law, mental health and well-being.

The target group includes approximately 70 refugee students attending the College who come from a variety of cultural and linguistic backgrounds such as from Afghanistan, Vietnam, Iraq, Iran, Philippines, Japan, Bosnia, Turkey, Russia and different African countries.

The program is run over 10 sessions on Tuesday mornings during the May to December period and these sessions are repeated to allow for the large number of participants. Bilingual workers from the Thebarton Senior College help the students in making the sessions easier to understand the issues and the information given by the service deliverers. We have also been fortunate in having a number of guest speakers impart their information, knowledge and experience to the group in areas of health and welfare.

The groups often break up in smaller sub groups for discussion and interaction. This has greatly increased their ability to understand the information delivered to them and has encouraged them to practise their spoken English. The purpose of the sessions is for the students to access services that they may be needing, their rights and obligations as consumers and also to make them aware of the role and function of health, welfare and education services. Questions and answer sessions are always encouraged in the program.

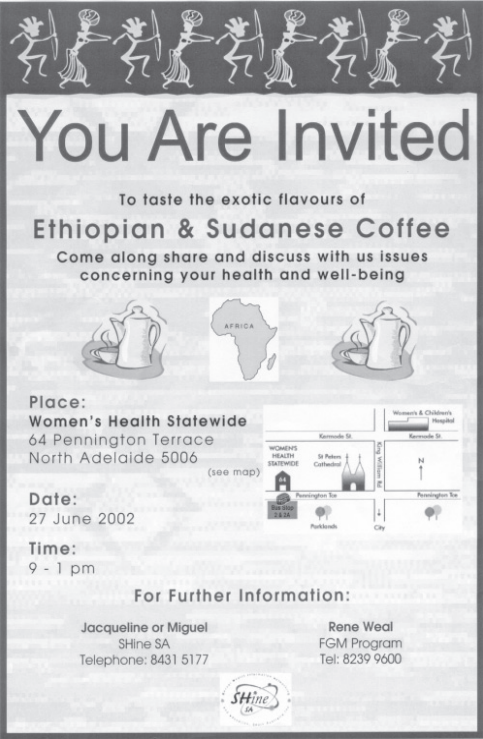
This program has been interesting and challenging for the workers involved because of the variety of cultures and languages, the style of learning of the students and the need to be flexible, patient and have a good sense of humor.

# Female Genital Mutilation Program and SHine SA

This program was run in collaboration with the Female Genital Mutilation Program for Middle Eastern and African women and with the Migrant Health Services. It aims to promote the health and well being program for women in a culturally sensitive way and in particular, focuses on providing information and awareness on sexual, reproductive health, welfare and education issues to women from Afghanistan and various African nations such as Sudan, Eritria, Ethiopia, Sierra Leone and Somalia.

The program has been very fortunate in having many skilled presenters, from government and non government organisations, which impart their knowledge to the participants during the sessions. These presenters have included nurses, community health workers, the Coordinator of the FGM program and a number of workers from the Multicultural Unit of the Wesley Uniting Mission.

Many of the sessions have been conducted around coffee mornings as a way of making them more relaxing and informal to the participants. The participants have also enjoyed sharing food from their respective cultures and talking about their life experiences. To overcome language difficulties that many of the participants faced, some of the



discussions have been facilitated by Bilingual Welfare Workers and the outcomes of the sessions have been very positive in reducing the participants' isolation and improving their knowledge of important health and welfare issues for women.



SHine SA Display @ Postive Minds Expo

# Cross Cultural Awareness Inservice Training

SHine SA has placed importance on ensuring that services and programs are accessible and relevant for people from culturally and linguistically diverse backgrounds. Two main approaches have been taken to assist with this; reaching out to CLDB communities particularly those who are newly arrived to Australia and providing staff development to all SHine SA staff on issues for migrant and refugee people.

Two one day training programs were organised by the CLDB portfolio group in June 2002 and total of 50 staff participated in the workshops. The program started with some Chilean music and then a debate was held on immigration policies (ie should Australia restrict who can come in and of the country). This was followed by an overview of Australia's immigration policies by a private immigration agent.

Three people who had arrived recently in Australia under the Humanitarian Aid Program then spoke about their experiences of leaving their countries (Afghanistan, Iraq and Bosnia) and the different ways they had arrived in Australia. Two of the speakers had spent time in detention centres. These talks were very powerful and we were all reminded how traumatic it is to be forced into situations where it is necessary to leave your home and to come to a new country and try to establish yourself without having the same language or family support. This session was nominated as the most useful part of the workshop.

The workshop then heard from three workers with migrant and refugee

people. This again was very useful and strategies for working effectively with from CLDB were shared. SHine staff then had the opportunity to review our own practices and to look at ways to improve our services and programs for migrant and refugee people. In the clinic setting it was acknowledged that longer appointments are need when interpreters are being used to allow time to build trust with the person. It was recommended that a follow up training session on using interpreters be organsied for those staff who had not previously done this training.

Overall the one day of training increased awareness of the issues that migrant and refugee people face when they come to Australia. Sexual health is often an issue perceived of as taboo or less relevant than other issues and yet many people from CLDB have never received any education or relevant health care in their countries of origin. If SHine SA is to reach these communities it is vital to explore our own cultural assumptions and knowledge and to explore different ways of providing education and services. This training was an important beginning to this process.

SHine SA attending the Cross Cultural Awareness Training



# Sexual Health Information In Languages Other Than English

SHine SA has several information pamphlets available in languages other than English. Our general **Sexual Health Services** pamphet is available in the following languages:

- Arabic
- Italian
- Ukrainian
- Chinese
- Serbian
- Vietnamese
- Greek
- Spanish
- Bosnian
- Khmer
- English
- Tagalog
- Persian
- Dari

The Pill, Condom, Contraceptive Implant (Implanon), Injectable Contraception, Intrauterine Device and Sexually Transmitted Infections pamphlets are available in:

- Arabic
- Khmer
- Vietnamese
- Spanish
- Bosnian



To order these pamphlets or any other Shine SA pamphlets ring 8431 5177 or email SHineSAutility@dhs.sa.gov.au





# regional, rural and remote communities



## Why We Work With This Community

SHine SA acknowledges the difficulties for people living in regional rural and remote areas in accessing sexual health services due to their geographical isolation.

SHine SA works in partnership with these communities to support and equip them to advocate for their own sexual health needs and focus education and training opportunities on the regional rural and remote work force.



Investing In Rural Youth: Yorke Peninsula

## Youth Sexual Health Project

### There's more to Peterborough than trains!!!

Over the last year there's been lots of talk and plenty of action to try and improve the access of sexual health information and services for young people in Peterborough.

Some of this work started at a community Health Promotion day last year where young people had their own 'place so they could access information from services in a 'safe environment. Young people came during the day mainly through school and many came back in the evening to ask more questions and get information. From our discussions with young people it was found that there were limited opportunities to access sexual health information in the area. Another issue identified was that young peoples peers worked in the supermarket and chemist which had an affect on confidentiality when they tried to access different forms of contraception.

With this in mind, discussions started with local workers and especially a very enthusiastic enrolled nurse at the local hospital, who really wanted to make a difference for the young people of Peterborough. What do we do first? A survey had already been collated which highlighted that sexual health was a high priority in the area. So we had the evidence!

A Youth Sexual Health Project which was part of Social Wealth: Better Health Project began with approximately 10 young people involved as partners to guide, evaluate and implement the project. These young people developed some surveys around best places to have a condom vending machine and where sexual health information could be placed in the community enabling all young people to access. Things were happening!! Next step – working with local high school to promote some peer education training. This was not as easy to arrange as thought because of students commitments to a range of external learning but we finally got it to happen in June 2002. A meeting was held prior to the training for anyone interested in becoming a peer educator in sexual health. It also

gave the young people an opportunity to talk about the concept of peer education and what their role might be after the training. All were very enthusiastic! Issues that were identified to be addressed were unplanned pregnancy and choices, STIs, sexual coercion, alcohol and sex, confidentiality, contraception and relationships. The planning got started – we were off!!

The training was over two days in the local YMCA hall and attended by approximately 18 young people from high school, TAFE and the Horticultural Centre. The training covered the topics the young people asked for as well as values, communication, healthy vs unhealthy relationships and intimacy. Throughout the training we looked at how much information we need to give to others and ways of doing this. What messages could go out to the community? The training was very participatory and the young people took on 'helper roles during the two days to help out the 'lone facilitator.

A good time was had by all, (including the 'lone facilitator!), with lots of shared learning happening throughout the two days. A very worthwhile experience which will hopefully see some innovative things happening in the near future. It took time and patience to get it happening but it happened!! Stage two is on the go. Watch this space.....

General comments about the training included "we were able to speak freely without being "paid out", "everyone gained confidence in speaking about these issues". One Peer Educator sent an email which arrived before the facilitator did, expressing her thanks for coming up to Peterborough even though it was a long way....."you spent three days to come here and help us out in issues that needed to be discussed".

Thats what makes rural work worthwhile. It just takes a bit longer to happen!



## Investing in Rural Youth

### Using Peer Education as a Youth Participation strategy

"Investing in Rural Youth" an initiative of SHine SA, Department of Human Services, workers and young people from all rural regions in South Australia, aims to improve the health and well being of young people in rural South Australia. The key theme of the project has been the development of the capacity of workers to implement peer education as a youth participation strategy at the local level.

The project commenced in May 2001 with each Primary Health Care Team identifying a Community Health Worker to become a project worker for this project. This approach contributes to the sustainability of the project by developing partnership between rural workers, agencies and SHine SA, which lasts long after the life of the project.

The first of 4 steps in the project, was the development of a training manual for rural workers on Youth Participation and Peer Education. It is a practical, step by step guide to developing, implementing and evaluating peer education projects in partnership with young people. Step 2 involved the development and delivery of training workshops in rural locations. One hundred and ninety two workers attended the training, which took place throughout the 7 rural regions of South Australia from 11 locations.

Following the training, attendees were encouraged to collaborate and apply for a health promotion grant for their region. The health promotion grant was to use peer education to address local issues for young

people with the aim of improving the health and well-being of local young people. Thirteen grants were awarded and covered all 7 rural regions and each of these projects receives support from a project worker. These projects, are at this time, in various stages of their development or implementation and a summary of these projects can be read on page 13.

November 13<sup>th</sup> sees the showcase conference of Investing in Rural Youth and Investing in Aboriginal Youth to be held in Whyalla. Titled 'Youth - Lets Shine Together', the conference is from 1 – 9 pm, the day preceding the Year of the Outback conference and demonstrates a number of the funded health promotion, peer education projects.

In summary, the following has been achieved:

1. The manual "Using Peer Education as a Youth Participation Strategy" has been published
2. 192 rural workers from government and non-government agencies have participated in training in 11 rural locations in South Australia.
3. 13 community based peer education/ health promotion projects have been funded to develop the capacity of young people
4. Networking and collaboration has been strengthened among local workers, young people and SHine SA
5. A conference is being planned for 13<sup>th</sup> November 2002 in Whyalla

## Southern Team In The Country

### YAC-RAP Youth Project

YAC-RAP stands for 'Youth About Changing Reputations and Adult Perceptions' and through the process of peer education it provides opportunities to do this.

The YAC-RAP peer education project ran a three-day camp at Ironbank with participants from Mt Peasant, Birdwood, Mt Barker and Lobethal. Sixteen young people attended the camp. The peer education training focused on sexual health, relationships, communication, drugs and alcohol and leadership.

Additionally to gaining a range of knowledge and skills the camp also provided opportunities to build stronger relationships between young people and workers, new friendships were formed, the safe and supportive environment provided opportunities to look at peoples individual needs, young people identified needs and solutions in their own communities and was a starting point for further ventures or maybe the start of a new career.

Being a part of the day when the group started to chat about issues faced by young people and what they wanted to do about it, you could see and feel the energy and the enthusiasm and the incredible positive impact that peer education has on individuals, workers and the community.

Extra bits that came out of the training included the development of a diary that will contain the young peoples artwork, words and poetry. A number of young people have also begun involvement with the youth forum that organizes youth events and future peer education for other young people.

A similar project will also be run through CHAMPS Youth Project in August, which will cover Murray Bridge and surrounding

areas and will train young Aboriginal women.

### PEFY (Positive Education for Youth)

PEFY is the peer education training project being run in Mt Gambier about teen pregnancy and related issues. Topic areas covered included what is peer education, self-esteem, healthy relationships, drugs, alcohol, mental health, and teenage pregnancy. In amongst training topics young people also had planning session that provided opportunities to look at how to use this information in the community or what information would be useful in a peer education session.

Ten young people have consistently been involved in the training with enthusiasm and energy and additional friendships and support networks have also been developed with young people and workers. Throughout the training many ideas and initiatives have come from and been looked into by the young people including t-shirts, stickers and a logo. Additional ideas that are also being explored are an information day at the shopping centre, an inter-school social with the peer educators as speakers, a float in the local Christmas parade and education sessions to year 7 students at local primary schools.

Presently the group are also looking into a celebratory camp at Noorla Ya Long (Rendalsham) which will be spent doing outdoor adventure and team building activities.

### Victor Harbor

Victor Harbor High School are still in the initial planning stages of developing a peer education project that will look at addressing issues of peer pressure and bullying and harassment, watch this space.





Juliet Watts and Ralph Brew, SHine SA workers training in Port Lincoln

## Tuna Violence, Arguing Opal & Being Yourself in the Big Mines

Young people in isolated rural communities don't get access to the alternatives that city-based young people do. Below is a summary of what young people and workers with young people are doing to counter this in Port Lincoln, Ceduna, Roxby Downs and Andamooka though Investing in Rural Youth. And teams of devoted workers and volunteers in each town are helping make this happen. They know who they are. Images portrayed in this article are the impressions of the writer and may not reflect everyone's view.

Consider Roxby Downs. A slice of suburbia isolated in the desert. It has the highest male:female ratio in Australia and is reported to have one of the highest rate of use of sex workers. There aren't many places to hang out and for young people even less. Maintaining your masculinity in a mining town means going with the herd and that means demonstrating your heterosexual power. The pressure on young women to be sexually available and the pressure on young men to fit masculine stereotypes is therefore extraordinary. Is it any wonder that the peer education group in Roxby chose "Be Yourself", "You can say NO" and "Be Safe" as the slogans for their campaign. The group in Roxby had already gone through a training process with another project called HOPE, being administered from Whyalla which has prepared them well to consider a topic they would really like to get their teeth into. They'll be producing desktop graphics with these kind of sexual health messages, which they'll distribute to young people via disk and email. They also hope to get them placed on their school's computer system for a period of a few weeks. Thanks Jan, Annette, Kathy, Helen, Mandy, Kim and co.

Consider Port Lincoln. Seafood city. Money and lots of it; but not everyone gets their fingers on it. Class and access to money and all the trappings of plenty cast a wide gulf. Young people get caught up in this competitive environment and conflict and violence are the result. A group of workers based with West Coast Youth

Service and Baptist Community Services are making it their business to train and support young people in Port Lincoln to become peer educators in assertive and non-violent ways of solving conflict. What methods the young people will choose is unknown at time of writing. Thanks Bronwyn and Steve and co.

Consider Andamooka. Dug out of the rock. The main street is the creek which (almost) never floods. Half empty school. Now the high school students bus to Roxby and mix it with translocated suburbia. Caught between the earthy, slow and intensely community-aware town that bred them, the power of big mining money, aglow 30 km up the road and the lure of western youth culture. Conflict with parents, denial of access to accurate information about drugs and a limited sense of future is what the young there have named they want to get improved. So a youth group in Andamooka led by Verona are getting informed and they'll produce a leaflet or two which aims to give other young people tools to find a better way forward. Thanks also to Kathy, Mandy and the Horne clan.

Consider Ceduna. Beautiful bays and islands. Big rural centre. Some privatised streets with security fences. Big Wirangu and desert people communities further up the track. Young people facing a future with a big black/white divide. Jump off the jetty for kicks. A rejuvenating youth centre for the young black kids who have almost nothing else to do. A bunch of dedicated workers from all the agencies club together to make things happen. They always make good use of whatever government and non-government strategies become available. They want to help young people find ways of not letting it get to them; to find non-violent ways of dealing with verbal abuse and working on some kind of conciliation between black and non-black youth. At the time of writing, they're still in training, so it'll be interesting to see what strategies the young people choose. Thanks Kenneth, Julian, Peter and co.



## Regional Rural Remote Portfolio Group

The Regional, Rural and Remote Portfolio group met quarterly in the 2001/02 year. A large focus for the group has been the promotion of relevant SHine SA services to the rural community. This has included targeting General Practitioners through the Divisions newsletters, promoting the Sexual Health Line, web site and counselling service through articles in various rural publications, health and community agencies and the rural counsellors. The promotion of professional education to rural workers and the provision of some locally based professional education workshops has been an integral part of the portfolios work this year.

## Snapshot From The North

### Mid North Region

**SMILE (Supportive, Motivated, Independent, Lively, Educators) Port Pirie**



This project is being supported by the Uniting Care Port Pirie Central Mission to address the many issues that young people face when making decisions to leave or move out of home.

A group of 12 young people were recruited from Port Pirie and Gladstone to train as Peer Educators. An initial session was held to identify the key issues that would become part of the training. Issues addressed were: Drugs and Alcohol, Teenage pregnancy, Budgeting, Accommodation, Where to go for help?, Centrelink, Support Networks available. Training took place over eight weeks with each session finishing with lunch.

At the end of the training 'Next Steps' were identified and ideas generated included designing a unique SMILE T-Shirt to be worn to publicise SMILE, produce some give aways eg shot glasses and fridge magnets with information, offer to do some workshops with students from local and rural high schools. Other ideas were to paint Port Pirie and regional stobie poles with health messages and to produce either a booklet, pamphlet of information card with information about and moving out of home.

### JAG4 Youth By Youth Gladstone & Jamestown, Gladstone High School

This project is being supported by the Rocky River Health service and Jamestown hospital and aims to empower young people through a peer education project to improve their personal skills to enable them to identify and address health issues that impact on young people in their rural area.

Nineteen young people from Jamestown and Gladstone High schools have become involved in a training program to become Peer Educators in the Northern Areas council region. Training has taken place at the Gladstone Youth centre for nine weeks and topics covered include: What is peer education? Roles and expectations, styles of communication, relationships, sexual and reproductive health, drugs and alcohol, law and young people, ideas to get health messages out to young people. This has been a very high energy and enthusiastic group with young people from Jamestown being 'bussed in' each week to enable them to take part.

Now that the initial training has finished the Peer Educators have embarked on a number of projects to get their messages out to young people. These include: forming a sub committee to develop a 'lock in' music and health activity at the Gladstone Gaol during Youth Week in 2003. Some are busy writing off for grants and fund-raising to enable JAG 4 to produce resources and to fund other activities. Others are organising stands at the local Jamestown show and Farmcog festival. Another project is the production of a 'Lets have our say' booklet which will address local identified health and wellbeing issues for young people.

A very busy and productive group of young rural peer educators.

### Wakefield Region

#### True Colours (Clare and Burra)

This project is supported by DASC, Clare

and Burra High schools.

STAR students from Clare High and students from Burra High school participated in a True Colours training program aimed at increasing their confidence, self esteem and personal development. Due to the logistics of distance the program was delivered at each school with the students coming together for a camp at the end of the training. The students were involved in planning the camp and had been fund-raising to provide for some 'extras' on camp. The camp was held in Adelaide with students arranging and visiting a number of agencies that provide services to young people. The idea was to video these services as well as interview workers to get some information to take back to other young people in the Clare and Burra areas. They are working on a range of ideas on how this information will be disseminated in the community.

Workers from the Division of General Practice and other health services have been part of this project offering support and developing skills to facilitate future True Colours training in the region.

### Riverland Region

#### Stop, Think and Act

This project is supported by IDSC Options Berri, Riverland Special School Berri, Loxton High School and the Riverland Youth Theatre

It has been identified that young people in the Riverland have the right to feel safe regardless of their abilities or disabilities. Young people have spoken about instances where young people have been harassed, have been the subject of inappropriate behaviour, abuse and coercion. The STOP, THINK and ACT project aims to skill young people with assertive behaviours as well



Training in the Barossa Valley

as providing them with information on developing and maintaining friendships.

Students from the Riverland Special school and Loxton High with the help of the Riverland Youth Theatre, are working together to develop a drama performance which will have numerous 'skits' identifying issues of possible dangerous situations as well as some strategies to deal with the situations explored. When fully developed the performance will tour the region providing young people, parents, workers and agencies with some messages around issues of Keeping and Staying Safe. This performance will also recognise the benefits of involving young people in providing information to their peers and the opportunities for differently abled people working together on issues that affect all young people. A very special project!

#### Rivskills (Berri)

This project is just starting to happen and is in the planning and recruitment stage at the moment.

The project aims to work with a group of young men who have left school early because of a range of issues in their lives and train them as Peer Leaders to support other young people who may be going through similar experiences at school. It is hoped to recruit both indigenous and non indigenous young men who will be trained and supported by an indigenous and non indigenous youth workers from RIVSKILLS.

Camps and other activities are being planned to create a positive learning environment for the training to take place. Keep you posted. More information in the next issue!!





# people with disabilities



## Why We Work With This Community

SHine SA's Strategic Directions document identifies groups of people who have most need and least choice in accessing sexuality education and information. One of these groups is people with disabilities.

There is evidence that people with disabilities are more at risk of sexual abuse and have often not been offered appropriate education about sexuality and sexual health.

Some community attitudes & values don't acknowledge the sexuality of people with disabilities and the needs of their parents, guardians, carers or workers. This is an area of priority for SHine SA

## Ability To SHine

### A Conference for Workers in the Disability Sector

On the 17<sup>th</sup> May 2002 SHine SA was proud to present a free conference for workers in the disability sector. The conference was attended by 75 workers from a wide range of government and non-government agencies. Interest was great, with many more people wanting to attend than we had room for.

SHine SA provides education, clinic and counselling services for people with disabilities. SHine also works extensively with other agencies in providing education courses for workers as well as support and consultation. The conference was seen as a way to get some more information to workers and it was hoped that it would be useful to both workers who had previously attended our courses as well as people just starting to work in the area of sexuality and disability.

The conference was held at Balyana Conference Centre, and as usual the staff there were fantastic, attentive, helpful and the food was superb (much mentioned in the feedback evaluations we received).

Speakers for the day included Jeff Heath and Margaret Kyrkou. The undoubted highlight of the conference was the presentation of an excerpt from their play "In Your Wildest Dreams" by "No Strings Attached Theatre of Disability".

Concurrent workshops were held in the morning and afternoon on a variety of issues:

- Working with Challenging Sexual Behaviour (2 sessions)
- Inclusion and diversity
- Using Resources when teaching
- Working with Parent and Families
- Managing Menstruation

Feedback from participants showed that the workshops were generally useful and that workers appreciated the opportunity to attend and welcomed the networking and meeting new people that happened over lunch.

In a bid to provide more peer support, education opportunities and discussion for

workers in the disability sector participants from the conference are being sent a letter asking if they are interested in being involved in setting up a network. Depending on the interest Sexuality and Disability networks may be set up by each of SHine SA's Primary Health Care Teams or it may operate as one central group.

SHine SA hopes to be able to present more such conferences for workers who work with our communities of interest.

#### Morning Keynote Speaker: Jeff Heath

In the 1970s Jeff Heath showed his spirit of adventure by hitch hiking, in his wheelchair, around New Zealand. Jeff has taught English in Japan, featured in a TV documentary on disability in Central America, driven a motor home across the USA and written a book on disability in the Pacific Islands. He has won numerous awards and been instrumental in the formation of various community organisations; an internationally recognised lobbyist, author and commentator on disability issues. Jeff, his partner and their 22 year old daughter manage a successful business.



#### Afternoon Keynote Speaker: Dr Margaret Kyrkou – Wearing Two Hats

Margaret is a medical practitioner, married with two young adult daughters. The older daughter has autism, an intellectual disability and severe epilepsy, the younger works in the disability field. Margaret has worked for Child and Youth Health for 23 years as a medical officer. She is also a medical consultant to the Access Assistant Program where the staff's role is to support students with a disability and/or complex health needs in preschools/schools throughout South Australia. She is also a part-time lecturer and PhD student in Disability Studies at Flinders University. Margaret was recently honoured with a Queen's Birthday Order of Australia.

### Participants @ the Ability To Shine Conference



## Feedback From The Workshops @ Ability To Shine

The following is a summary of the evaluations from the Conference. Comments from workshop participants as well as some recommendations in relation to specific workshops have also been included.

### Sexual Behaviours that Challenge

*'Challenging sexual behaviours is such a broad area that more time would have been useful'.*

*'Would have like to have more specific strategies about challenging sexual behaviours'.*

*'Highlighted how much we take our values into conversations and program planning'.*

*'Very good model, good starting point for staff to use in an ongoing basis for people they are supporting'*

*'Model was good and still would have liked more details'*

The facilitator suggested that more time and deeper exploration and application of the model would have enhanced the outcomes.

### Menstrual Management

*'Valuable, new and up to date information was presented'*

The facilitators were pleased with the input from workshop participants as well as their eagerness to look at supporting women with a disability to manage menstruation. The strategies that came out of exploring a range of menstrual scenarios: consider the learning ability of the young woman, her present knowledge, who is the best person to give information (mother, carer, other organisation) and what is offered by school or other supporting organisation.

### Working with Families

*'Good to have group discussion and different views'.*

*'Needed to go into more details if time permitted'.*

*'Content of working with families was more meatier than in challenging sexual behaviours'*

*great activities, good discussion'.*

*'Practical and realistic'.*

The facilitators identified the following issues/ideas from the workshop: needs more emphasis on sensuality and relationships, more discussion about privacy at home for people and the difficulty of having no role models for sex (it is a private thing that you do not show people). The strategies that came out related to starting with small steps as well as being mindful and strategising about people's fears and any barriers. Remember and acknowledge the emotional investment parents have of their children.

### Resources

*'The scope of resources available was surprising and will make use of these in the future'.*

*'The resources workshop was very informative'.*

*'Excellent, participatory and inclusive'.*

The highlight of the workshop for the facilitator was the enthusiasm participants showed when asked to choose a resource and then in small groups discuss how they might use it. The process was a learning experience and promoted discussion and new ways to use resources when presented back to the large group

### Inclusion and Diversity

*'Very useful'.*

*'Good to discuss issues'.*

The facilitator reported that the scenarios in this workshop generated a great deal of discussion and like the other workshops people would have like more time for deeper discussions. The safety and permission for people with a disability to explore their sexuality was identified as an areas which workers need support.

### General Comments

The workshop was attended well and provides SHine SA and other organisations an opportunity to continue with the ongoing pursuit of making sexuality and relationships a priority area in the disability sector. SHine SA has sent out a letter to conference participants requesting an expressing an interest in developing networks in each of our regional areas. The contents of the conference workshops are now part of the contents of SHine SA's nationally accredited course, 'Improving the Sexual Health of People with a Disability.

The following are the topics and issues that participants identified as unmet or in need of more information:

*'Is it possible to have session for the teaching sector'.*

*'More on specific ways to deal with parents'.*

*'Wanted more on supporting people with complex needs and communication difficulties'.*

*'Strategies for exhausted ideas with the difficulty still there'.*

*'More emphasis on working with people who are non verbal'.*



No Strings Attached performing an extract from "In Your Wildest Dreams"



# Disability Portfolio Group

The Disability Portfolio group met on several occasions from November to May to plan the conference for workers in the disability sector.

The group has also been responsible for the updating of proformas and procedures used when working with people with disabilities. These are now clearer and easier to use. They protect the confidentiality of the client more and give increased power to the client with a disability. They ensure for instance that clients have the opportunity to agree or not agree to attend counselling or education sessions and where possible give their own information and make appointments. The intake form also ensures that the client agrees to their worker or carer giving information to SHine SA before information exchange occurs.

## Disability Worker Education for Country Workers

Two rural workshops for workers who work with people with a disability have been held at Mt Gambier and Whyalla. Some of the topics that were covered included: presentation of a model which explores sexuality, exploring and identifying own and other's values, contraception update, sexually transmitted infections, beginning a discussion about sexuality as well as sexual behaviours that challenge.

The Mt Gambier training included a workshop for workers in the disability sector, a half day for parents and another half day for people with a disability. It was a difficult time as the person I had been liaising with passed away one week prior to our arrival. Her hard work and dedication to the area of disability and the work done to make the workshop successful were acknowledged at the start of the workshop.

Even though we walked into a period of adjustment, with the death of a colleague, the workers from Mt Gambier Options were extremely helpful and contributed largely to the success of the workshop.

The same topics were covered at the Whyalla workshop and also discussed was the importance of organisations having policy and procedures relating to human relationships and sexuality to assist workers to understand the rights of people with disabilities.

Both workshops were well attended with approximately 30 people participating. Exciting prospects for the development of professional education include working in partnership with rural organisations to build the capacity of workers through flexible learning programs, including on-line education.

Participants @ the Ability To Shine Conference



## Are you a Worker or Carer in the Disability Sector?

Sexuality & Disability is sometimes a difficult issue for workers. SHine SA is interested in forming regional support groups for workers in this field. The group would give support, education and the opportunity to strategise and debrief with other! If you are interested or would like to discuss the concept further Please contact Rae Birch 83258166 or [rae.birch@dhs.sa.gov.au](mailto:rae.birch@dhs.sa.gov.au)

## Advocacy in Disability

Advocacy is one of the most enjoyable and challenging aspects of my role as a community health nurse with SHine SA. I have acted as an advocate and support person for many clients but it has been particularly rewarding working with clients with a disability, mental health illness or clients who are disadvantaged by their social and emotional circumstances.

Advocacy has included accompanying clients to appointments and ensuring the clients have a clear understanding of why they are there, what their options are and that they are listened to and are active participants in any decision making about their treatment. Often the client has not attended previous appointments, as they have been fearful of the outcome. I have taken clients with a disability to visit a sex shop where they have been able to explore aspects of sexuality previously unknown or denied to them.

I advocated for a client who was undergoing a gynaecological procedure in a day surgery ward. It had taken several years for her to pluck up the courage to have the procedure. I accompanied her to theatre and asked all the male nurses and doctors to leave the room until the client had been anaesthetised. Even though she consented for them to be present she said she could not go through the procedure if she actually saw them in the room. Once the staff had an understanding of her fears they were very cooperative.

Advocating for clients with housing, financial difficulties, poor literacy and those who have experienced domestic violence, drug and alcohol abuse, sexual abuse, child protection issues, inadequate care arrangements are all part of an holistic approach to client care. These issues can have a significant impact on a person's sexual health and decision making. Its amazing what enhanced outcomes come out of just "being there" for the client! The experience can certainly reinforce the importance of listening to the client, respecting their viewpoint and for workers not to impose their own values and agendas on to the client.

Some of my more memorable experiences of supporting clients over the years include attempting to park a client's gopher outside a city sex shop and taking off down the road as I struggled to find the brake (much to the amusement of my client and passers by), avoiding a siege as I endeavoured to take a client to long awaited appointment, and a vicious dog attack to a delicate part of the anatomy.

Clients continue to present at SHine with complex issues. I believe it is important to look further than the presenting issues eg STI check or pregnancy test and recognise the impact that such things as mental illness and violence can have on a person's ability to keep themselves safe and make informed choices about their sexual health care.

## Disability Services In The South

Disability remains a strong focus in the Southern region. We have continued to provide support to people with disabilities, parents and workers in the disability sector, by providing 1 to 1 support/education and group work programs. 2002 has also seen the Disability Conference which was a fantastic opportunity for networking and skill development.

The team has also been providing support to special education units in schools which has provided students the opportunity for education and for the teachers some education and staff development. An example of this is the program for young people with disabilities at Mount Barker.

The program was not that different to the ones that we facilitate on a regular basis, apart from the fact that it was located at Mt Barker High School. The program targetted the southern rural regions providing an opportunity for the teacher to gain a higher level of skill in the area of sexuality education for his eager students in the special education class. The students had an existing knowledge base, so the program provided some added information in particular in the area of healthy sexual

relationships. A bonus with this program was that the students were eager to learn and it was full of fun.

An area that remains a concern for parents is teaching young people with a disability about protective behaviours and issues that have an impact on self esteem-confidence and it is important that programs include these issues. SHine SA was involved with IDSC "IDEAS" project, a parent peer education project. SHine SA was represented on the steering group and co-facilitated training for the parents of young people with disabilities who were training as peer educators to other parents. Co-facilitation of these sessions for SHine SA involved presenting information on basic counselling skills, how to listen effectively; how to engage the person your want to help; importance of not jumping in or rescuing; what is rescuing?

SHine SA also presented on how to talk to your teenager with a disability about sexuality and relationships. This program utilised resources from SHine SA, so parents knew what services were available through SHine SA and what resources were available to help them communicate.

## Young Women's & Mens Group

Team teaching with the co-ordinator of the Smithfield Plains Special Education unit was considered the best way of fulfilling a request for sexual health education for a group of young women & men with disabilities in term 4 of 2001. After extensive planning it was decided that work would start with 2 same sex groups at the beginning of Term 4.

The co-ordinator of the unit had only recently returned to the school but had done some sexuality work previously in Queensland. She had all year to build up a good repore with the students. Arrangements had been made for the teacher to be present at every session. A male teacher had agreed to be with the boy's group.

The first couple of sessions were spent with getting to know you activities and checking out what previous knowledge the students had. It became very obvious that within the girl's group there were 2 distinct groups of young women. One group were more advanced in their knowledge and 'experience' with sexuality issues. The younger age group were very limited in their knowledge and had little understanding of adolescent development. The information

needed to be delivered in a much simpler format than for the other young women. This made combined lessons very difficult, as it either bored the older girls or it went over the heads of the younger girls. This is often a reason why young people with an intellectual disability mange to go through school without any knowledge of sexual and reproductive health issues. The information may have been given but not in a manner that was appropriate for learning. For this reason it was decided after 3 sessions to split the group into 2, with the younger group following on the lesson of the older girls. In this way the program was modified to make it relevant to both age groups.

The younger group focussed on adolescent development, body changes , male & female, periods, public and private and keeping safe. The older girls needed this information re-enforced but expanded on plus we also discussed relationships, contraception and sexually transmitted infections. The boys program was very successful although most of the boy's wanted all to believe they were very worldly but they appeared to learn many new things

## Disability Services In The North

The Northern Primary Health Care Team has concentrated its efforts on providing training for workers as well as working with clients.

An opportunity arose to provide a 'one day' training to workers in the Riverland who were completing their Community Services certificate. 18 workers participated in a program that was tailored to contribute to the competencies that they needed to achieve. It was well received and presented participants with some challenges. We are hopeful that we can continue to make a difference for both workers and clients in the Riverland through providing training and support.

We also took the initiative and approached the Regency Institute of TAFE, Elizabeth Campus to see how information around sexuality and disability could be incorporated into the Certificate 3, Community Services Certificate. It was decided a one day workshop would be offered to increase students knowledge and awareness around issues of sexuality and the impact that disability has on a person's sexuality and the choices they make. This was quite challenging for the students who were unsure what area they might be working in after they have finished their course. I expect for some this would have helped them make their choices! The evaluations were positive and for some an 'enlightening experience'.

We have also presented a half day workshop to workers from Elizabeth Bowey lodge which was a challenge to us as this organisation provides a respite service to young people with often quite severe disabilities. Contrary to our beliefs that workers can make a difference for people

with disabilities these workers may only see their clients once a month for 2-3 days. This provides limited opportunity for continuity and the workers work within certain constraints within their role as care giver. This workshop certainly made us think on our feet but also gave workers the opportunity to explore issues of sexuality for adolescents with a disability and challenging behaviours.

Three workers from the Northern Team contributed to the success of the recent 'Ability to SHine' conference which was attended by disability workers from both metropolitan and rural regions.

An evening in Berri for the Riverland Special School on Protective Behaviours was attended by 20 parents. This evening was well received and created good discussion and allowed parents to share their ideas on a range of concerns they have with the developing sexuality of their children. The northern team has also been involved in:

- the Barossa with a "Laugh and Learn" group for people with mixed disabilities over eight weeks.
- asked back to run a discussion about the impact of sexuality for people with multiple sclerosis
- involved in the training for special education teachers in the Northern area
- supporting teachers and workers and continuing with 1-1 clients.

We have achieved all of this by working collaboratively as a team as well as working with staff from a range of organisations.











# gay, lesbian, bisexual and transgender people



## Why We Work With This Community

SHine SA upholds the rights of lesbian, gay, bisexual and transgender people to express their sexuality free from discrimination and to have access to the full range of sexual health services.

SHine SA will strive to positively influence community attitudes and counter discriminatory practices and negative attitudes which prevent lesbian, gay, bisexual and transgender people accessing services.

## GLBT Portfolio Group

Over the last year the portfolio group has:

- Coordinated SHine SA's involvement in the Feast festival.
- Made recommendations on videos and books on GLBT issues that should be included in the library and resources centre.
- Explored strategies to promote SHine SA's services and programs to the GLBT communities.

## Improving Partnership with Gay and Lesbian Communities

**How do you get yourself known? Work with a peer-based organisation!**

The core service organisations connected with and involving lesbian and gay people anywhere in the world are nearly always peer-based community switchboards or telephone counselling/referral services. They allow both anonymity and real connection for isolated and oppressed people in homophobic societies. They also offer a niche for lesbian, gay, bisexual and transgender members of those communities to get involved in making a difference.

In South Australia, it is no different. The local agency, the Gay and Lesbian Counselling Service (SA) Inc. is such an organisation. In helping meet the sexual health needs of the South Australian community, SHine SA therefore needs to have close communication with GLCS.

In 2002, SHine SA has contributed to this by co-facilitating the second evening's training for the new group of service

trainees. This involved exploring what sexuality and sexual health actually mean as well as playing a simulation game which helps pull apart some of the many oppressions that people experience, and to examine how some of these may interact with heterosexual dominance and homophobia. Feedback from the group was generally positive.

SHine SA followed up by participating in an EXPO of agencies which volunteer workers in the GLCS need to know about when referring clients to safe, supportive "mainstream" agencies. Two staff attended and found that the GLCS volunteers kept them busy with many questions.

It was great to meet so many motivated people and to share ideas and experiences of working with the GLBT communities. We look forward to future work with GLCS and to providing services such as clinics, counselling and/or library services.

### SHAW: Comedy Debate "Is Laughter Better Than Sex"



## Why have Good Sexual Health When You Can Have Better Sexual Health!

We know that being gay, lesbian, bisexual or transgender is not always easy. But, thinking about issues like safer sex, HIV/AIDS and accessing GLBT friendly services and service providers **CAN** be easy.

Better sexual health means:

feeling good about yourself • being able to get accurate information • being accepted for who you are • being treated with respect and dignity • having your needs met by health care providers • making decisions that are good for you • knowing about the things that may put you and your health at risk • having heterosexual people acting as allies and advocates in order to prevent discrimination • having choices if, how and when to have children • experiencing safe satisfying relationships throughout your life.

As **SHine SA** we understand that safer sex is much more than just putting on a condom or using a dam. It starts with being proud, celebrating your sexuality and living in a community that celebrates with you. **SHine SA** is working with the Gay, Lesbian, Bisexual & Transgender community to provide services and resources for better sexual health.

## Exploring Safer Sex

Most of us want to be respectful and responsive to the needs of our sexual partners don't we?

But what's the point if you find yourself doing things that tickle too much, smell scary, taste yucky, hurt or don't quite *feel right*? This could be a question that anyone could ask, don't you think?

And surely these kinds of considerations are also central to anyone's *general* sexual orientations too; your basic attractions and non-attractions; the stuff that bores you and the stuff that you find downright repellent. Well, depending on your mood at the time...

As a part of Sexual Health Awareness Week 2002, SHine SA ran a session exploring safer sex for the Bfriend Project. Bfriend is a service devoted to supporting men and women who are newly identifying as being same-sex-attracted or who are coming to terms with a lesbian, bisexual or gay sexuality, to develop social networks and skills and confidence in themselves. Naturally sexual choice, emotional safety and feeling good about yourself will be important factors in work with a group like this. The workshop focussed on looking at sexual health in broad terms and provided people with a safe place to explore what sexual health meant for them. The evaluation response from the workshop was overwhelmingly positive. Indeed some said that exploring the emotional and ethical side of sexual activity and choices was something they would like to look at further.

Below, is some of the thinking, which guided this workshop and which should be of relevance to any group, regardless of their sexuality.

The public health response to HIV and other STI's has been heavily biased in favour of mechanistic techniques to avoid infection. There are now whole generations of people who have had the disease-avoidance message jammed down their throats with little attention to the more subtle and value-laden area of our rights and responsibilities as sexual and emotional beings. It is evident in the work SHine SA does, that for most people sexual health means "freedom from disease" and they expect a discussion about sexual health and sexual choices to be based on the niceties of avoiding infections. (Yawn?) Could any audience in Australia have been more trained in this direction than the gay male and (by association and mutual regard) lesbian audience? The history of the response to the HIV/AIDS epidemic in Australia has seen to that.

It therefore seems worthwhile to validate freedom of choice by exploring the many reasons why some people might *like* to (or *prefer not to*) engage in some sexual practices, far beyond whether you can *catch* something from them.

There are benefits to challenging the disease-based framework. It helps open up a community discussion about other factors, such as the right to negotiate a sexual repertoire that is more about what *feels right* for you. The right to say "no" or "yes-but". After-all, isn't lesbian, bisexual or gay identity partly about being the sexual person that *feels* most *right*? Add to this the internalised oppression which lesbian

and gay people struggle with in a homophobic society and there is the distinct possibility that some may unhappily proceed with a range of sexual activities which they actually don't want to do. Or conversely, run away screaming from what could be seen as a scary sexual menu. Nearly a third of young men and women grow up believing that they don't have the right to say "no" to sex when it is offered to them. <sup>(1)</sup>

So, who defines what's on the menu? One way to think about this is to consider anal sex amongst gay men.

Australian research shows that only 34-37% of gay men consider anal sex as being important, whilst 1/3 of those who have casual sex, never have anal sex with those casual partners. <sup>(2)</sup> However, in this context of *low importance*, up to 70% engage in anal sex either regularly or occasionally. What is the reason for this difference between *importance* and what actually *happens*?

Does this mean that 35% of gay men have anal sex simply because their partner expects it, or because they both anticipate that this is expected of them? By Whom? The focus on condoms as a basis for HIV avoidance does help reinforce this part of the sexual menu. Certainly, most people assume that "sex" equals penetration. Therefore most people assume that anal sex is what gay men do when they have sex. This assumption can be extremely difficult and scary for men who want to reach out for sexual and/or romantic involvement with other men. It would also be true to say, that most of the time even gay men who enjoy anal sex, don't have this as the main focus of their sexual menu.

The centrality of everyone's right to define the limits and flow of sexual activity needs to be reinforced and some of these facts made clear.

SHine SA does not do a huge amount of work with gay men, or with lesbians for that matter. But what SHine SA is very good at, is exploring the rights and responsibilities of the sexual being, the diverse nature of sexuality and in challenging assumptions about what sex actually is.

SHine SA looks forward to further opportunities to explore this work.

**Ruby Royal Reserve**

**@ Black + Yellow + Love SHAW  
Event -14 February 2002**



<sup>(1)</sup> Lindsay, J., Smith, A. & Rosenthal, DA 1997, *Secondary Students, HIV/AIDS and Sexual Health 1997.*, Centre for the Study of Sexually Transmitted Diseases, Latrobe University, Victoria.

<sup>(2)</sup> Prestage, G., Knox, S., Kippax, S., Benton, K., Mahat, M., Crawford, J., Richters, J., French, J., & Van de Ven, P. (1997), *The Men & Sexual Health : A demographic and Behavioural Comparison of Three Samples of Homosexually Active Men in Sydney, Melbourne and Brisbane*, National Centre in HIV Social Research, School of Behavioural Sciences, Macquarie University, Sydney. pp. 21-23





# workers

## Workers Portfolio Group

This has been an exciting and busy time in the provision of professional education. The Professional Education and Resources team have provided professional education opportunities for 1321 workers. These have included accredited programs, workshops and conferences. SHine SA doctors have conducted 14 courses updating 300 doctors across South Australia in the insertion of the contraceptive implant. Staff are regularly teaching graduate and undergraduate students across a wide range of programs in Universities, TAFE Institutes and other adult education facilities.

This year as part of SHine SA's accreditation as a Registered Training Organisation we have had to ensure we comply with the new national standards for Vocational Education and Training programs. Those staff who deliver units of competency from the Community Services Training Package have reviewed their assessment processes so that course participants are now assessed through a workplace project where they put the skills and knowledge they have learned during the course into practice within their own workplace. This ensures that the study they are doing is relevant to their particular area of work.

The SE&X course for Youth Workers has been piloted this year with 2 metropolitan and one country course. These courses have been oversubscribed with very minimal advertising. In the course development both youth workers and young people who have used the services of youth workers were consulted extensively to produce a course that was relevant to youth workers and addressed the issues of young people. The evaluations from the first course show a high level of satisfaction. The course that will be conducted in Port Pirie will be delivered flexibly with a mixture of classroom delivery and learning materials for home/work study.

The team has coordinated the development of 3 new programs including a one day workshop around talking with young people about their sexual health issues, counselling skills for nurses in preparation for their clinical training and relationship issues for women Aboriginal Health Workers. The latter two will be run later in the year.

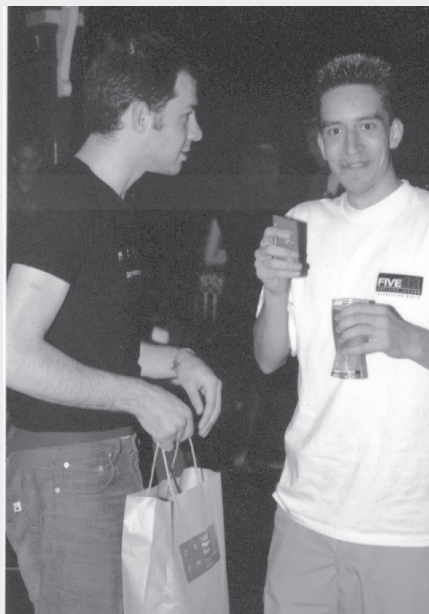
In the Library and Resource Centre our new Librarian has begun making changes, updating catalogues, increasing the availability of journals via a variety of library networks, increasing the availability of resources and plans to automate the borrowing and returns process.

Other programs staff have been involved with include the development of Teach it Like it is, Investing in Aboriginal Youth, Ability to SHine conference and supporting the development of a statewide Aboriginal Health Worker Association.

The Professional Education and Resources team has been working with the Project Coordinator of the Website redevelopment to explore the possibilities of online support for professionals ensuring that the web is a place where workers can access up-to-date information about sexual health issues, courses and SHine SA services.

All team members have extensive networks and have developed collaborative relationships with a wide variety of agencies. Partnerships with these organisations have seen valuable and creative developments which support sexual health education and training. We take the opportunity to thank our colleagues across the state who have worked with us and supported SHine SA's education programs.

### A SHAW Worker during the Hotspots Pub Crawl



## Medical Students

Workshops for 5<sup>th</sup> Year Obstetric and Gynaecology Medical Students in the North originated approximately 6-7 years ago after discussions with the Medical Director of the Lyell McEwin Health Service. It was realised at this stage that the information the Medical Students received on contraception and sexual health was extremely limited. Even though their rotation included the post natal wards and gynae clinics there was little time for extensive discussion with clients about contraception or sexual and reproductive health issues.

The Northern Team enthusiastically agreed to offer a half day workshop on contraception, and the Medical Director made it a compulsory component of the students Obstetric and Gynaecology rotation at the Lyell McEwin and Modbury Hospitals.

The workshops are held 3 times a year at the beginning of each semester and are facilitated by a Nurse and Doctor. The workshops have evolved over the years

with input and evaluation by the students, to now be a full day workshop. This includes contraception in the morning session, with opportunity for detailed discussion on the many forms of contraception available, as well as a teaching session on 'how to teach a patient to take the Pill'. As many of these students will end up in General Practice, detailed knowledge about the "Pill" is considered to be essential for their future practice.

The afternoon session deals with the area of unplanned pregnancy. In addition to the workshop students are given the opportunity to attend and observe at a SHine clinic. The clinical session is optional, with mainly the female students taking up this opportunity.

Between 42 and 60 medical students attend these workshops each year, so over 6 years that amounts to between 250-360 students, all who now have a better understanding and greater knowledge of Contraception and Sexual Health.

## Why We Work With This Community

Building the capacity of workers around sexual health ensures that services are provided to a larger number of people than SHine SA could directly reach.

## Sexual Health Network for Nurses

The Sexual Health Network for Nurses (SHNN) is a very exciting innovation of SHine SA. Although the notion of a network had begun early in 2000 it was not until the "Shyn The Light Conference" held in September 2000, where the interest of setting up a network was sought from nurses attending the conference. Nurses were also given the opportunity to join the Network at the Annual Sexual Health Update held in July 2001.

Nurses showed immediate interest and in a short time there were approximately 60 nurses on the database. There are now 80 nurses who have joined the Sexual Health Network for Nurses.

The aim of the SHNN is to "facilitate cooperation, networking and partnerships among SA nurses by providing a forum for professional development, discussion and action to improve the sexual health of the South Australian community"

The Terms of Reference are to:

- Provide networking opportunities for nurses
- Coordinate regular professional updates for nurses on sexual health issues
- Initiate debate and discussion on sexual health issues
- Inform members of current research, identify research opportunities and contribute if possible to the process
- Identify sexual health issues and actively act or advocate to improve the sexual health of South Australians.

Meetings are held bi monthly and topics are organised by the SHNN Working Party, which consists of nurses from hospitals, both the Flinders University and the University of South Australia, community nurses, and SHine SA. The topics are based on the original suggestions made by the nurses in the first instance at the Shyn the Light Conference and the inaugural meeting.

The inaugural meeting was held on Wednesday 26<sup>th</sup> September 2001 with 35 nurses attending the meeting to hear an update on Sexually Transmitted Infections with a focus on Adolescent Sexual Health.

Each network meeting has continued to attract 30 – 40 nurses and the topics so far have included:

- "Talking Sexual Health with Young People" an update for nurses from the SHNN (as well as other workers) provided by the Professional Education and Resources Team during Sexual Health Awareness Week 2002
- "The Emergency Contraceptive Pill and Implications for Clinical Practice (Including Standing Drug Orders)"
- "Working with Gay, Lesbian, Bisexual and Transgender People for Positive Sexual Health Outcomes."

Meeting topics to be held later this year include:

- Perimenopausal issues / Medical and Non Medical
- Breast Health and HRT

Many rural and remote nurses are unable to attend these workshops on a mid week evening so permission has been sought from speakers to video tape their session for distribution to rural nurses. This has proved to be very successful strategy and welcomed by rural nurses.

This has been an exciting and challenging opportunity as we continue working towards building the sexual health knowledge and skills of nurses in South Australia to improve the sexual health of the South Australian community.

### Prue Crouch at SHine SA Display at the Nursing Conference



### Disability Workers @ The Ability To Shine Conference





# professional education

## Teacher Education

The role of Coordinator of Teacher Education involves supporting teachers and whole school communities to provide comprehensive relationships and sexual health education for young people. Comprehensive relationships and sexual health education can contribute positively to a young persons health and well being, it involves providing young people with relevant knowledge and enabling them to develop confidence and skills and the ability to access youth friendly health services.

Supporting teachers and whole school communities in this area requires working in a diverse range of ways. The most significant project in the last 12 months, has been the writing of a teaching and learning resource for teachers of Middle School students called 'Teach it Like it is'. For more details see the resources section.

In August 2001 and April 2002 relationships and sexual health courses were run for teachers of Middle School students. The course encourages teachers to explore adolescent development, and appreciate that sexual development is a normal part of adolescence. Through a range of activities teachers consider the social context within which young people make decisions about their sexual health, teachers discuss how learning in this area can be made relevant and appropriate for students. The course also provides teachers with up to date sexual health information and explores a range of methodologies most suitable to teaching in this area. The course models strategies for establishing a safe and supportive classroom and school environment as teaching and learning in this area deals with sensitive issues and can be challenging for both teachers and students. Teachers have consistently found the course to be valuable, relevant and fun.

In the past 12 months I have conducted workshops with groups of teachers at Golden Grove, Norwood/Morialta High School, Hewitt Primary School and Forbes Primary School.



**Jane Flentje:**  
**Coordinator - Teacher Education**

I work with the University of South Australia and Flinders University to provide training and information about teaching relationships and sexual health to students who are training to be teachers. Both of these Universities recognise the importance of health and seek the support of organisations with expertise on a range of health topics.

I represent SHine SA and sexual health on the Health Directorate of the Australian Council for Health Physical Education and Recreation (ACHPER). Through this collaboration I have conducted several relationships and sexual health education sessions, a conference workshop and contributed to a year 12 enrichment day.

The Health Promoting Schools project supported Bowden Brompton Community School and Riverland Special School by providing grants to develop, implement and evaluate an a whole school approach to improving relationships and sexual health. As part of the Riverland Special School I conducted 1 1/2 days of training with all the staff about relationships and sexual health education for young people with disabilities.

SHine SA has an Operational Agreement with the Department of Education and Children Services (DECS) that describes how we will collaborate to improve the health and wellbeing of young people in schools, particularly in the area of relationships and sexual health. As a part of that collaboration I meet with representatives from DECS, the Drug Strategy and Mindmatters (A National Mental Health strategy). The purpose being to develop a student health and wellbeing framework that supports school communities to address health issues in a consistent and complementary way.

In my work with schools I continue to be impressed by the passion and commitment teachers have and their willingness to participate in training and development so that they can offer relevant and comprehensive relationships and sexual health education.

**Participants of workshop for teachers from Disability Schools on Protective Behaviours - August 2001**



**Participants of the SE&X Course with Hon Steph Key, Minister for Social Justice, Housing, Youth, The Status of Women**



## Medical Education

In 2002 SHine SA has offered 2 courses to doctors training in general practice and this year, for the first time, the courses are able to be combined. The course is offered to all general practitioners in training through the Royal Australian College of General Practitioners but it is done by SHine SA as the 2 day Introductory Course in Sexual and Reproductive Health. This is a practical workshop in basic contraception, sexual health counselling and sexually transmitted infections intended to equip less experienced GPs with enough knowledge and skills to be competent in these areas and is generally highly rated by the doctors who do the course. Their recommendation has meant that this course has been taken up by the two new consortia which are now conducting the training of general practitioners as the College is ceasing direct training of general practitioners.

The Introductory Course is usually run twice a year, generally in March and September, and in September 2001 the course was, for the first time, dovetailed with the national Certificate in Sexual and Reproductive Health. The first two days of the Introductory Course are the same as the first two days of the Certificate so participants can choose to do the Certificate in two separate blocks of time which can



**Katrina Allen:**  
**Coordinator Medical Education**

be more convenient for some. The Certificate attracted 12 doctors this year, a rich mixture of younger less experienced GPs and a smaller number of very experienced GPs who attend for the Continuing Professional Development points in an area that is core to general practice and yet rarely gets detailed attention in medical education. It was an exciting week with visiting lecturers most days and lots of discussion on contentious issues such as young people's sexual health and menopause treatment. These participants can now go on to complete the national certificate by participating in 1:1 clinical teaching sessions which are offered at SHine SA clinics. Both of these courses are being offered in 2003.

In addition, SHine SA continues to teach the students of both Adelaide and Flinders Medical Schools in reproductive health, a contact which has generated occasional medical student placements with SHine SA. Cathy Gresch, a fifth year Adelaide medical student, spent four weeks with us in January 2002 doing a mixture of clinical and other work, and helping to research some SHine SA leaflets. In these ways we hope to go on influencing the delivery of sexual health services in the primary care sector and raising awareness and interest in sexual health issues.

**Medical Education Participants & Gues Speakers**



## The SE&X Course

In 2002 41 workers, 4 peer educators and 29 organisations from the youth sector will be doing a lot more talking about SEX - supporting young peoples' Sexuality Exploration and Xpression. The first city-based pilot of the SE&X Course has been delivered (to participants from health, housing, welfare and corrections) and will be followed by one other in the City, and one in Port Pirie.



**Roxanne Adams:**  
**Coordinator Youth Worker Education**

Some themes that have emerged from Course discussions to date are:

- The number of sexual health issues that are integrally connected to the youth worker role.
- Appreciation of the depth, breadth and seriousness of the consequences of *not* recognizing, valuing and taking up sexual health work as a legitimate element of youth work roles
- A greater understanding of the capacity to shape, influence and support (and equally silence or hinder) a young persons' exploration or expression of sexuality
- Appreciation (and sense of relief) that no-one has *the* answer to most sexual health-related issues, but that it's time to "*get comfortable*" in order to find what these answers might be for individuals and an appreciation also that there is no 'end point' to these conversations
- Clarification of how abstinence education, or a lack of open discussion contributes to poor sexual health outcomes for young people

- more mixed-gender programs need to be hosted to provide spaces for young men and women to learn about each other
- Young men need to be focused on in encouraging as well as constraining ways

- Young fathers are mostly 'invisible' and there are no ongoing services catered specifically for them

At present the initial participants are busy completing their assessment tasks, which include a workplace project. These projects range from service needs assessments to facilitating sexual health games, to creating informative fridge magnets! It's heartening to see and hear the impact of the course through these projects. One participant reported that while some clients made fun of issues during the playing of a sexual health-focused game, they then followed up privately with questions such as "I know I said 'gross' in the group, but my boyfriend and I do that, and I can't remember if you said it was safe or not..."

I look forward to completing delivery of the courses and supporting participants with their hugely beneficial workplace projects. As the position is now ongoing I can build more sustainable relationships and strategies to support organisations in delivering services that compliment work aimed at improving sexual health outcomes for their clients.

Workers can be listed on a waiting list for future courses by phoning Sharon Formosa 8431 5177.



## Committed to Improving Indigenous Sexual Health

SHine SA is currently implementing a new relationships and sexual health strategy aimed specifically at South Australian Indigenous youth. The Investing in Aboriginal Youth project has been developed in direct response to Indigenous youth having been identified as a priority target group.

SHine SA Indigenous Sexual Health Educators, Ros Pierce and Paul Elliott say it is crucial that the social, emotional and medical issues surrounding teenage pregnancy are addressed. "In South Australia, the Indigenous teenage pregnancy rate is 4 times that of non-Indigenous teenagers, with alcohol and other drug and substance misuse often contributing factors", they said.

"Teenage pregnancy impacts significantly on the lives of our youth, on elders - as they often have the responsibility of caring for grandchildren, and on the entire community. We are always talking to and supporting young people who lack parenting skills and are unable to accept responsibility for raising and providing for the needs of babies and children. This is about children, raising children", they said.

"Through the various SHine SA projects that focus on Indigenous youth, we are providing Indigenous youth with access to relevant sexual health and relationships information so that they make informed choices about their sexual health and well-being".

### Investing in Aboriginal Youth

Investing in Aboriginal Youth Project is a new initiative currently being developed in consultation with Indigenous people who are working with Indigenous youth in South Australia. The course involves training people to work with, and assist, young people in their communities to identify issues that are relevant to them. Priority areas identified will receive small grant funding that will go towards addressing sexual health needs. Coordinators, Ros Pierce and Paul Elliott said the project



**Ros Pierce: Coordinator Women's ATSI Sexual Health Worker Course**

requires community participation.

"People involved with the delivery of the various projects will need an understanding of sexual health either through having done SHine SA's Indigenous Men's and Women's Sexual Health Care Course or through relevant experience. In addition, a man and a woman will be involved in the delivery of the Course in each region".

"Investing In Aboriginal Youth is about empowering workers, and in turn the youth they are involved with, to make informed choices about relationships and sexual health. It's about providing accurate information on contraception, unplanned pregnancy, sexually transmitted infections, relationships and partnerships, and risky behavior so that Indigenous youth make informed decisions about life style choices". A two day workshop for Indigenous workers has already been held and other courses are planned for 2002.

### Indigenous Men's and Women's Sexual Health Care Course

The Indigenous Men's and Women's Sexual Health Care Courses are nationally accredited and open to Aboriginal & Torres Strait Islander workers. Course Coordinators, Paul Elliott and Ros Pierce describe the courses as different. "Unlike many courses, these course take a holistic view of sexual health. We look at sexual health as a very positive thing. It is something that affects all of us and therefore should be something we are all talking about", they said.

The Indigenous Men's and Women's Sexual Health Care Course is a 6 day course which focuses on relationships, contraception, sexuality, sexual abuse, anatomy, sexually transmitted infections and pregnancy. Men's and Women's Sexual Health Courses are run separately. More information is available from Paul Elliott and Ros Pierce at SHine SA Ph. (08) 8431 5177.

### Disability Workers @ The Ability To Shine Conference



## Professional Education & Training Activities at a Glance

There were 1321 participants in professional education and training programs. 76% of participants were women and 24% were men.

32% of participants were from country areas

Professional Education and Training participants included:

- Registered Nurses
- Medical Officers
- Disability Workers
- Teachers
- Aboriginal & Torres Strait Islander Workers
- Youth Workers

## Nurse Education

### Theoretical Component

Nurse Education at SHine SA continues to provide good sexual health knowledge and skills to Registered Nurses. The two theoretical components of The Sexual Health Course for Registered Nurses have been well attended this year, attracting a mix of metropolitan and rural nurses as well as some from interstate. There have been some other professional workers, such as social workers, who have also accessed the course this year because of their need of sexual health knowledge.

Evaluations by the participants of the courses have provided feedback that has encouraged changes to sessions provided in the course and the inclusion of speakers with skills and knowledge in specific sexual health areas. Participants' assignments have been interesting to read because of the varied topics that have been chosen and good learning has occurred for the nurses in the subject areas they have chosen to research and write about.

### Clinical Component

The Clinical Component continues to be offered by the SHine SA Primary Health Care Team Registered Nurses with the clinical placements for the participants shared across the three teams with lots of cooperation and communication between nurses to make sure that the best possible training is provided for the nurse participants. This year has seen the introduction of the two nurse clinics at SHine SA which has provided good training opportunities and experiences for the participants. The assignment of the Clinical Component of the course provided the nurse participants with an opportunity to reflect on their clinical practice. This has, in some cases, been achieved through an oral instead of the customary written presentation.

In the evaluations following the completion of their two week clinical placements the nurses have commented on the excellent help and guidance that their preceptors and clinical teachers have given them during their training and also on the advanced sexual health skills of these teachers that they have observed. The nurses at SHine SA work very hard to make sure the clinical placement meets the needs of the participants.

**These SHine SA nursing staff facilitate several components of the Registered Nurses Course**



**Prue Crouch: Coordinator Nurse Education**

### Maintaining Nurses Clinical Skills

Many of the participants and their preceptors maintain contact, sometimes for years following the clinical placement because of the good partnerships that have been set up between the nurses who work in the metropolitan and rural areas which are supported by their Primary Health Care Team.

The introduction of a process, which is modeled on the Peer Review of Clinical Skills for

Registered Nurses, to update and review the sexual health clinical skills of nurses outside SHine SA has also been offered by the nurses in the Primary Health Care Teams this year. This appraisal process has been accessed by a number of nurses to increase their employment opportunities and provided nurses with documentation to support their clinical practice competence. Preceptors are now being approached to provide a follow up review of the clinical skills of the nurses they have preceptored one year or more on from their original clinical placement.

### University Recognition

The Sexual Health Course for Registered Nurses has gained recognition for status for nine units with the University of South Australia during 2001, in the Post Graduate Bachelor of Clinical Practice and we are in the process of seeking status with Flinders University.

### Staff Development for Nurses

Various updates, including the Annual Cervix Screening presented as a collaborative event between the SA Cervix Screening Program and SHine SA and the Sexual Health Updates have been well attended and have provided good learning for nurses.

The most exciting development for nurses in South Australia has been the introduction of the Sexual Health Network of Nurses. This network which had its inaugural meeting in September 2001, is supported by SHine SA and has sixty members as at June 2002.

Nurse Education continues to provide regular update information to SHine SA metropolitan and rural nurses by post or email and recently through video taped sessions, for example the Sexual Health Network of Nurses meetings and the Annual Contraception Update.

The nurses at SHine SA have commenced the second round of Peer Reviews of their clinical skills.



**Cervix Screening Update for Nurses - July 2001**





# professional education

## Improving the Sexual Health of People with a Disability

Over the past twelve months SHine SA has presented two six-day workshops for workers in the metropolitan disability sector. The six-day course is nationally accredited and allows opportunities for participants to be assessed against two Customised Units of Competency from the Community Services Training Package. Those competencies are CHCAD2A – Support the interests, rights and needs of clients within duty of care requirements and CHCCD2A – Provide Community Education



**John McKiernan: Coordinator Disability Worker Education**

On day one of the course we explore the history of disability in our society. The history refers to a period in the early 19th century with people with disabilities being seen as the result of, and the cause of sexual immorality and suggestions that there was a link between criminal behaviour and disability. In the early 1950's for people with a disability, contact with the outside world was fairly limited and in the sexual revolution of the 60's and 70's came the deinstitutionalisation or normalisation of people with a disability. The safe sex and protective behaviour strategy of the 80's and 90's was in response to the risk factors of sexual assault of people with disabilities as well as a response to HIV education. The 80's and 90's brought messages of safe sex and an increase in protective behaviours for people with a disability and this history and the prior treatment of people with a disability has had an impact on all of us.

The outcomes and issues we face as

workers due to this history are explored, discussed, debated and put into action throughout the course. The assessment component provides an opportunity for participants to develop specific projects or programs in consultation with consumers.

Some of the issues that we explore and participants develop projects and programs about relate to statistics such as, women with a disability being eight times more at risk of being sexually assaulted than women who do not have disabilities. Men with a disability being four times more at risk of being sexually assaulted than men who do not have disabilities.

The most poignant part of the workshop is when participants hear from people with a disability. They challenge us as workers by suggesting from their experience that the conditions which have been set in place for people with disabilities have not changed that much. In our current society, people with a disability are still devalued as members of the community and experience oppression (the dominance of one group over another) on a day to day basis.

It is clear throughout my eight years experience of running the workshops that there are talented and committed able-bodied people advocating for the needs of people with a disability. Is this enough? Much more needs to be done to enable people with disabilities to fully participate equally in all aspects of community life.

### Guests at the Ability To Shine Conference



## and training

### Minister's Visit To The North

**From Left: Annette Brown (SHine SA), the Hon Ms Lea Stevens (Minister for Health) & Sue Arwen (SHine SA) at a visit to the SHine SA Northern Team base @ Munno Para**



## Men's Sexual Health Course for Male ATSI Workers

The second male sexual health course was held in May 2002. Eight completed the six day course.

To date there have been twenty Indigenous male workers around the State who have completed the training.

The course has undergone review and redevelopment. The Registered Training Authority has initiated changes in the way we assess and evaluate the course content. There is considerably more cultural content and we have endeavored to remove content that may offend our traditional participants. Where we feel it is something that cannot be avoided, plenty of warning as to the content to be discussed is given and men who wish to leave are able to so, while some culturally sensitive areas and topics are discussed.



**Paul Elliot: Coordinator Male ATSI Health Worker**

Feed back from the last course was positive for the way we dealt with sensitive areas and it was recommended that the course be available to all Indigenous men.

There have been positive outcomes from the men's course evident around the State. Some of the participants are working with children in primary schools, youth in high schools and providing resources in the communities.

Coordinating the course has been a rewarding time for me, being a part of this whole learning experience that we have shared. It has been one truly mutually giving and sharing of information, which is occurring at these training sessions. I have many fond memories and affection for the people I have come to know. I look forward to a long association and friendship with you all.

## Community Education @ A Glance

There were 13023 participants who attended a variety of community education programs during 2001/2002.

Participants in these programs included Aboriginal & Torres Strait Islander peoples, recent migrant and refugee arrivals, young people in and out of school, young adults from a range of tertiary and community settings, people with disabilities and parents.

Worker participants included Aboriginal workers, youth workers, nurses, doctors, teachers, school counsellors, workers who work with refugees and migrants.

## Australia Visit: A Brit Abroad



**Rachel Garbutt [Third from left] with SHine SA Staff & Guests**

I work for Brook in the UK. Brook is a sexual health, counselling and outreach centre for young people under 25. You can have a look at our national website – [www.brook.org.uk](http://www.brook.org.uk) (due to be revamped September 2002). I work in the Manchester centre, which is in the North West of England as the Director.

In February 2001 The Winston Churchill Memorial Trust (WCMT) awarded me a travelling fellowship to visit 5 cities in Australia to look at initiatives for improving the sexual health and wellbeing of young people with a focus on teenage pregnancy. The UK has quite a high rate of teenage pregnancy and although we do have a national teenage pregnancy strategy there is still a lot to be learnt from other countries. The aim of the fellowships generally are to broaden your personal horizons but also bring information and experiences back to the UK to benefit society as a whole. There are Australian WCMT offices and for links you can look at their UK website on [www.wcmt.org.uk](http://www.wcmt.org.uk)

SHine SA was the first stop on my journey after a 48 hour delay (thanks British Airways – no problems with Qantas, just good old BA!) and I had a fantastic time. People took time out of their busy days to let me talk to them or tag a long to their groups and observe. I also visited the local infection-testing centre and various young persons services (eg Second Story) whilst I was in Adelaide. I was particularly interested in the structure of SHine SA and the focus on community capacity building. I have already tried to use some of SHine's ideas to influence work in Manchester.

The main things I learnt whilst visiting Adelaide, Melbourne, Hobart, Sydney and Brisbane included how to integrate mental health services, the importance of a positive approach to young people, the need to prioritise training as capacity building as opposed to ad-hoc work in the community and probably most importantly to focus on communities of interest.

Thank you to Kaisu and her team for a brilliant time.



## Clinical Services

Clinical services, provided by experienced doctors and nurses at SHine SA, continued to be provided weekly at nine metropolitan locations, monthly at Lower Murray Nunga women's club and quarterly at Ceduna/ Koonibba Aboriginal Health Service. Clinics provide access to women and men seeking high quality care for a range of sexual health issues, early intervention and prevention.

While SHine SA has operated clinics since 1970, the focus shifted from family planning/contraception services to women, to broader sexual health services for women and men in the mid 1990s.

During 2001/2002 5,041 individual clients attended 10,054 clinic appointments and were provided 17,321 services. There was a 20% increase in client attendances in 2001/02. Over 50% of clients were "new clients" not having previously attended a SHine SA clinic. Increasingly more clients are attending because of complex sexual health issues, referral by their general practitioner or other agency.

Clients can be assured of having their needs met with appointment times that allow for comprehensive assessment, care and education. Clinics provide more than just access to our clients. Clinics are also important for the clinical practice training of doctors and nurses completing a course in sexual health. 5<sup>th</sup> Year medical students also attend observation clinics. Combined with theoretical instruction, the clinic

practice training ensures a skilled medical and nursing workforce in sexual health. Almost 50% of doctors and nurses attending clinical practice training are from country areas of South Australia.

Traditionally, SHine SA has employed doctors and nurses to work together in clinics. A review of this 'model' in 2001 saw the introduction of two-doctor and two-nurse clinics in September 2001 to the doctor/nurse clinics. Two doctor clinics were implemented at Noarlunga, Port Adelaide and Salisbury, to increase access by young people, particularly young women under 16. These have been effective in ensuring that young people have access to high quality non-judgemental services that meet their specific needs.

Two nurse clinics were implemented at Noarlunga, Kensington and Munno Para. These clinics provide access for early intervention and prevention and provide services such as screening, assessment, education and health promotion. With the introduction of Standing Drug Orders, nurses are now able to supply specified therapeutic substances. Nurses refer clients with sexual health problems to SHine SA doctors. Two nurse clinics have enhanced the role of nurses at SHine SA and provided an opportunity for the training of nurses in nurse only clinics.

The changes were achieved within the existing clinic services budget. The three models are currently being reviewed and a report will be available January 2003.



## Clinic Services Activity @ a Glance

Clinical services provision is an important part of the core work of SHine SA and contributes to early intervention and prevention and the improvement of the sexual health of the community. Clinics are located in areas to improve access by the communities of interest including young people, young adults, Aboriginal and Torres Strait Islanders and people from culturally and linguistically diverse backgrounds.

### During 2001/2002

Over 10,053 clinical services were provided to 5041 individual people.

- 96% of clients were women, 4% were men
- 15% were under 19 years of age
- 16% were 20 to 25 years of age
- 8% identified as Aboriginal
- 8% identified as culturally diverse
- 2% identified themselves as having a disability
- 1.5% identified as being gay, lesbian, bisexual or transgender

### Income Sources for Clients

- 6% had no income
- 25% were pension/benefit recipients
- 44% were salary/wage earners
- 3.5% were self employed

### Length of Consultations

- >5 minutes <10 minutes 6.2%
- >10 minutes <20 minutes 33%
- >20 minutes <45 minutes 53%
- >45 minutes 6.5%

### Top 5 Services Provided as a Percentage of All Services

- Screening and assessment including cervical smears, breast checks, STI screening, HIV screening - 18%
- Education and information including provision of contraceptive choices, prevention of STI's, safer sex information - 34%
- Provision of contraception (oral contraception most frequent) - 14%
- Counselling and support including abuse, unplanned pregnancy - 7%
- Treatment for diagnosed sexual health problems - 6%

## Getting Under Your Skin: Implanon

A new contraceptive is now available in South Australia. Doctors who are trained in this procedure insert a thin rod that is smaller than a toothpick, into the inner upper arm. The contraceptive effects last for 3 years but the implant can be removed at any time. Further information is available at the SHine SA website, by contacting the Sexual Health Line or Primary Health Care Teams. All SHine SA doctors are trained in this procedure and SHine SA can also refer clients to trained general practitioners across the state.

## Therapeutic Counselling

### Southern Team

The sexual health counsellor in the South is involved in community meetings, holds the disability portfolio for the team and hence does much one to one education with people with disabilities as well as maintaining a high counselling case load. In the past year, the main issues that counselling client's have presented with include : unplanned pregnancy and also 'differences' in levels of sexual desire in relationships. These are two of the main issues that lead people to seek counselling generally at SHine SA, although there is a great variety of sexual and reproductive health issues that people come to see us about.

There has been an increase in a number of younger clients who are wanting to explore issues that have an impact on their sexuality, including issues affecting sexual desire. It has been encouraging to see increased numbers of young people who are feeling comfortable about coming to SHine SA in the South. The South continues to offer support through email or telephone if necessary, which opens up opportunities for counselling for rural clients. A number of clients have attended the Woodcroft site travelling from areas outside the city limits, and to these clients we have been able to offer much needed support.

### Northern Team

For the first half of this year, we have been extremely fortunate to have a worker from the private field working casually in the Northern team to replace an existing vacancy while we searched for a replacement counsellor. This worker 'fitted in' well and offered a great service in the North.

In the past year the Northern team has seen an increase in the number of men requesting counselling around the issue of sexual desire and specific sexual concerns.

### East/West Team

The East/West site has remained busy. There has been a number of issues such as concerns relating to sexual identity, and a steady request for counselling by young people. Counselling about sexual concerns for women has also remained high in the region. The influx of counselling in relation to unplanned pregnancy has provided an opportunity for information to be offered by the clinic nurses.

Towards the end of 2002 SHine SA is planning to facilitate a program for couples (ie: married or de-facto) where the male partner has identified as 'same-sex attracted'. The couples who have expressed interest in the group already, will themselves decide on the nature of either a group or gathering. If you wish to talk about the possibilities for this gathering, please contact the counsellor at (East/West Team, SHine SA) and/or Bfriend (part of the Adelaide Central Mission, City).

The East/West team Sexual Health Counsellor has also been a member of two working parties at Women's Health

Statewide (WHS). The first is a statewide committee advocating for the improvement of services for adult survivors of childhood sexual abuse, and includes other major 'service provider' representatives. The second focuses again on childhood sexual abuse, in particular looking at its effects for the ante-natal, birthing and early mothering experiences of women survivors. This committee has supported the work of a project officer at WHS, who has developed an information pack for workers (eg for obstetricians, social workers, nurses and midwives) and also consulted with staff and key agencies on the needs of workers in hospitals and other settings. Issues raised so far include the need for education and awareness raising in relation to the potential impact of childhood sexual abuse on the experiences of women survivors, during such times as pregnancy or giving birth (eg 'triggers' include gynaecological / invasive procedures by male doctors, a sense of 'loss of control'; physical manifestations of trauma may also arise). In future, hopes are for the project to be extended so that consultation with survivor groups and some other workers (eg counsellors) in Adelaide may be possible, as the next step in this unique project's development.

### The Counselling Team

The counselling team has also had a number of other professional commitments such as assisting in training and programs within the community. These professional opportunities provide the counsellors with a variety of tasks in their overall role, and enables us to use knowledge gained from conversations with clients in order to effect mainstream change (eg: to improve people's access to services which help to improve their sexual health and well-being).

Across teams the major issues presented in counselling still appear to include sexuality / sexual concerns (often relating to past abuse). Some clients are seeking support and assistance regarding unplanned pregnancy, same sex attraction / homophobia, desire concerns, gender issues, and so-on.

Counselling is available at all regional bases however, a counsellor is only available on specific days at each regional team location, so please ring for waiting time and exact days that counselling is offered.

### A scene from Tell It Like It Is Resource Booklet



## Therapeutic Counselling @ a Glance

There were 618 client attendances

86% of clients were women

45% of clients were on a Pension/ Benefit

Top 3 reasons for attendance:

- Relationships (20%)
- Child Sexual Abuse (9%)
- Intimacy (7%)

Communities of Interest:

- Disability (2%)
- Gay Lesbian Bisexual Transgender (7%)
- Aboriginal & Torres Strait Islander (0.3%)
- Young People 13 - 19 (6%)
- Young Adults 19 - 25 (14%)
- Regional Rural Remote (8%)



# organisational

## European Conference on Contraception Genoa 2002

In early 2002 SHine SA was offered the chance to send a representative to the 2002 European Conference on Contraception, to be held in the Italian coastal city of Genoa, April 10 -14<sup>th</sup>. This offer was made by Organon, the pharmaceutical company which has introduced the contraceptive implant Implanon to the Australian market, in part in recognition for the extensive work SHine SA has done in educating GPs about the implant. It was agreed to attend and Dr Katrina Allen enjoyed the richness and hospitality of this ancient Italian port, home of Christopher Columbus, as well as the stimulation of an international conference.

Highlights of the conference were:

- A fascinating lecture on abortion in Europe, which has the lowest rate with Belgium 6 abortions per 1000 women (15 -44 years) and one of the highest Russia (62/1,000). The different legal positions on abortion were explored, summarised by the statement that "there is no country [in Europe] where abortion is completely illegal or always legal." An interesting point was made that Sweden has a relatively high abortion rate even though it has in place most of the social support to encourage contraception. The difference described here is that unwilling parenthood is deeply unacceptable in Sweden so the option to abort was more common in unexpected pregnancies.
- An associated lecture looked at changing attitudes to abortion and was distinguished by considering men and concluding confidently "both women and men should be involved in taking reproductive risks."
- An engaging workshop on Implanon (see page 22)
- A thoughtful lecture on Cancer and the Pill - finding that, when other factors were accounted for, there was still an increased risk of cervical cancer in women who had used the Pill for contraception. This risk was greater for women in developing countries.
- Much discussion in workshops and lectures about whether women want to have a regular period or not. Much of this discussion is a result of the consideration that longer cycles of active/hormone Pill may be both easier to take and less likely to fail. A 12 week

cycle Pill has been released in USA (Seasonale - 1 period a season presumably!) and there was exploration of the common clinical experience of women who had run their active Pills together to avoid periods/ migraines/ PMT, etc. Cross cultural studies indicated that women in many different cultures didn't prize regular periods.

- A lively session on male contraception which pointed out that the methods were there but lacked the flamboyant advocate the Pill had had in Dr Pincus. Good suppression of sperm is achieved by adding testosterone or even more efficient adding progestin as well. Clinical trials of these methods are proceeding but the marketing will is not evident.
- Lothian Emergency Contraception Project an exciting exploration of the effect of making emergency contraception available through general practices, family planning clinics and other community and acute service outlets. This access was advertised by the issue of postcards to the 85,000 women, 16 – 25 years, who live in the target area. The effect of this improved access is being assessed by monitoring the abortion rates during the period on the project.
- Other presentations on Emergency Contraception reported on over the counter emergency contraception i.e. available at chemists. Only Sweden and Norway have emergency contraception available on a help yourself basis, many other Western countries have it as a non-prescription medicine. Analysis of this use indicates that women did use it as emergency contraception not as a regular form of contraception, no adverse medical events were reported and there was no increase in ectopic pregnancies. There were significant positive effects in an increase in interest in contraception as well as improved access to emergency contraception.
- An illuminating workshop on managing Implanon in practice reported on page 22 (Getting under your skin)

Overall it was a wonderful opportunity to be part of the ongoing debate and discussion on developments in contraceptive technology and practice and to see that the work we are doing fits into a dedicated effort by similar organisations in many countries.

## Workplace Training In The North

In August 2001, I started workplace training with the northern SHine SA team, at Munno Para. At the time I was studying Certificate IV in Community Services, Youth Work, and am now studying for a Diploma in Youth Work. My training at SHine SA has been an excellent opportunity to learn new skills in many areas, such as facilitating and working with groups of young people. During my placement at SHine SA I had been involved in information session for High School students, co-facilitating the True Colours program at Gawler, and attended Health Expos and set-up information stands about SHine SA services. I attended the Investing in Rural Youth Workshop held in the Barossa, which was very interesting and reinforced some of the things I had previously been involved with, in my own area. I finished my work placement training in December 2001.

Even though my work placement had come to a finish, I have still involved myself with activities at SHine SA. After being at SHine SA I realised there was a need in my area for people to have access to information on Sexual Health, and successfully applied for funding that was

available for Sexual Health Awareness Week. During February I set up information displays within the Council district I live in. It is hard to say how many people accessed the information available, however it did create the opportunity for issues to be brought out in the open and discussed.

I also went along to the Parks Community centre and helped in the construction of the float, which was used in the Fringe Festival Parade to promote SHine SA and SHAW. I never knew you could do so much with plastic and bamboo! I t was fun to be involved in the parade as well and see how well the finished product looked under the lights.

I hope that I have other opportunities to be involved with SHine SA. My training at SHine SA has been a great experience and I have learnt many things that will be a great asset to me. I'd like to thank all the people I have worked along side of and for making me feel welcome and part of the team at Munno Para. I specially would like to thank Ornella for her time, and support. Once again thank you.

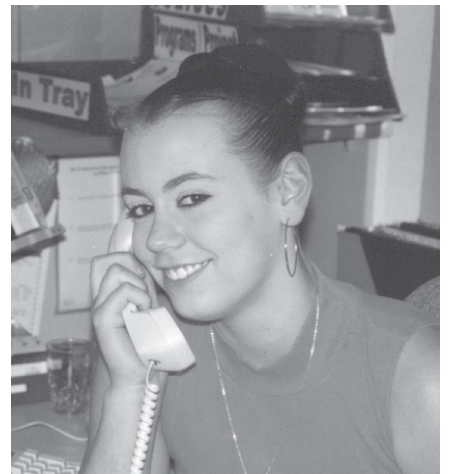
Melissa Stewart

## Work Experience @ SHine SA

In September 2001 the Executive Team participated in a Work Experience Program with a student from Banksia Park High School. The student, Alaisha, spent one week with the organisation to experience working within a primary health care organisation.

Alaisha also worked with members of the Professional Education and Training Team and East/West Primary Health Care Team. Some of the duties that Alaisha undertook included word processing, switchboard, reception, photocopying and filing.

As a result of this program Alaisha worked for SHine SA on a casual basis. She has also been successful in obtaining a 1-year Business Administration Traineeship with SHine SA.



## SHine SA Advisory Committees

### Community Health Worker Advisory Committee

The Community Health Worker Advisory Committee (CHWAC) has continued to meet quarterly this past year and has been instrumental in developing and reviewing teaching resources. The main item on the agenda for the past 6 months has been the development of a peer review process similar to that used by nurses within the organisation. The current high workloads of Community Health Workers has however made this process slower than hoped for. Along with the peer review process the committee has started some discussions about the role of the Community Health Worker within a changing and dynamic organisation. We anticipate that these discussions will add clarity to the scope & breadth of this role.

### Nursing Advisory Committee

The Nursing Advisory Committee contributes to the work of SHine SA by coordinating the development, implementation and evaluation of standards of nursing practice; contributing to continuous quality improvement; research and professional education and training of nurses.

Following a review of clinical services May to July 2001, the NAC was instrumental in implementing two-nurse clinics in three metropolitan locations. A review of these clinics has been planned for early 2002/03. Working with the Medical Advisory Committee, Standing Drug Orders were developed and implemented giving SHine SA nurses the authority to supply certain Schedule 4 drugs.

NAC has provided leadership for the establishment of the Sexual Health Nurses Network. With some 80 members, nurses from across South Australia now have regular professional development opportunities and a strong network of colleagues to share information about improving the sexual health of the community.

### Medical Advisory Committee

The Medical Advisory Committee consists of one doctor per team, the Medical Educator and a management team representative. The role of MAC is to ensure that SHine is delivering best practice sexual health services based on available evidence.

MAC has been involved in the following activities over the last year:

- Development of a peer review process that links with the Continuing Professional Development process for doctors
- Development of standing drug orders that can be used by nurses
- Implanon Training and mentoring
- Development of a general leaflet on contraception
- Development of the MEDS newsletter which provides updates to all clinical staff
- Ongoing quality assurance of clinical services and critical incident review
- Implementation of research, in particular a survey of Implanon users.

### Sexual Health Counsellors Advisory Committee

This year has seen some instability in the Sexual Health Counsellors Advisory Committee due to counsellor positions in the North and South being occupied on a short term basis. With the return of Sexual Health Counsellor in the South and the employment of Sexual Health Counsellor in the North the Sexual Health Counsellors Advisory group can undertake some long term planning during the coming year.

## Studying to Improve SHine SA's Work with Young People

Four of our staff members are currently undertaking a Graduate Certificate in Adolescent Health and Welfare by correspondence with Melbourne University. All four, including a Doctor, a Teacher and two Community Health Workers, were awarded scholarships from SHine SA because of their involvement and commitment in working with young people.

This is the second time that SHine SA has offered scholarships to staff. Last year 4 other staff members completed the one year course. These staff members found that the course consolidated their skills in working with young people, particularly those who are considered "at risk" or vulnerable. It also enabled the staff to be up to date with current research and approaches. All staff members passed their course with flying colours and one staff member has now decided to pursue further studies with a Master Degree.

The course runs over a full academic year and covers such subjects as Adolescent Development, Professional Skills and two

units of Socio-environmental context of Adolescence. After attending the induction workshops in February of this year, the staff members have all worked hard in doing the necessary reading, completing the assignments and meeting all the other requirements of the course.

Studying by external study mode is never easy but all four students have found assistance only a telephone call or an email away. They are now well under way to completing their studies. They have all found the course very useful and have enjoyed the experience.

### Ability To Shine Conference





## Library Services

January 2002 saw the retirement of Patrica Cox, the Coordinator of the Library and Resource Centre, after 24 years of service. All at SHine SA wish her well in her retirement and thank her for her dedication to the Library.

Since arriving at the Library and Resource Centre, at the end of January, I have learnt a lot more about SHine SA's strategic directions, the work it does for the South Australian community and of course a lot more about sexual health. The library has undergone a few changes too, I have been able to semi-automate the library so that we no longer have to use cards in the back of books when borrowing and have gained access to our online journal subscriptions so that journals can be viewed from staff computers. Inter library loans are now available through country libraries and organisations and I look forward to an increase in the number of



**Sharon Pawelski:**  
**Coordinator**  
**Library &**  
**Resource Centre**

people using this service when the library catalogue is available on our new website at the end of 2002.

There has been an increase in the number of people using the library this last financial year with over 256 new library members registered. We have added 176 new books to the collection.

We have two regular volunteers, Robyn and Ann who work tirelessly on a variety of tasks and greatly assist in keeping the Library and Resource Centre running smoothly.

The library has free membership and the public is welcome to borrow books. Opening hours are 9.00 am - 5 pm Mondays to Friday. For more information please contact Sharon Pawelski, Coordinator: Library and Resource Centre, SHine SA, telephone (08) 8364 5537 or email [sharon.pawelski@dhs.sa.gov.au](mailto:sharon.pawelski@dhs.sa.gov.au).

### SHine SA Library @ Kensington



## Resource Centre

The Resource Centre has a large selection of videos and teaching resources which are available for loan to organisations and individuals who have paid an annual membership fee. Over 2,300 loans were processed and over 100 new members registered this financial year. Of these, 76 are metropolitan based and 24 are from the rural areas. The new membership categories are as follows:

- 5 Aboriginal Health Agencies
- 9 Community Health Services
- 27 Disability Agencies
- 18 High Schools
- 11 Primary Schools and R-12 Schools
- 4 Independent Schools
- 5 Women's Health Agencies
- 9 Youth Health Agencies

The remainder are private organisations, universities, government and non-government agencies. For more information and copies of the Resource catalogues please contact the Coordinator of Library and Resource Centre on telephone: 8364 5537 or email [SHineSAResources@dhs.sa.gov.au](mailto:SHineSAResources@dhs.sa.gov.au).

## Website Under Reconstruction

As a part of the SHine SA's commitment to provide quality accessible sexual health information to the community, we embarked on an uncharted course of website build exactly four years ago. [www.shinesa.org.au](http://www.shinesa.org.au) was publicly launched in October 1998.



Mitousa Design have successfully tendered for the redevelopment. SHine SA will be working in partnership with them to ensure that the new design will make the website more accessible and navigation simple and easy to use, while still reflecting the organisation's image as a dynamic and progressive

leader in sexual health. Redevelopment will be complete and the site will *go live* in November 2002.

The new site will be customer focussed, rather than information directed. We are currently consulting with specific user groups, including representatives from our communities of interest, to identify community needs.

### SHH Nurse respond to a query



While the website has successfully served its purpose (with thousands of hits per month), we have identified that the:

- software is outdated and unable to be upgraded
- website is not portable, restricting SHine SA from seeking competitive hosting services
- design is looking tired and outdated.

SHine SA has decided to update the website to make business practices more efficient for both the organisation and the community. New features will include online library and resource database, online registration and payment for professional education, online ordering system for resources, as well as printable leaflets, pamphlets and other resources.

## Keeping The Community Informed

### Written Client Information

Throughout 2001-2002 SHine SA has continued to produce quality sexual health information for the South Australian community. The information is regularly reviewed and updated by SHine SA staff and consultants. The leaflets most commonly ordered this year are:

- Clinic Locations ..... 7482
- Contraceptive Implant (Implanon) ..... 6802
- Emergency Contraceptive Pills ..... 6312
- The Pill ..... 5692
- Sexual Health Services ..... 5537
- Sexually Transmitted Infections ..... 5470
- Safer Sex ..... 5372

The total number of pamphlets distributed in 2001/2002 was 111,879.

The total number of pamphlets ordered by other agencies eg community health centres, general practitioners was 28,429.

The total number of pamphlets in languages other than English distributed was 4,842.

### Website [[www.shinesa.org.au](http://www.shinesa.org.au)]

SHine SA's website received 774,264 page requests in 2001/2002.

The top **Sexual Health** information pages were:

- How To Put On A Condom ..... 12384
- Contraceptive Implant (Implanon) ..... 10683
- Female Condom ..... 6765
- Thrush: Vaginal Health (Natural) ..... 4222
- Guys Sex Stuff ..... 3845
- Emergency Contraception (Spanish) ..... 3436
- Information on Abortion in SA ..... 2867

The top **Programs/Projects** (Hot Topics) pages were:

- Are You Using Your Mothers Contraception ..... 3564
- Parents Having Your Say Project ..... 1902
- What Do You Reckon? ..... 1251
- Sexual Health Awareness Week ..... 1222

The top **Services** pages were:

- Sexual Healthline (SHH) ..... 2055
- Professional Education ..... 1058
- Library Acquisitions ..... 1003
- ATSI Men's Course ..... 904

## Sexual Health Hotline

### 25 Years of Service

A wide variety of consumers are contacting this service to receive up-to-date and expert knowledge in all areas of sexual health - contraception, sexually transmitted infections, pregnancy (planned and unplanned) sexual difficulties, puberty, menopause etc.

This year has seen some major changes in contraceptive health which has impacted on the calls received.

The introduction of Implanon has led to questions such as- "what is it? Which doctors around the state insert? What side effects can I expect? Will this bleeding settle down - how long should I give it - is there anything I can take? Can I take it while I'm breast feeding? I've put on a lot of weight, will this settle? What effects if I use this long term?"

Emergency Contraception (ECP) - This back up method of contraception has had 3 changes in the last year. Enquiries regarding the changes have been from doctors, pharmacists, nurses and potential users of the method. Changes have included the improved formulation of 2 doses of 750mcgms of Levonorgestrel taken 12 hours apart. Up to this time Australian women had to take 2 doses of 25 tablets of Microlut/Microval to achieve this amount, but as of the 1<sup>st</sup> July, 2002 they can take Postinor-2 (2 doses of 1 tablet which is the same formulation). The other change is that ECP can still be given up to 120 hours from the unprotected intercourse with some possibility of effectiveness. As nurses on the service it is still important for us to convey that the earlier that ECP is given the more chance of effectiveness.

ESSURE - the method of female sterilisation that can be performed without a general anaesthetic - "how much does it

cost? Do I need a referral? What are the side effects? Are you protected straight away?"

Our staff are fortunate in having continual updates on all areas of sexual health through network meetings, doctors and nurses information sessions, relevant conferences and the continued ability to review medical and other journals from around the world. Most importantly we know how to research information we may not be familiar with if requested and are able to refer callers to places to get the information they need, particularly at other relevant websites.

The SHine SA web site is also attracting a number of enquiries by Email and these are also directed to this service. The nurses on SHH now have the challenge of answering queries by writing a reply and this is sometimes harder when the person isn't available to ask more questions to get all the information required to give the best advice.

SHH has now been in operation for 25 years and the number of calls indicates it still fulfills an important need in the community.

### Sexual Health Line @ A Glance

There were 3662 clients who contacted the Sexual Health Line during 2001/2002.

76% of callers were women and 24% were men.

The top three reason for contacting the Sexual Health Line included

- general contraception issues
- sexually transmitted infections
- emergency contraception.



# classified ads

## Clinical Services

### Port Adelaide Clinic

SHine SA runs a confidential Sexual Health Clinic at

**Port Adelaide Community Health Centre**

**Fridays 9 am – 4 pm**

• Pap Smears • Safer Sex Information • Men's Sexual Health • Contraception • Breast Checks • Sexually Transmitted Infection Checks • Menopause • Drop in Pregnancy Tests • Unplanned Pregnancy Counselling • HIV, Hep B and C Testing and Counselling • Any Sexual Health Concern • Emergency Contraception

**To make an appointment telephone 8364 5033** Interpreters can be arranged free of charge

### Youth Clinics

**Salisbury Shopfront**

**Thursday pm**

Shop 4 72 John Street Salisbury  
Appointment Recommended.

**Tel: 8254 8200**

**Second Story Youth Health Service (City) - Tuesday pm**

57 Hyde Street Adelaide  
Appointment Necessary.

**Tel: 8232 0233**

**Port Adelaide Community Health**

**Centre - Wednesday pm**

Dale/Church Street Port Adelaide  
**Tel: 8364 5033 or Drop in**

## Sexual Health Counselling

SHine SA has Sexual Health Counsellors in each Primary Health Care Team. You may want to talk about:

• Sexual Difficulties • Sexual Assault/Abuse • Living with HIV/AIDS • Making choices about parenthood • Unplanned Pregnancy • Post Abortion Counselling • Sexuality/ Sexual Relationships or other concerns related to your sexual health or sexual relationships. You can make an appointment in each of the PHC Teams:

**North 8254 8200 • South 8325 8164 • East/West 8364 5033**

## Clinics

Doctors and nurses provide confidential sexual health services for both women and men. A fee of \$10 is payable each year. Concessions are available.

### northern clinics

Telephone **(08) 8254 8200** for details on days/times and appointments

**Modbury** [Tea Tree Gully Community Health Service] • **Munno Para** • **Salisbury** Shopfront [Appt 8281 1775] • **Elizabeth** [Lyell McEwin Health Service]

### southern clinics

Telephone **(08) 8325 8164** for details on days/times and appointments

**Bedford Park** [Flinders Medical Centre] • **Noarlunga** [Noarlunga Health Village]

### east west clinics

Telephone **(08) 8364 5033** for details on days/times and appointments

**Kensington** • **Port Adelaide** [Aboriginal Health Clinic] • **Adelaide** [Second Story Youth Clinic Appt 8232 0233] • **Port Adelaide** [Port Adelaide Community Health Centre]

### Drop-in Pregnancy Tests

A pregnancy testing service is available from all of the Primary Health Care Team bases.

**Monday - Friday, 9 am to 4 pm**

There is a cost involved, which can be reduced or waived if necessary. Please bring an early morning urine sample.

**North 82548200 • South 8325 8164 • East/West 84315177**

### Pap Smear Reminder Women - Take Charge of Your Health!

Have you ever had sex?

Is it more than two years since you had a Pap smear?

If you answered YES to these questions it's time you had a Pap smear. Contact your local General Practitioner or SHine SA Clinic.

### Where to go?

You can go to your own doctor or see a doctor at

- SHine Clinics
- Second Story
- Street Link
- Pregnancy Advisory Centre
- Community and University Health Clinics
- Emergency Departments

For more information on ECP or SHine SA go to [www.shinesa.org.au](http://www.shinesa.org.au) or contact one of the following

### Primary Health Care Teams

East/West 8431 5177

Northern 8254 8200

Southern 8325 8164

### Sexual Health Line (9am - 1pm Mon to Fri)

Telephone 8364 0444

Toll Free 1800 188 171

TTY 8431 5177



**Worried about the consequences of unplanned or coerced sex?**

**Did the condom break?**

**Or maybe you forgot to take the pill?**

*Did you know that you can now take ECP (Emergency Contraceptive Pill) up to 5 days (120 hours) after unprotected sex to reduce the possibility of pregnancy?*

*So if pregnancy is not part of your immediate future, see a doctor as soon as possible and ask for ECP.*

*The earlier ECP is taken, the more effective it is in reducing the risk of unplanned pregnancy.*



The best way to plan your future is to practise safe sex until you are ready to become pregnant. Remember using a condom is the only way to prevent Sexually Transmitted Infections.

## Information Services

### Sexual Health Line

**9 am to 1 pm Monday - Friday**

Email: [sexualhealthhotline@dhs.sa.gov.au](mailto:sexualhealthhotline@dhs.sa.gov.au)

Telephone (08) 8364 0444 **Country Callers** 1800 188 171

TTY (08) 8431 5177

A confidential free phone-in service providing information and referral on all areas of contraception, relationships, sexuality and sexual health.



**This service is provided by registered nurses**

## SHine SA Online

Visit SHine SA's new website. New to the site:

- Young People Section
- Professional Education Section
- Media Centre
- Virtual Resource Centre
- Online Registration
- And much more ....

**[www.shinesa.org.au](http://www.shinesa.org.au)**



## Resource Centre

A selection of videotapes and teaching resources are available for hire by organisations and individuals.

Catalogues of Videotape Holdings and Teaching Resources describe each available item and the suggested target audience. Material available on topics including:



- Aboriginal Health • Reproduction • Gay, Lesbian, Bisexual & Transgender Issues • Contraception • Foetal development/Birth • Infertility • Relationships • Sexual Concerns • STIs • Adolescent Sexual Health • Disability & Sexuality • Men's Health • Multicultural Issues • Safer Sex • Women's Health

tel **8364 5537**

**1800 188 171** [Country Callers]

email [SHineSAResources@dhs.sa.gov.au](mailto:SHineSAResources@dhs.sa.gov.au)

## Library Services

The Library offers a large collection of books and information on sexuality and sexual health.

Become a library member. A wide range of books, journals, reports, research articles and leaflets are available on:

- Contraception • Pregnancy • Unplanned Pregnancy • Adolescence • Men's & Women's Health • Safe Sex • Fertility • Infertility • Sexuality • Sexually Transmitted Infections • Sex Education • Parenting • Human Reproduction • Foetal Development & Birth • Gay, Lesbian, Bi-sexual & Transgender Health • Disability • Relationships • Sexual Techniques & Pleasure • Multicultural Issues • Aboriginal Health



**Please contact the Library Officer on**

**tel 8364 5537**

**country callers 1800 188 171**

email [SHineSALibrary@dhs.sa.gov.au](mailto:SHineSALibrary@dhs.sa.gov.au)

Library Hours: **Weekdays, 9.00 am - 5.00 pm**



Professional Education

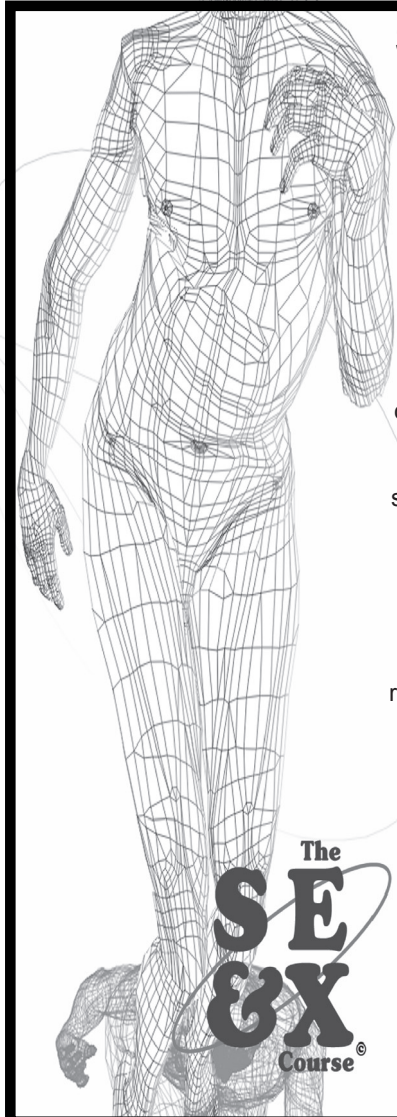
Sexual Health Courses for Disability Workers

The aim of this workshop is to provide workers with a basic awareness, knowledge and skills to work effectively with individuals with a disability around the issues of sexuality and sexual health.

The Program will include:

- Exploration of values and issues in relation to sexuality and disability
- Information about safer sex
- Strategies and techniques for implementing programs
- Strengthening networks.

For information about course dates, costs and venue please contact the Course Support Worker on telephone (08) 8431 5177; Toll free 1800 188 171, fax (08) 8364 2389; or email SHineSACourses@dhs.sa.gov.au



Supporting young peoples' Sexuality Exploration and Xpression

SHine SA Presents a Nationally Accredited Course

Improving the Sexual Health of Young People 'at risk'

A six day accredited course

SHine SA is providing a nationally accredited course for workers who provide services to at risk young people. The course aims to improve the competence of workers to deliver appropriate support in the area of sexuality and sexual health.

Course Content

- Rape and Sexual Assault • Understanding the Sexual Health Young People • Protective Behaviours • Communication • Pregnancy, Termination • Safe Sex and sexual responsibilities • Sexuality • Managing Diversity • How oppression operates • Values Clarification • Legal Issues in relation to sexual health • Contraception • Sexually Transmitted Infections including Blood Borne Viruses

Course Contact Details

For further information or how to enrol please contact the Course Administrator on:

tel (08) 8431 5177  
fax (08) 8364 2389

email SHineSACourses@dhs.sa.gov.au

Explore the project website at:  
<http://us.geocities.com/choosepositively>



Women's Sexual Health Course for Aboriginal and Torres Strait Islander Health Workers

An accredited course for Aboriginal and Torres Strait Islander Health Workers

SHine SA provides a Women's Sexual Health Care Course for Aboriginal & Torres Strait Islander Workers who are working or planning to work in the area of Womens Health.

There will be a maximum of sixteen participants. The Course is coordinated by an Indigenous female Course Coordinator.

The aim of the course is to provide Aboriginal & Torres Strait Islander women with the knowledge, skills and confidence to improve sexual health within their own communities.



Course Content

The following topics will be covered in the course:

- Sexuality • Values clarification • Traditional healing and medicines • Legal aspects of sexual health care practice • The structure of the reproductive systems • The function of the reproductive systems • Menstruation • Menopause • Methods of Contraception • Unplanned pregnancy and abortion counselling • Safer sex practices • HIV/AIDS • Sexually Transmitted Infections • Infertility • Rape and Sexual Assault • Prevention of Cancer of the Cervix • Prevention of Breast Cancer • Common conditions of the female reproductive system

For information about course dates, costs and venue please contact the Course Support Worker on telephone (08) 8431 5177; Toll free 1800 188 171, fax (08) 8364 2389; or email SHineSACourses@dhs.sa.gov.au

Post-Graduate Course for Registered Nurses in Sexual & Reproductive Health

The SHine SA Course for Registered Nurses consists of two separate components:

Theory Component (A) • Clinical Practice Component (B)

This is a Post Graduate Course which leads to a Certificate in Sexual Health Care. The curriculum can respond to both the needs of the participants and current trends in sexual health.

For further information please contact the Course Support Worker on telephone (08) 8431 5177; fax (08) 8364 2389; (email) SHineSACourses@dhs.sa.gov.au

Relationship & Sexual Health Education Course for Teachers

This course provides information, resources and classroom strategies. What makes an effective program for your students will also be explored. Participants will get copies of the latest relationships and sexual health resource for young people "Tell it like it is" and be involved in trialing a teaching resource. A certificate of achievement and recognition for 14 hours training and development will be provided at the end of the course.

For further information please contact the Course Support Worker on telepone (08) 8431 5177; fax (08) 8364 2389; (email) SHineSA Courses@dhs.sa.gov.au

Continuing Education Courses for Doctors in Sexual Health

SHine SA offers a Post-Graduate course for Doctors in Sexual Health Care. The course is designed for doctors working in general practice or primary health care who have had at least 12 months experience in these areas. The course will provide an opportunity for participants to further develop their professional skills, knowledge and awareness in sexual health.

The course consists of both theory and a clinical component. For further information please contact the Course Support Worker on telephone (08) 8431 5177; fax (08) 8364 2389; (email) SHineSA Courses@dhs.sa.gov.au

Men's Sexual Health Care: An Accredited Course for Aboriginal and Torres Strait Islander Health Workers

SHine SA conducts a men's Sexual Health care course for Aboriginal & Torres Strait Islander workers. The aim of the course is to provide Aboriginal & Torres Strait Islander workers with the knowledge, skills and confidence to improve sexual health within their own communities. The course is coordinated by an Indigenous male course coordinator.

Course Content

The following topics will be covered in the course:

- Sexuality • Values Clarification • Legal aspects of sexual health care practice • The structure and function of the reproductive systems • Safer sex practices • HIV/AIDS/Hepatitis Infections • Sexually Transmitted Infections • Infertility • Rape and Sexual Assault • Common conditions of the male reproductive system

For information about course dates, costs and venue please contact the Course Support Worker on telephone (08) 8431 5177; Toll free 1800 188 171, fax (08) 8364 2389; or email SHineSACourses@dhs.sa.gov.au

S	T	R	A	W	E	R	U	S	A	E	L	P
Q	W	E	R	N	T	N	E	S	N	O	C	T
A	R	Y	I	M	P	L	A	N	T	U	B	E
I	E	H	U	A	I	D	Y	M	A	L	H	C
D	S	E	X	U	A	L	H	E	A	L	T	H
Y	P	A	I	O	G	O	N	D	O	M	H	N
M	E	P	F	A	S	V	D	K	F	G	E	E
A	G	A	R	E	H	E	O	P	J	K	P	T
L	T	L	R	S	T	I	Z	O	X	C	I	S
H	E	R	I	S	S	Y	T	Y	U	U	L	I
C	A	R	E	S	S	J	N	B	V	P	L	L
M	O	R	N	I	G	D	I	O	C	E	L	E
K	O	E	D	T	H	B	A	B	Y	W	I	E
S	P	I	H	S	N	O	I	T	A	L	E	R

Find The Word answers from page 28

Spot The Change answers from page 28

Feedback

The members of the Annual Report Committee (ARC) hope you find this newspaper both interesting and informative. If you would like to comment on this (or on any of our services) contact the:

Chief Executive Officer  
SHine SA  
17 Phillips Street Kensington 5068  
Tel: (08) 8364 5539  
Fax: (08) 8364 2389  
Email: [kaisu.vartto@dhs.sa.gov.au](mailto:kaisu.vartto@dhs.sa.gov.au)





## Find The Word

Find all the words in capitals hidden in the square below. Words can run in any direction!

S	T	R	A	W	E	R	U	S	A	E	L	P
Q	W	E	R	N	T	N	E	S	N	O	C	T
A	R	Y	I	M	P	L	A	N	T	U	B	E
I	E	H	U	A	I	D	Y	M	A	L	H	C
D	S	E	X	U	A	L	H	E	A	L	T	H
Y	P	A	I	O	C	O	N	D	O	M	H	N
M	E	P	F	A	S	V	D	K	F	G	E	E
A	C	A	R	E	H	E	C	P	J	K	P	T
L	T	L	R	S	T	I	Z	O	X	C	I	S
H	E	R	I	S	S	Y	T	Y	U	U	L	I
C	A	R	E	S	S	J	N	B	V	P	L	L
M	O	R	N	I	G	D	I	O	C	E	L	E
K	O	E	D	T	H	B	A	B	Y	W	I	E
S	P	I	H	S	N	O	I	T	A	L	E	R

<b>Baby</b>	Can result from unprotected sex between a man and woman
<b>Care</b>	Important in relationships
<b>Caress</b>	Brings warm fuzzy feelings
<b>Chlamydia</b>	A very common sexually transmitted infection. [Features twice cause it's so important!]
<b>Condom</b>	Prevents pregnancy and sexually transmitted infections
<b>Consent</b>	Sex without consent is rape
<b>Couple</b>	The usual number of people having sex together
<b>ECP</b>	Emergency contraceptive pill, can be taken after unsafe sex
<b>Implant</b>	A new contraceptive device implanted in the arm
<b>Listen</b>	It's important for partners to listen to each other
<b>Love</b>	Who knows, check the movies!
<b>No</b>	Remember no means no!
<b>Pleasure</b>	Important that both partners get pleasure
<b>Relationships</b>	Can be sexual or non-sexual
<b>Respect</b>	An important aspect of any relationship
<b>Safety</b>	Keep safe from sexually transmitted infections, unplanned pregnancy, violence and abuse
<b>Sexual Health</b>	SHine SA promotes it
<b>SHine</b>	Stands for sexual health, information and networking
<b>Sick</b>	Sexually transmitted infections can make you sick
<b>Sores</b>	Can be a symptom of some sexually transmitted diseases
<b>STI</b>	Sexually transmitted infection
<b>The Pill</b>	One of the safest ways to prevent pregnancy
<b>Tube</b>	Important for fertility of both men and women, STIs can harm them
<b>Warts</b>	Can be sexually transmitted

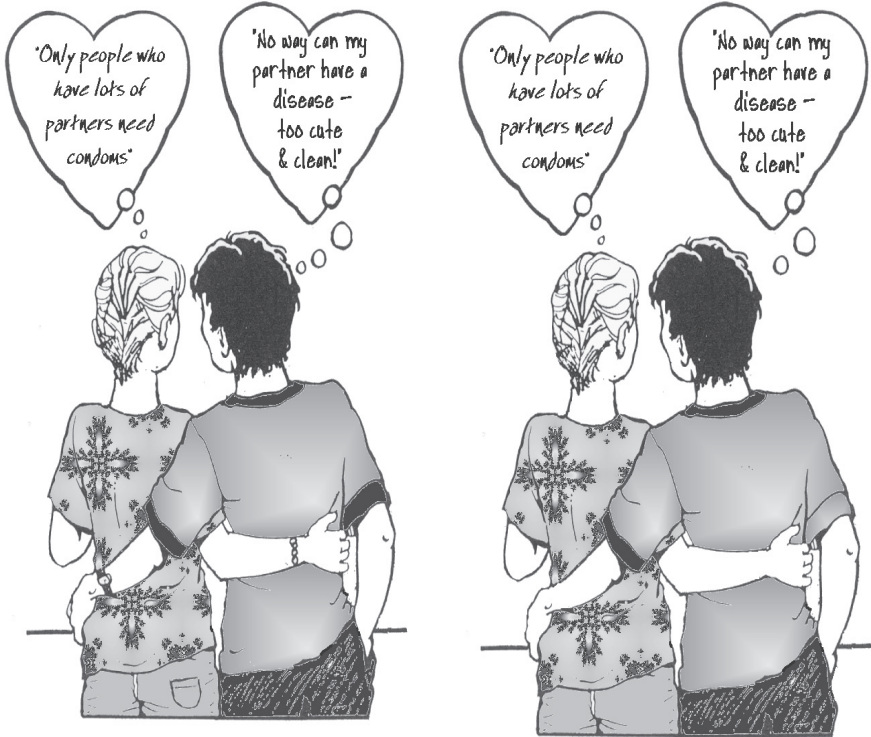
Answers on Page 27

A mural painted for the Sexual Health Awareness Week -February 2002



## Spot The Changes

10 changes have been made to the drawing on the right.



## Our Pledge of Privacy

At SHine SA we are committed to ensuring the privacy of personal information provided to us. We believe that respect for your privacy is paramount in earning and maintaining your trust. SHine SA is bound by the 10 National Privacy Principles that form part of the *Privacy Amendment (Private Sector) Act 2000*. We have a Confidentiality policy which is available from SHine SA.

How your personal information is managed by SHine SA. Contact information such as telephone number, address, email details you provide is held in order for us to manage our relationship with you as a client of SHine SA. We may use this information to send you details of initiatives being undertaken by the organisation or other ways in which you can participate in SHine SA activities. We never sell or disclose any personal information to a third party for their marketing purposes. If you wish to be excluded from receiving information from SHine SA please write with details to:

The Privacy Officer: SHine SA 17 Phillips Street Kensington or email SHineSAPERT@dhs.sa.gov.au

## Do you want to make a Complaint or Compliment about SHine SA?

**When you use SHine SA services you will be treated with respect, and receive the best quality health care at all times.**

This means that:

- you will be listened to and taken seriously
- you will be given full information about your health, and your choices for treatment
- you will be spoken to in a clear and respectful manner and in a language you understand
- you can ask to change the worker you see
- you can say NO to any treatment or advice offered
- you can ask for an interpreter
- you can choose to have someone else present during your appointment, such as a friend, partner, relative or an advocate

**At SHine SA we keep records to help plan your health care.**

- You can arrange to look at your file.
- Your personal information is kept strictly confidential.
- No one other than you and your SHine SA health workers have the right to see your file unless your permission has been obtained.
- In some legal situations information may have to be released - ask us about how this may relate to you.

**SHine SA is a Training Organisation**

We will tell you when a doctor, nurse or health worker is here for training in a clinic, or if a student is working with staff. You can choose whether or not to have them present.

**If you have comments or complaints about SHine SA services you can:**

- speak directly to your health worker
- ask to speak to a manager
- fill out a feedback form, which is given to you at each appointment.
- write to or call Kaisu Vartto our Chief Executive Officer:  
17 Phillips St Kensington 5068 Tel: 8364 5539 Fax: 8364 2389 Email: kaisu.vartto@dhs.sa.gov.au
- contact a member of our Council (see below)

**What happens next ...**

- If you give your name and contact details we will tell you what has been done about your comment or complaint.
- We will keep your personal details confidential.
- We will continue to provide you with a high quality service.

**SHine SA Council (Board of Directors)**

Contact them via Executive & Information Technology Support Officer at SHine SA on 8431 5177 or 1800 188 171 (toll free) (TTY 8431 5177) or email SHineSAPERT@dhs.sa.gov.au.



# Relationships By The Stars

## aries

21 March – 20 April



The Aries is a highly intuitive, fiery, fast-acting, independent person who needs freedom above all. Aries people can stand alone in the world, and take pride in their ability to go through life without leaning on others. Like all fire signs, Aries can't stand to be bossed around or confined, and if you want an Aries to do something, ask gently! Let your Aries know how wonderful and special she/he is. In spite of that bold, confident appearance, Aries is really a loner inside and they set very high standards for themselves. So, feed your Aries with praise and offer your loving support and encouragement to fan their passionate fires. Aries has a passionate heart and the best of intentions, yet is a very sensitive individual. Thoughtful love will be rewarded!

**Thought For The Day:** Aries is the sign of the Ram-look after you special person by preparing a nice ROAST LAMB dinner- can't have them feeling too secure can we?

## leo

23 July – 22 August



The Leo is independent - yet family oriented; highly organized and efficient - yet demanding of others. Leo is King or Queen of the castle, and wants everyone to know it! Your Leo needs to be happy with how the world perceives him. If enough praise is not forthcoming, you will have a sulky, growly lion! Make sure you take time to compliment, *heavily*. Leo is very sensitive, but bounces back easily because he can't stand unhappiness. Feed your Leo with joyful, sunny surroundings, organized spaces and free-time to roam. Shower her/him with cuddly affection, your undying love and devotion, and most of all PRAISE. You will be rewarded with a glowing soul whose heart radiates with blissful devotion to your needs. Your Leo is sure to passionately love, defend and protect you.

**Thought For The Day:** Leo is the sign of the lion- throw a nice large raw steak at your lover occasionally and watch to see how they react!

## sagittarius

23 November – 21 December



Your happy Sag is a seer who is always ready and able to offer up plans and ideas. They see the world through lovely rose coloured glasses and barely recognize unhappiness. The jollity of your Sagittarius is usually completely genuine, but they may sometimes feel embarrassed to say if they are depressed. If you want to make Sag truly happy, you must be able to see through the glowing exterior into the real, sensitive person inside. Try to see any unhappiness, and help your Sagi recognize and do something about it! All Sagittarians need appreciation, gratitude and a healthy dose of freedom. Laugh with sincerity - never with derision. Have fun with her/him. Think of your Sagi as a good luck charm, a jester. Take all of the above into serious consideration (*don't laugh!*), and you will be rewarded with a very wise and fortunate companion in the grand adventure of life, an energetic, enthusiastic lover and a fun-loving, true-hearted friend.

**Thought For The Day:** It says above to think of your Sagittarius partner as a good luck charm. Think about having them shrunk and used as a charm on a charm bracelet, then you won't have to worry if they are unhappy or depressed!

## taurus

21 April – 21 May



The Taurus thrives on creature comforts and beauty. Feed your Taurus with good food, romantic music, respectful pampering and loyalty. If you watch cows, you'll understand Taurus. Taurus looks tough and unapproachable, but has those soft, sweetly soothing eyes that you just have to love. Taurus eats, then strolls off to get comfortable and wait patiently for attention to come their way. Although usually content the Taurus can blow up unexpectedly over any small issue when patience runs out. Remind your Taurus that you need pampering too - Taurus just loves to spoil you! You will be rewarded with a passionate, romantic, sensuous and eternal love.

**Thought For The Day:** If your Taurean forgets to pamper YOU take their credit card and spend obscene amounts of money on yourself!

## virgo

23 August – 23 September



Your Virgo is an Earth Angel, a swift, intelligent Mercury, a dynamically aware work-force, they notice everything! Virgo, though unassuming, kind and shy, is one of the strongest signs in the Zodiac. They have intelligent earthiness, discerning practicality, gentle kindness and sheer common sense. The Virgo strives to be a model of perfection. You must be a strong spirit to be with Virgo - both hard working and emotionally tough. Feed your Virgo with uncluttered surroundings. Make healthful foods a priority. Take the rubbish out often. Iron your clothes. Ask your Virgo for help - Virgo lives to serve! You will be rewarded with an eternal help-mate, and a devoted, down-to-earth, sensual, soft-hearted, compassionate lover.

**Thought For The Day:** Shock therapy can help the perfectionist Virgo. Try emptying the vacuum bag on the floor or writing their name in Vegemite in the bath- always gets interesting results!

## capricorn

22 December – 20 January



Capricorn is so much more than a mischievous mountain goat. Life is a cherished challenge for a Capricorn. Their tremendous patience and perseverance is only possible because they also know how to enjoy life. Practical, persevering optimism is built into the Capricorn, along with a strong sense of responsibility and keen powers of observation. Capricorn goes for the ultimate in personal achievement! Remember that Capricorn is a leader, but also needs to feel needed. Admire success and recognize monumental efforts, take notice of every step up the ladder. Make your Capricorn take time out for fun and adventure. Finally, take your Capricorn's love completely seriously they play completely for keeps! You are blessed with a companion who will get younger and younger with time, and who will give you many years of devoted attention.

**Thought For The Day:** Capricorns strive for success in their careers. See if you can get you Capricorn to enter politics, form a computer corporation or become a doctor- that way you can reap some of the rewards of money and position!

## gemini

22 May – 21 June



Your Gemini is a gem, a treasure trove of knowledge, wit and bouncy friendship. Like any Air sign, Geminis thrive on information.

You won't find them sulking in a corner... everything must be discussed... hiding won't do! You may get confused with Gemini switching gears on you, changing their mind, making multiple plans or taking off suddenly. So, here are some pointers for keeping your sanity! First, feed your Gemini with the joy of your laughter. Talk to your Gemini, be open. Challenge him/her on tiny little deceptions. Enjoy the fun and friendship your Gemini has to offer. You will be richly rewarded with fun times, delicious humour, silliness and true, true friendship.

**Thought For The Day:** Gemini is the sign of the twins so just to keep this theme knit some matching purple and orange stripe mohair socks for you to both wear next time you go out to dinner!

## libra

24 September – 23 October



Your lovely Libra person longs to walk side by side with you through life. "Alone" is not in Libra's bountiful vocabulary, nor is "lonely". The bottom line is, feed your Libra's insatiable need for beauty, love and partnership and you're home free. You can get away with criticism if it's done with a hilarious sense of humour and you can get away with boredom if you lavish your Libra with anything pleasing to the senses. Then again, if you are a terrific lover, you can forget about the rest! It's as simple as that, and you will be rewarded with one of the most charming, generous, beautiful, handsome, intelligent, witty and doting mates the Zodiac has to offer!

**Thought For The Day:** If you get sick of lavishing things pleasing to the senses on you Libran lover try giving him a parcel of smelly old bones, after all they certainly will do something to the senses!

## aquarius

21 January – 19 February



Aquarians are a slippery lot. A fixed Air sign, it may seem that your water-bearing friend is always on a crusade or a mission. The Aquarian gets involved in a project, then in the wink of an eye he's off to start another. And every project has new, pressing importance. Your Aquarian has the potential to save the planet, convert all her/his friends to a new religion, or take off on a dangerous adventure of discovery. And danger doesn't get in her way! Your Aquarius friend or lover needs the freedom to follow inspiration, ideas and dreams. Feed your Aquarian with respect, friendship, unusual outings, group activities, modern clothes and new ideas. Let them know how bright and intelligent they are. You will be rewarded with devotion, fun times and a little wildness!!

**Thought For The Day:** As Aquarians are such a slippery lot match presents to this trait. Try an electric eel for a birthday present, a banana skin for xmas, be creative!

## cancer

22 June – 22 July



Cancers are observant and empathetic, kind and nurturing. Cancer people absorb energy from those around them. Sometimes your Cancer becomes overwhelmed with concern for others, and needs to take refuge in a protective shell to be shielded from negative influences. Emotions are inconstant, but **SO** entertaining for the lucky one who has a Cancer for a friend or partner! Feed your Cancer with a well stocked kitchen, room for a garden, pets, cosy décor. Take your Cancer to the water or ocean often. Allow your Cancer opportunities to use the deep imagination and creativity within. You will be rewarded with joyful, shining moonbeam smiles, and loving comforts of home.

**Thought For The Day:** Cancer is just too good to be true, so next time you take him/ her to the ocean – push them in the water, just to keep up an element of surprise!

## scorpio

24 October – 22 November



Your Scorpio embodies the characteristics of the Ruler of the Underworld... Hades, Pluto - any name you call him by, he's one you don't want to mess with! This is one small, passionate arachnid who packs a sting! But look beyond the stinger and get to the meat- take into consideration these enticing traits-. Scorpio is deeply intuitive, sensual, mysterious, sexy, prosperity conscious, able to make dramatic life changes, a powerful ally, and - yes - deeply spiritual. Everything runs deep with Scorpio. Feelings are strong, and last forever! When you are aligned with their wishes, you are their champion. When you cross the line, you might as well hide out for a year until the venom wears off. First of all, let her/him know that they are sexy, desirable, alluring and powerful & you will be rewarded with an energetic, enthusiastic and sexy relationship that will keep you interested.

**Thought For The Day:** Give your Scorpio partner, friend, boss lots and lots of expensive presents, Make their life a joy!! (These Stars were written by a Scorpio)

## pisces

20 February – 20 March



The Pisces gives love constantly. The moment you withhold love from your Pisces, or treat your Pisces even a *little* bit harshly, you've opened the door to great sadness. The sensitive nature of Pisces makes them susceptible to great hurt. If you want to keep him/her around, be aware of your words and actions, and your Pisces' reaction to them. If they slink off and hide, you know there's some serious headache going on! The Pisces needs compassion, water, creative or spiritual surroundings, an atmosphere of peace and calm, and ample opportunities to show off their many talents and ideas. So be sure to provide your Pisces with imaginative, uplifting and beautiful entertainment. Feed your Pisces with love and kindness and a sincere interest in his/her many dreams and ideals for a long and beautiful relationship.

**Thought For The Day:** The comments above are all very well but try living with a Pisces and you will learn that all they need is a good talking to, a no nonsense attitude and they will learn not to be so wishy washy!



# president and council

## Reflecting Back, Moving Forward

There is no need for me to point out the many highlights of 2001/02 – the Annual Report does that more effectively than I ever could. However, I wanted to reflect on SHine SA's emergence as the lead agency in South Australia in respect to issues of sexuality and human relations. As this report points out so graphically, SHine SA has worked hard to identify key client groups, ascertain their needs, and respond to them with innovative and effective programs. The organisation's capacity to attract funding from an array of sources speaks volumes for the regard in which it is held by the community.

Lest anyone form a view that this focus on innovation has been at the expense of sound management, it is important to outline SHine SA's managerial acumen – sound financial management, forward planning, identification of opportunities and risks – and its leadership in finding solutions for young people and other specific populations identified as having special needs.

This recently culminated in a very positive accreditation process. The Council and staff

were pleased to receive some very positive feedback from the review group. Most impressive was the number of areas in which the organisation not only met accreditation standards, but surpassed them.

All of this is indicative of a well led and well managed organisation, and it is appropriate to thank those involved – SHine SA's staff for their contribution, fellow Council members for their enthusiastic involvement, and importantly our Chief Executive Officer, Kaisu Vartto, whose seemingly quirky style belies her talented leadership of the organisation. Over the years, this has been put to the test and has enabled the organisation to survive some very difficult situations to enjoy the reputation it justly deserves.

My term as President ends at the Annual General Meeting. It has been a most enjoyable and rewarding experience and I am privileged to have been involved. I want to thank everyone at SHine SA for the opportunity to contribute to the work of this important organisation over the past five years.

### Council Members 2001/2002

- Richard Bruggemann (President)
- Ben Hey
- Kathryn Mitchell
- Annette Brown (Staff Nominee)
- Judith Clare/Chris Putland
- Mary Wilkinson
- Jonathon Main
- Deb Kay
- Jenny Baker
- Prof. Gus Dekker

## president



Mr Richard Bruggemann  
President  
SHine SA Council

## Rationale for Relocation

If SHine SA is to continue to meet its charter of improving the sexual health and well-being of South Australians it must ensure that all its existing services are located in areas accessible by individuals and communities with most need.

SHine SA's communities of interest such as families of non-English speaking backgrounds, young people at risk and Aboriginal and Torres Strait Islanders living in the western suburbs of Adelaide do not have access to a comprehensive range of sexual health services, despite the western suburbs having demographic and socio-economic indicators of disproportionate disadvantage and poor health. These people who are highly dependent on public transport, are less likely to travel distances to access services at Kensington, located in the eastern and more affluent suburbs of Adelaide.

While SHine SA staff based at Kensington provide clinical and other services in the west, these are minimal as they are provided on an outreach basis. SHine SA does not have a permanent presence in the west despite significantly higher sexual health morbidity. For example teenage pregnancy rates in the west in 2001 were 43.0 per 1,000 15 to 19 year olds compared to 26.6 in the east (Pregnancy Outcomes Unit DHS 2002).

The change of name from Family Planning to SHine SA in 1998 occurred to better reflect the organisation's reorientation, from

a provider of family planning/contraceptive services targeted at women, to a broad range of sexual health services targeting both women and men. The new name was symbolic of SHine SA's recognition that to remain relevant to its communities of interest it had to align every aspect of its service delivery with social, economic and demographic changes.

As part of SHine SA's ongoing process of aligning its services with the needs of a changing community, the organisation recognises that to remain relevant, it has to be located close to where its clients are. Another important outcome of having a base in the west will be the consolidation of linkages with other agencies. This will further enhance service provision for clients.

The concept of SHine SA relocating to the west has been supported by agencies in the west that see great opportunities for collaborative work. SHine SA has sought capital funds during the past five budget cycles to address difficulties associated with unsuitable service delivery locality at Kensington but has been unsuccessful on each occasion.

The proposed relocation of SHine SA from its current premises at Kensington to an inner western Metropolitan Adelaide suburb embodies the key Strategic Directions for the Department of Human Services 2002 to 2005. We look forward to achieving these in the near future.



From Left: Jenny Baker (SHine SA Council Member), Kaisu Vartto (SHine SA CEO) and Sharon Clarke (former SHine SA Council Member) at AGM October 2001



From Left: Pushpa Osborne (former SHine SA Council Member), Mary Wilkinson and Deb Kay (SHine SA Council Members) at the AGM October 2001

SHine SA Float @ The Fringe Parade



From Left: Angela Gregory (SHine SA Accountant), Patricia Cox (SHine SA Staff Member) and Ben Hey (SHine SA Council Members) at the AGM October 2001



# chief executive officer

ceo



**Kaisu Vartto**  
Chief Executive Officer  
SHine SA

Commitment to providing high quality services of value to the community, using best practice, innovation and a participative approach has continued to be a feature of SHine SA in the last 12 months. SHine SA has continued to be a part of the solution for better sexual health.

Unique and innovative approaches to improving sexual health have included the development of "Tell, Talk and Teach It Like It Is" resources for young people, parents and teachers. These resources will underpin SHARE (sexual health and relationships education) in schools. Key to the success of these has been the participation by young people, parents and teachers as true partners in the process. We have learnt from each other and created resources that meet real needs in the community.

The first Sexual Health Awareness Week, 14 – 21 February 2002, was a resounding success with enthusiastic participation by communities and organisations across South Australia. With the theme "safety pleasure respect" it provided an important platform for debating the many issues around sexual health and relationships. Based on the evaluation of this event, Sexual Health Awareness week will be repeated in 2003.

This year we added the SE&X Course for workers who work with young people to the stable of professional education courses offered to Aboriginal and Torres Strait Islander workers, Doctors, Nurses, Disability Workers and Teachers.

"Investing in Rural Youth", focussed on country-based workers and young people has trained 192 workers in using peer education as a youth participation strategy and supported local health promotion programs with youth. "Investing in Aboriginal Youth", has trained 20 Aboriginal workers to date, with more sessions planned and will support local health promotion initiatives focussing on improving sexual health. Some of this work will be showcased at the Youth Let's SHine Together Conference on the 13<sup>th</sup> of November 2002 in Whyalla.

As a part of SHine SA commitment to meaningful participation by young people, three Youth Advisory Teams or Y@ became a reality after several years of research and planning to determine the most appropriate youth participation model. We were clear that a key focus of youth participation had to be "youth development". Youth development, we agreed is about providing young people with opportunities and experiences that enriched their lives and capacities and affirmed them as contributors and the leaders of the future.

SHine SA undertook its third Accreditation Review in April 2002. Quality Management Services reviewed SHine SA using the Quality Improvement Council Core and Community and Primary Health Care Standards. Meeting all Standards and exceeding in over 25%, SHine SA will

hopefully achieve a further three year national Accreditation. Additionally we undertook an external assessment as a 'pilot' using the Service Excellence Framework developed by the Department of Human Services with excellent results. As a Registered Training Organisation we are working toward our second Accreditation by the Accreditation and Registration Council.

Commitment to continuous quality improvement is critical to ensuring that we are providing the right services and providing them right. External assessment using national standards provides the organisation with information for further quality improvement strategies and contributes to planning and organisational development.

If you get a sense that there is something special about SHine SA, you are right. After all an organisation is made up of people, the clients and consumers of services, the volunteers including the Council and of course staff. It is the people that make the difference at SHine SA. I would like to sincerely thank the President Mr. Richard Bruggemann and Council Members for your untiring commitment and support. The volunteers who work tirelessly and cheerfully, you are invaluable and I thank you. To the staff of SHine SA my admiration for the work you do and the way you work. You are all an inspiration.

Last but not least a thank you to Minister Stevens and Key and the Department of Human Services. There are too many of you to name individually, but particular mention must be made of the Metropolitan Health Division. Your support makes much of this possible.

## Risk Management

Risks are those things that may threaten the achievement of SHine SA's Strategic Directions.

At SHine SA risk management is about sound management to avoid adverse effects while taking advantage of development opportunities. Risks are inherent in everything we do and, in order to reduce the likelihood of adverse effects, risks need to be managed continuously and systematically.

Risk management at SHine SA is based upon the following principles:

- Risk management is the responsibility of all employees
- Risk management is integrated into all business activities and systems
- Risk management is based on the generic Australian/New Zealand Standards for Risk Management (AS/NZS 4360:1999)
- Risk management is assessed against these Standards

SHine SA has six Advisory Committees that evaluate and monitor specific areas of operations including clinics, therapeutic counselling, community and professional capacity building. The Occupational Health and Safety Committee have responsibilities for planning a safe environment for clients, the community, staff and volunteers. The Council plays an active role with the Management Team to monitor the organisation's financial status.

### Outcomes For 2001/02 At A Glance

- There were no workcover claims
- No time was lost as a result of work related accidents
- There were no property claims
- There were no public liability claims
- There were no medical negligence claims
- A balanced end of year financial position was achieved



**A Youth Advisory Team member (see Page 8 )**

## Thank You

Council, Management and staff of SHine SA would like to thank:

- **The Hon Ms Lea Stevens**, Minister for Health
- **The Hon Steph Key**, Minister for Social Justice
- **Mr Jim Birch**, Chief Executive, Department of Human Services
- **Executive Directors and Staff** of Department of Human Services Divisions
- **Senator The Hon Kay Patterson**, Minister for Health and Ageing
- **Management and staff** of the Department of Health and Ageing, Canberra and Adelaide.
- The many **State and Federal politicians** who support SHine SA
- The many **organisations and individuals** with whom we work in partnership to improve the sexual health of the South Australian community.
- The **South Australian community**.

## Inclusion in the Community Health Network Infrastructure Upgrade

In October 2001 SHine SA was included in the Community Health Infrastructure Upgrade Project thanks to the Department of Human Services.

The Community Health Infrastructure Upgrade Project included the establishment of network computer systems for community health users which are connected to a Terminal Server Farm facility established by EDS Australia. A Wide Area Network (WAN) and Local Area Network (LAN) communication links and switches were provided and or upgraded to support the network. The project also provided new desktop devices, predominantly thin client network computers (NC) and associated software and a number of printers. Some existing desktop personal computers (PC) were retained and connected to the network.

The project required coordination, planning and implementation of associated initiatives such as common directory structures, user training, asset management, templates, data and application migration, security issues, rollout methodology and support services etc.

### Outcomes

The outcomes included a secure and responsive network computer system for the community health sector with users connected to standard desktop applications including e-mail, Internet/Intranet and existing client information applications.

The provision of connectivity and desktop devices also formed the basis on which more advanced applications could be introduced in the future that would facilitate better staff productivity and client care.

### NCs and PCs

The new environment has a few PCs, but mainly consists of the new NCs. These are smaller than standard PCs, contain fewer components with no moving parts, and have an expected useful life of about 7 years, which compares favourably with the 3 to 4 year life of a PC. Their biggest strength though comes from the fact that they store data in and operate from a



common location. This means that they operate identically, and each user will be able to get their own data at the same speed from any site within the community health sectors. Users have access to all the data and software that they previously used, and the systems design makes e-mail, calendar, and the Internet far more accessible, and will dramatically increase the speed and reliability of SHine SA's computer applications.

### Staff Training

Staff were trained in the use of NCs, Microsoft Outlook 2000, Word 2000 and Internet Explorer. The training was conducted in conjunction with the rollout of NC and was very successful. By effectively combining classroom teaching and roaming training staff were equipped with the necessary skills to function in their positions using the new technology.

### Benefits

SHine SA inclusion in the DHS NC Project has had significant benefits. These include:

- Improved the effectiveness of communication internally
- Reduced paper based transaction
- Electronic access to all organisational documentation
- Reduced telecommunication costs.
- Increased access to research on the internet.
- Improved communication networks with other agencies.

SHine SA would like to thank the DHS Information Management Services and Dr Tom Stubbs for their support for SHine SA's inclusion in the project.

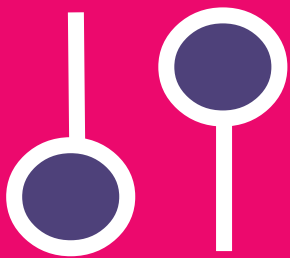


# Sexual Health Awareness Week

## Safety Pleasure Respect



*The Power & The President!*



*A Bunch of SHAGS!*

More information on SHAW can be found on pages 9

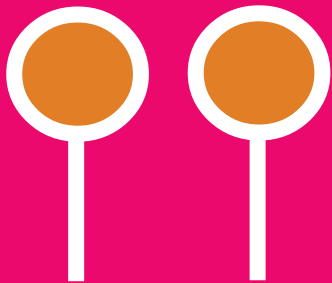
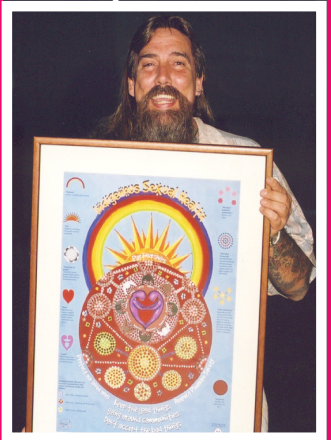


*Shining at Fringe Parade*



*What A Drag!*

*Newly Launched*



*Let Me Tell You About The Birds & the Bees!*



*Hot Off The Press!*



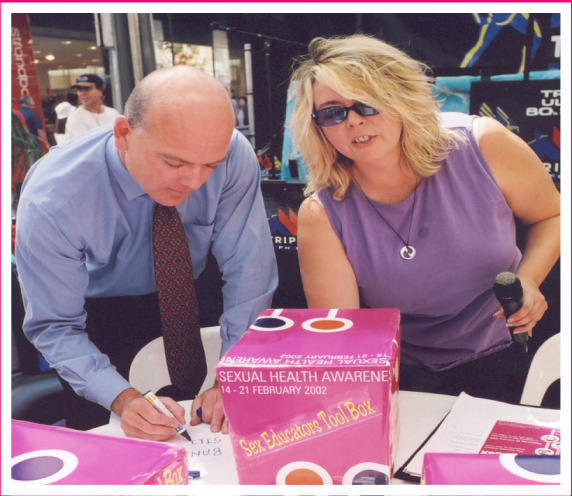
*SHAW Sing-A-Long*



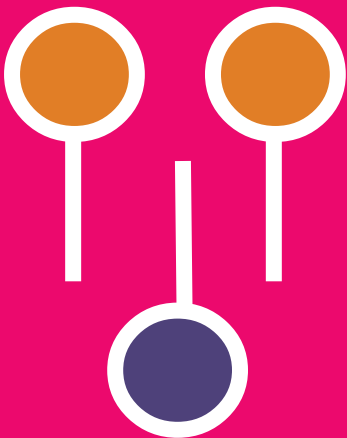
*Comedy Debate*



*Laughter is definitely better than Sex!*



*What's In Your Toolbox!*



*Promoting In the Mall!*



*Hotspots! Out on the Condom Pub Crawl*