

SHine SA

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Annual Report 2002/2003



Sexual Health & Relationships Education

The new schools program **share** (Sexual Health and Relationship Education) was launched by SHine SA in March 2003 at Smithfield Plains High School. Since that time we have had more publicity than we ever imagined! It has been unfortunate that a campaign of misinformation has taken place that has taken teaching materials out of context and created unnecessary anxiety.

However there have been positive outcomes from the extra attention on **share**. It has allowed more information to be distributed and stimulated greater parent interest in the program than might otherwise have happened. It has also highlighted the issues that aim to be addressed by **share** such as unplanned teenage pregnancy, sexually transmitted infections, sexual abuse and violence and homophobic harassment.

What is share ?

share aims to support school communities to deliver relationships and sexual health education in safe, supportive environments. It is one of a number of collaborative strategies negotiated between the Department of Education and Children's Services and SHine SA and documented in the memorandum of operational agreement (2001-2003) between these two agencies.

The **share** project is funded by the Department of Human Services (first funded under the previous Liberal Government) and is implemented by SHine SA through a partnership with Department of Education & Childrens Services (DECS). It is targeted only at government secondary schools and will run from 2002 – 2005 with the option of an extension.

15 schools were selected to be part of the program after they expressed their interest. These are:

Le Fevre High School, Glenunga International High School, William Light R-12 School, Smithfield Plains High School, Riverton & District High School, Peterborough High School, Clare High School, Whyalla High School, Port Lincoln High School, Wirreanda High School, Seaford 6-12 School, Victor Harbor High School, Mount Barker High School, Willunga High School, Ross Smith Secondary School.

The share curriculum

Part of the confusion relating to **share** has been that the draft Teacher Resource manual (Teach It Like It Is) which was developed **before** the **share** project was finalized was photocopied and widely distributed and called the **share** curriculum.

The **share** curriculum in fact is lesson plans for 15 lessons for years 8,9 and 10 which uses some of the activities from the Teach It Like It Is manual and some from the Commonwealth manual "Talking Sexual health". The curriculum starts with setting up a safe learning environment and then covers a range of standard relationships and sexual health issues such as puberty, contraception, healthy relationships, decision making skills, communication skills, gender and power, safer sex and sexuality. All lessons are designed to be age appropriate and increase in complexity as the students get older.

The Teach It Like It Is manual was in draft form as 50 teachers who had done a training program at SHine SA (some from **share** schools and some from other schools) were using the activities and giving feedback to the Teacher Coordinator on changes they thought would enhance the usefulness of the materials.

This process is still taking place and a final version of the teacher resource manual will be available by the beginning of the 2004 school year.

Achievements of share in 2003

The **share** team consists of three regional coordinators who are all experienced teachers who have taught relationships and sexual health for many years. They work closely with the SHine SA Teacher Education Coordinator in supporting the schools to implement the project.

share takes a whole school approach and so far the project has:

- Trained more than 200 teachers who participated in 15 hours of teacher training on the **share** curriculum and how to use the resource materials. Evaluation of this training showed a high level of satisfaction with both the training and the **share** curriculum and resources.

- Conducted parent information evenings in all schools. Some parent evenings, particularly in rural areas were very well attended while others had small numbers. Parents had the opportunity to hear the background to the program, read the curriculum, see all the activities that would be done in the classroom and ask questions of the teachers.
- Despite some negative publicity about **share** only a small number of parents have chosen to withdraw their child from the program. Most have been very happy with the information they've received and have confidence that the schools and SHine SA are implementing a program that will benefit their children.
- Begun the process of setting up Student Health and Wellbeing teams in each school who will look at ways to support relationship and sexual health issues in the school outside of the classroom. For example one school is holding a health expo to provide information to students. The Teams consist of teachers, students, parents and local community agencies and will report to the governing councils of the school.
- Implemented curriculum in most schools. Time tabling of the 15 hours of lessons in years 8, 9 and 10 has varied across the schools but most schools have now delivered lessons to at least one year level. A survey is being done with students and parents to get their feedback on the course.

Research and evaluation

Research and evaluation is an important part of the **share** project. La Trobe University was contracted to undertake a literature review on the critical factors for success in conducting effective sexual health education in schools. This review identified the following factors:

- Being positive about sexuality.
- Moving beyond information provision.
- Addressing the social and cultural world in which young people make decisions.
- Addressing the issue of gender.
- Refraining from teaching abstinence alone.

- Promoting an understanding that sexuality and sexual behaviours are diverse.
- Addressing the issue of risk.
- Focussing on the development of particular skills.
- Incorporating peer education and peer support.
- Creating a supportive learning environment.
- Involving the wider community, particularly parents.

These findings were incorporated into the planning of the **share** project.

La Trobe University is also undertaking the impact evaluation of the project. This will involve surveying a sample of students in **share** schools over three years and comparing them with students in other schools to see if there is any difference in their knowledge, attitudes and behaviours around sexual health and relationships.

SHine SA is also undertaking an extensive evaluation process of the project through surveying parents, students and teachers and maintaining detailed records of all activities. It is hoped that the evaluation of **share** will contribute to the important work taking place around the world to improve the sexual health of young people.

share in 2003/2004

Now that the implementation of the **share** project is well underway it will be exciting to see it being consolidated in the schools. Plans for 2003/2004 include further teacher training, particularly in early 2004 when new teachers are in the schools. The student health and wellbeing teams will also be active in undertaking initiatives at a school community level and more parent education and information sessions will be run depending on the interest of parents in the schools.

To keep up to date with the **share** project see www.shinesa.org.au

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This publication together with the 2002/2003 Audited Financial Report constitutes the 2002/2003 Annual Report of SHine SA.



share

health respect & life
sexual health & relationship education

At SHine SA we tell it like it is

Aboriginal and Torres Strait Islander



Jean Liddle, Graham Johncock and Ros Pierce at the launch of the "Which Wheels do you want" Poster, July 2003

Which Wheels do You Want

A resource for Aboriginal and Torres Strait Islander youth

At SHine SA we had been talking about how few Indigenous specific resources we have and how we should change that and develop some. At the same time Jean Liddle, an Indigenous teacher from the Northern Territory came up with the concept for a poster that reflected the conversations young people had between themselves, and promoted choices.



Eddie Sansbury & Ros Pierce @ Poster Launch

The design team included Ros Pierce, Frances Rigney, Renee Erich, Eddie Sansbury (SHine SA's two Aboriginal youth worker trainees) and Kerryne Liddle who worked with Cathy Schultz who designed the Tell it like it is, Talk it like it is and Teach it like it is resources.

The poster project was attached to the Investing in Aboriginal and Torres Strait Islander Youth peer education program. The poster has the message that young people can have fun and be free of unplanned pregnancy through contraceptive choices.

We wanted the launch to be a celebration of Indigenous youth and thought that Wiltja would be a great place to have it especially since they had been awarded an Investing in Aboriginal & Torres Strait Islander Youth grant. Eddie Sansbury, and Unga Scales from the Pipalyatjara community and who resides at Wiltja compered the event. Auntie Josie Agius welcomed us to Kaurna land. The young people from Wiltja gave safe sex and contraceptive choices messages – what they had been learning in their peer education project.

Jean Liddle and Ros Pierce both spoke about the importance of young people in the Aboriginal community and the health issues that make children and young people vulnerable. The Minister of Aboriginal Affairs talked about his visits to the Anangu Pitjanjatjara lands and the importance of young people's futures.

We found a great Indigenous role model in Graham Johncock from the Adelaide Football Club (The Crows) to launch the poster. Graham said that he was pleased to see the presence of young men in the poster because he thought that teenage pregnancy was as much a responsibility of young men as young women.

Renee spoke about the dissemination of the poster and she and Eddie's availability to do a session around the poster for young people and youth workers. Frances, the project officer then thanked everyone before Andy, the cook at Wiltja served a terrific meal and the night was finished off with karaoke. Graham led the karaoke by singing the Crows song before signing a swag of posters which went like hot cakes!

A fact sheet to go along with the poster has been developed that points out the facts relating to the issues that can be encountered for teenage parents. The poster is being disseminated throughout the state. Interest in the poster has been expressed internationally after Ros's trip to Canada and organisations interstate have expressed interest in the poster too. We intend this to be the first of our Indigenous youth resources.

Investing in Aboriginal Youth

Investing in Aboriginal and Torres Strait Islander Youth trains Aboriginal and Torres Strait Islander Health workers who have completed their accredited Sexual and Reproductive Health Care Course for Women and Men at SHine SA in peer education and youth participation strategies. This gives the opportunity for young ATSI people to become peer educators in their communities and have a greater knowledge on Sexual health issues. This helps them to make healthy lifestyle choices.



Frances Rigney, Coordinator - Investing in Aboriginal Youth

Eight small grants were giving to different Aboriginal communities around the state. These included Ceduna, Pt Pearce, Riverland, Meningie, Whyalla, Muna Paiendi, Kumangka, Wiltja. So far two of the communities have run their peer education training programs successfully. The rest will be finished by the end of the year.

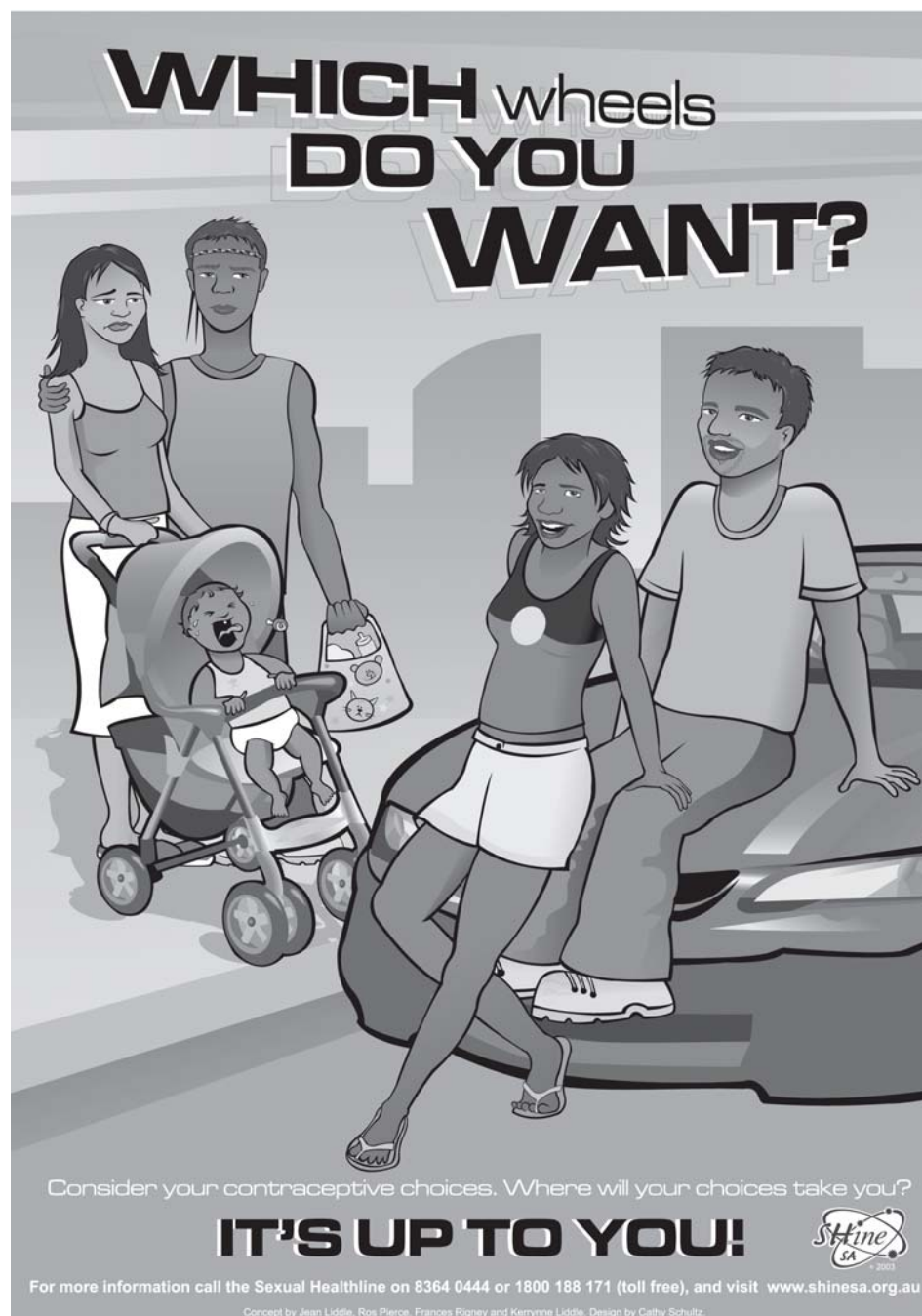


Frances, Project Officer and peer educators

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.



ATSI Young Mum's Group @ Gilles Plains

At the Aboriginal young mum's group at Gilles Plains, great things happen. Over the last few years, the group has been growing and strengthening, supported by Aboriginal Health Workers and (non-Indigenous) nurses from Child and Youth Health and Adelaide Central Community Health, and more recently, SHine SA.

The group began as a way to fill a gap in service delivery in the Gilles Plains area, and to decrease the one to one work load for workers. What has happened over time, is that a close, cohesive group of women now support each other in parenting and many other facets of their lives.

Janet Kelly from SHine SA has been invited to come to the group over the 3 years to talk about sexual health. Last year Janet was able to become more involved, bringing ideas from the Just Chillin program and adapting them for the group (make then more Nunga- friendly). Funding from the Gambling Rehabilitation Funds enabled sexual health to be delivered creatively, woven around aromatherapy, painting, relaxation, fitness (bush walking), craft, sewing and general health. This gave the group a well-timed 'lift'. It has also been capacity building as it has enabled the

exploring of personal skills and ways of saving money and generating income while caring for young children on a limited budget.

Other programs introduced to the group have included parenting (which addressed all those really tricky situations that parents all grapple with) and Family Well Being, a holistic basic counseling / self help course that has grown out of concerns raised in a variety of Aboriginal communities. Deanna, the Family Well Being facilitator, is a very skilled and quietly dynamic Elder woman. Each person involved in the group (workers included) have grown and learnt more than one could imagine.

So what has made this group work so well. Firstly, it is the women themselves. They are incredibly open, honest and resilient. Secondly, there is great value in the three organizations working collectively and offering consistency. Thirdly, the group has worked through many of the often unspoken issues surrounding power (personal and professional), western ideology, and the importance of balance in mental, emotional, physical and spiritual health.

Reconciliation Week

This year's Reconciliation Week event was supported by Neporendi Aboriginal Forum Inc. in conjunction with City of Onkaparinga, Noarlunga Health Services, Centrelink, Child & Youth Health, SHine SA and Family & Youth Services had a community BBQ lunch at Ramsay Place to celebrate reconciliation week on the 28th of May. It was estimated that 400 to 500 people joined in on the day's activities.

Asta Uren and Clifford Bruppacher who are both the Chair and Deputy Chair of the Southern Aboriginal Youth Action Committee were MC's on the day and entertainment was provided by Troy Rigney on the didgeridoo, Minya Porlis Dance Group, Hackham South Primary School, Flaxmill Primary School and students from Victor Harbour Primary had pictures displayed of the Ngarrindjeri students. There were also some football players from South Adelaide Football Club doing a handball skills clinic with the children, and community dancers from different groups showing the dances of different cultures from China, Scotland and Bali. There was also an excellent Indigenous art display from the students at Christies Beach High



School, who were taught by Indigenous Artist Stanley Geebung. A special thank you goes out to all the school kids and the carers for their participation and performances on the day.

The BBQ as was expected, was a huge success with approximately 400 barbecue patties and 60 kilos of sausages cooked on the day and a line up which seemed to never end. In the end only a few sizzled sausages were left after cooking for a solid two-hour stretch. Many thanks to Joslyn Turner from Southern Women's and Paul Newchurch from Noarlunga Health Services who helped out with the huge task of cooking the BBQ for everyone.

It was perceived by many of the agencies that worked together that the day was a runaway success. The organisers of the day's events are already looking forward to next year's event, which everyone hopes will be an even bigger event

Article by:
Mark Thompson, Aboriginal Health Worker/
Youth Information Officer, Noarlunga Health
Services Kind permission to use granted.

Young Aboriginal Males Gain Peer Education Recognition

A group of northern metropolitan young Aboriginal men, completed a three-day peer education training program in June/ July 2003. The program was developed and run in partnership with Muna Paiendi - Northern Metropolitan Aboriginal Community Health Service and SHine SA - Northern Team.

Adopting a peer education model eventuated through discussions between Aboriginal male community health workers, who in 2002 completed the SHine SA accredited Aboriginal Male Sexual Health Course and SHine SA Northern Team community health worker Rob Gerrie. Between them they facilitated the Aboriginal Peer Education Program.

The young peer educators attended a 3-day training camp @ The Coach House, part of Fusion in the Barossa. The young men began by exploring what the health and wellbeing issues, important to young men and women were in their communities.

Topics discussed included sexual health and cultural awareness, sexuality and diversity, sexual safety, infections and contraception, relationships, drug and alcohol, violence and sexual abuse and respect. The young men also took part in many team building activities throughout the 3-day camp.

The peer educators were presented with their certificates at a luncheon on Friday 8th August 03, by Rachel Strauss NMCHS and Ros Pierce - SHine SA Coordinator Indigenous Women's Sexual Health Course. Two peer education projects have been decided upon, by the peer educators and one of these projects has commenced. The peer educators are working with the community health team at Muna Paiendi. SHine SA is continuing their support of the young men in conjunction with the Aboriginal health team.

ATSI Portfolio Group

The Aboriginal & Torres Strait Islander portfolio group is comprised of ATSI workers within the organisation and the worker from each primary health care team who holds the ATSI portfolio. Having meetings about 4 times per year ensures that SHine SA workers across all teams can be informed about the work that is occurring in the organisation and allow for some "all of organisation" planning. An important part of the meetings is the sharing of activities, programs and resources that have been successful in working with this community of interest, this often leads to further ideas for programs and services. Over the past 12 months clinical services have been offered at a range of venues including Port Adelaide, Murray Bridge and Ceduna. Health worker courses have been offered to female and also male Health Workers, with follow up and support seen as an important part of the learning process. A wide range of programs have been offered to groups in a variety of venues across South Australia.

The Portfolio group has planned two major activities for the next 6-9 months. Firstly a staff development session focussing on cultural safety for all staff members. This will build on the Cultural Awareness training of a few years ago and include:

- Values and beliefs systems
- Cultural safety
- Cultural history of Nungas
- What can SHine SA do to support ATSI workers
- Politics of sexual health & sexual health history for nungas
- Importance of Elders
- Understanding of the "ATSI way of doing things"

The second event will be a celebration day, celebrating the partnership of SHine SA with ATSI communities and is planned for NAIDOC week next year. The idea is to have a fun day with food, displays, games, maybe some Karaoke or a band, Massage/ aroma therapy, video tent etc. Overall, the portfolio group provides a supportive environment and a chance to debrief for the workers who come to it's meetings.

Pap Smear Awareness Nunga Women Pampering Day

Pap Smear Awareness Week is held each year in May to promote and remind women about the importance of having a Pap Smear every 2 years. More than 90% of Cancer of the Cervix is preventable with regular Pap Smears as they detect early changes of the cervix, which can be treated. The Incidence of Cancer of the cervix is higher in Indigenous women, older women, and women of low socio-economic status. An Aboriginal Health Worker from Southern Women's Community Centre applied for a small grant from Cervix Screening (Aboriginal Services Division) to conduct an activity and promotion for Nunga women in the Noarlunga area, to support Pap Smear Awareness Week. Together with a nurse from SHine SA Southern Team a "Pampering and Information Session" was organised with workers from the ATSI Team

at Noarlunga Health Services and Neporendi providing valuable support on the day. Around 20 Nunga women attended the day with younger women and older women all enjoying the opportunity to have a foot spa, facial, and a fantastic healthy lunch prepared by Neporendi Bush Catering. Sharon Clarke from Cervix Screening, Aboriginal Services Division provided valuable information and video on the importance of Cervix screening. There were lots of conversations and questions following this information. SHine SA nurses were available for any one who wanted to access confidential clinical information and services. This day provided agencies, workers and community members the opportunity to work together raising the awareness and the importance of Pap Smear Screening.



ATSI Youth Worker Trainees



I finished year 11 of high school in 2001. My favorite subject was a course I was doing called CHIPS. This was a community

Health program run through my school, where I learnt about Childcare, youth work, aged care and disability care. I was always very interested in the community health area so when I was given an application for a government traineeship I jumped at the chance. I applied for a youth worker Traineeship and I was very lucky to have won it!

I started my youth working traineeships at SHine SA in February 2003. I must say that for the first couple of months I was completely lost but with the help of many other staff members it was possible to find my feet. As a trainee I have been able to do many different kinds of things, such as: Health promotion displays, participating in school holiday programs, working with many different kinds of cultures, a work placement at Magill Training Centre, gained my senior first aid certificate, sat in on a nurses sexual health course and I have also learnt quite a lot about the kind of work SHine SA does.

I have been doing my theory work at COPE and have found this to also be a great experience. At COPE I am working towards Certificate III in Community Services, Youth Work. Some of the topics we have covered so far have been: Mental Health, Legal Issues for Youth Workers, Introduction to Case Work, Team Working Skills, Occupational Health and Safety, Responding to Crisis, Human Development, Communication, Group Work Skills and Other Current Issues for Youth Workers. (Suicide, drugs, inappropriate sexual behaviors and blood borne viruses).

I have six more months until my traineeship at SHine SA finishes and I look forward to the rest of the experiences I am yet to face.

Renee Erich

Investing in
Aboriginal Youth
participants



Hi I am Eddie Sansbury and I am 18. I am currently doing a Youth Support Worker traineeship at SHine SA for 12mths. I completed my schooling at Para Hills High. Some of the subjects I did at school social studies, tourism, community studies and english. I am interested in music and I enjoy singing and playing musical instruments.



When I finished my year 12 my cousin who works at DHS suggested I apply to do a traineeship this year so I did and this is where I ended up. I go to Centre of Personal Education (COPE) to get my youth worker certificate. I find this good and the lecturer is very helpful.

Some of the things that I have done at SHine is I have helped to organize a poster launch, which went really good at Wiltja. Wiltja is a place where Nunga's from the Pitjantjara lands come to go on with further education.

I also attend a Career Development, which is designed to help the trainee gain further employment and skills to help you gain further employment. I am finding this very helpful. When my traineeship finishes I hope to gain employment within DHS or FAYS working with Nunga youth.

Eddie Sansbury

Year 1564

Italian anatomist Gabriello Fallopius conducts a trial to show that wearing a linen sheath over the glans penis, protects against syphilis.

Year 1843

Goodyear and Hancock in the USA discover the vulcanisation of rubber which leads to cheaper and better condoms.

young people 12 - 19 years

Cool Stuff for Boys!

Cool Stuff for Boys was run in collaboration with the Young People at Risk project from Modbury High School. The program was conducted by Priscilla Dunk Sexual Health counsellor and Vicki Dubois Student-Sexologist over a period of 7 weeks, twice a week with two different groups of young men aged 15 years.

Despite some challenges the group was a positive experience for both the participants and the facilitators. Participants reported that their favourite session was the one on Sexuality and Alcohol, where the *Beer Goggles* (loaned from DASC) caused great laughter and fun! The outcomes of this program demonstrated an increase in the level of knowledge around issues pertinent to sexual health.

Because of the collaboration between SHine SA and Modbury High School, it is envisaged that SHine SA will continue to contribute to future programs run by the coordinator for students at risk at Modbury High School.



Studens from Smithfield High School at the launch of the share program

SHine SA and Schools

SHine SA has continued its involvement with schools by offering services to teachers and students so as to contribute to the development of positive relationships and sexual health.

Requests by schools are numerous and it is not always possible for SHine SA to accommodate them. So that consistency is achieved across the organization we have adopted an approach that reflects models of best practice, which help to build the capacity of the individual school to deliver effective relationships and sexual health programs. Some specific research findings indicate;

- Parents, teachers and school based programs are major sources of relationships and sexual health information used and trusted by young people
- Youth based research demonstrates that young South Australians want to access better education about sexual health and well-being.
- Youth based research demonstrates that young people who are knowledgeable about relationships and sexual health matters, delay the onset of sexual activity.

At all times we aim to work with teachers to plan, implement and review programs.

The types of services offered to schools (outside of the *share* program) include information sessions, program planning and review and resource development. Some examples include;

- Sessions to promote SHine SA services and programs at a school or the SHine SA site.
- SHine SA will support programs for “at risk” young people who are involved in special programs outside the

mainstream curriculum often in collaboration with other Youth Agencies.

- In some circumstances SHine SA may attend a program being run by a teacher to offer particular support and feedback.

The Southern Team has received an increasing number of requests for safer sex workshops as well as ‘choice’ and “Just Chillin” for alternative schooling programs such as Youth Pathways.

Young people attending school in Victor Harbor, Mt. Barker, Mt. Gambier and the southern metropolitan area have been the recipients of these programs.

Information sessions about SHine SA services have also been conducted in schools in this area such as Reynella East, Swan Reach, Coomandook and Hamilton Secondary.

The demand for SHine SA’s services has been just as high in the northern schools. Parafield Gardens High, Salisbury High, Golden Grove High, Craigmore High, Para West Adult Campus and Smithfield Plains High have all benefited from our involvement in both mainstream support and special work with students at risk.

The East/West Team similarly has supported many schools and their students such as Bowden/Brompton Community College, Gepps Cross Girls’ and Woodville High schools, William Light R-12 School, Muirden College, Thebarton Senior College, Charles Campbell and Valley View Secondary schools, and Pennington and Alberton Primary schools.

We look forward to our continued involvement with schools and aim through a collaborative partnership to increase the knowledge, understanding, skills and attitudes of young people with respect to relationships and sexual health.

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), outer 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.

Beyond The Rhetoric in Early Intervention

It was a privilege to be involved in the conference; “Beyond The Rhetoric In Early Intervention – Bridging the Gap Between Education, Health and Crime Prevention” both as presenters and as participants listening to the broad range of interesting speakers. This conference was held at The Hilton Hotel Adelaide from March 26th - 28th.

United in the desire to make a positive difference in the lives’ of young people through early intervention keynote speakers presented their theories, experiences and findings.

It was both refreshing and reassuring to hear that the policies and practices embraced by SHine SA as an organization are complementary to those presented at the conference. While as presenters it was our purpose to talk specifically about the *share* project, there is no doubt that all services and programs run by SHine SA reflect this approach.

Dr. Clyde Hertzman, Professor Richard Catalano and Professor Ross Homel were three keynote speakers and each addressed what they considered to be key factors in intervention to bridge the gap between education, health and crime prevention. The specifics of what they had to say provide wonderful supportive evidence to the *share* project and the approach it takes.

The following is a summary of their presentations.

- As humans we are both adaptive and vulnerable. Which way we go can depend on the support or lack of it.
- Adolescence is recognized as a critical transition point. Transition times are strategic intervention points because people are vulnerable but open. We need to prepare young people for transitions with skills and knowledge because this empowers them. It is also important to build strategies close to the point of being needed so that they are relevant.
- When intervention is done through partnerships there is a greater chance of sustainability.
- It was considered that when all other risk factors add up to a lack of success for a young person, having one positive role model and support can make the difference and enable resilience. Building bonding, attachment and commitment are vital.
- Young people listen to those who listen to them, those they are bonded to and those they trust.

- Bonding is a basic human drive and can be achieved when a young person has an opportunity to make an active contribution in a meaningful and productive way. By giving them positive recognition through praise and celebration they will be motivated to stay engaged and come back for more.
- Positive adult support is widely recognized as an enabler to seek opportunity.
- There is lots of evidenced correlation that the greater the risk factors the greater the social, mental, emotional, academic and sexual issues associated with problem behaviour.
- There is strong evidence that for positive change to be sustainable there needs to be a strong connection between the child, the family and the school.
- Whole school approaches are more likely to be effective in sustaining change.

After having heard these speakers it consolidated our framework that *share* reflects these beliefs and practices. At our presentation we talked about the background to the project highlighting the statistical evidence around unplanned teenage pregnancy and abortion rates, the presence of STI’s and discrimination in terms of gender and homophobia.

Explanation was given as to how the intervention would take place within schools with the focus being on supportive environments, curriculum, professional development and partnerships.

We were also asked to talk about the challenges the project faced both now and those anticipated in the future. The areas identified included community attitudes, partnerships, connectedness, school momentum, empowerment and sustainability.

In summarizing our presentation we acknowledged that the *share* project has and will continue to put in place intervention strategies that are contextual, relevant and connected for young people. This project possesses many of the critical factors identified above as essential when improving health outcomes for young people and is both reflective and supportive of the beliefs of the conference. These in turn reflect the WHO health promoting schools concept Research into protective and risk factors.

Susie Hank & Jane Flentje

Young People 12 - 19 Portfolio Group

The Young People under 19 years Portfolio Group has met 4 times over the last year to further the work of SHine SA strategic directions. The focus this year has been on the promotion of SHine SA services to young people and the gathering of a resource package for school counsellors which outlines the resources and contact options for young people or teachers themselves wanting a service, support or information. Another focus has been the collection of a number of articles and information on the issues of gender and power and how that impacts on young peoples sexual health. All staff working with this target population include this issue in their work or training. Members of the youth advisory teams (Y@’s) came to a joint portfolio meeting of the Young People under 19 years and Young Adults 19 - 25 years portfolio group. There presence and questions initiated some lively discussion and the issues raised were noted for future discussion by the portfolios.



Y@’s in full swing at SHine SA

The Y@’s or Youth Advisory Teams have now been operational for 18 months in SHine SA. There is a Y@ closely linked to each of the 3 primary health care teams which makes up a core group of 18 passionate, dynamic and committed young people who meet monthly to advise, plan and participate in SHine SA business. Over the past 12 months, the role of Y@’s has broadened from advising, consultation and planning to include a health promotion and peer education component. Before becoming involved in any aspect of SHine SA business, training and support to equip Y@ members to participate is provided. We would like to acknowledge the contribution of the Y@’s in the development of youth participation and youth development in SHine SA. Youth Participation is an ever evolving process which changes or adapts to meet the members and service needs. The Y@ members are contributing greatly through their involvement in such areas as planning, feedback on the website and pamphlets, involvement in the staff recruitment process and on the youth participation process itself. Please read on for the individual Y@ team reports.

Y@ing in the East/West

The interview below with two of SHine SA’s East/West Y@ members took place on 24th July 03. Their experiences of being a Y@ over 2002/03 is discussed and gives a good overview of what they have achieved and how they feel about being a SHine SA Y@ member.

What does it take to be a Y@ in the East/ West team?

You have to be cool, really cool. We work well as a group. Once we start talking we seem to get on a roll. We’re all crazy. It’s a very relaxed atmosphere, which is good because you can talk about all of these issues without feeling embarrassed. You can’t get embarrassed too easily when you’re talking about sexual health.

You also have to be open-minded because of the issues that come up. People tend to have different views to you and you need to rethink things. You also need to be committed to coming to meetings and bringing ideas to the meeting. It required dedication.

You need to be a good communicator. You have to be able to put forward your ideas to the group and agree or disagree. You also have to be able to talk to health workers at SHine SA. And then you also need to be able to communicate with other young people when we run stalls and other promotions.

What activities has the East/West Y@s been involved in and what are you planning to do?

We have been involved in health promotion and have worked on stalls at:

- Sexual Health Awareness Week in Rundle Mall and Henley Square
- Youth Week in Elder Park
- Homebody Festival at Carclew
- Burnside Council
- Multicultural Week

At these stalls we offer badge making, t-shirt painting, a mystery box where you have to guess what sexual health related items are in the box, lolly pops, pamphlets and posters and condom packs.

We have helped with the Guys Sex Stuff Pamphlet and provided advice on content, language, topics and layout. We have also advised on content for the SHine SA website.

We have been involved in the recruitment of new Y@ members. We decided what questions were suitable to ask and what we wanted to know about the interviewee. The most important thing is having an open mind and respecting other opinions. A few of us volunteered to do the interview. A SHine SA worker was present, but we asked the questions.

We went to two yearly planning meetings for the East/West team. We gave a presentation on what we would like to do for the following year. So still to come:

- SHine SA Showbag Information Pack
- Under 18 pamphlet focussing on legal rights around sexual health
- Being involved in different media including radio



- More training around assertiveness, presentation and professional development
- More health promotions.

What is important to young people?

There is a lot of stuff that’s important to young people. Money, Centrelink, mental health, underage sex work, family, education, employment and unemployment, sexual harassment, peer group relationships, lack of respect from adults or ‘the older generation’, the transition from adolescence into adulthood – all these things impact on the life of a young person and can become issues.

Sexual health is not always important to young people until it’s too late. Other issues such as drugs, homelessness and abuse can put young people’s sexual health at risk. Transport can be an issue in relation to accessing information. In fact transport can be a problem in general. Young people can’t get anywhere without asking someone for help most of the time.

What have you gained from being a Y@?

We have better group and communication skills, as well as more confidence in expressing ourselves and our opinions. We work together really well. We’ve gotten a lot of experience in working with a group that makes a difference, even if it’s in a small way. Our group feels very productive. We come up with a lot of ideas and have very good group discussions where everyone participates. We can really talk openly.

Y@Ting in the North

Guys Sex Stuff Pamphlet

The Y@ teams were given the task of having a look through SHine SA’s Guys Sex Stuff pamphlet. We got to have a look at the pamphlet and suggest some changes, which could be made to it. This was a very enjoyable experience for us all and everyone’s ideas got included and it was great to have input into something that we will see the outcome of.

Youth Week

This year for Youth Week, the Y@’s attended the Youth Week Day, for the Salisbury Council. We helped run a SHine SA stand. It was a lovely day and the weather was fine. It was a great activity to do and I think that we promoted SHine SA well. It was a great experience to get out there and talk to the public about SHine SA’s services and to promote who we are. Overall it was a great experience and a good day, we look forward to participating next year.

SHAW Rural Hot Spots: Shay Nichols

During the lead up to Sexual Health Awareness Week the Northern Y@s brainstormed some ideas. During this I brought forth the fact that “Hot Spots” in town are very successful and that the rural areas should be offered the same in particular the Gawler pubs and nightclubs.

Upon investigating and asking permission we were extremely happy to be allowed to hand out condom packs to patrons of the Southern Hotel/Nightclub and the



Gawler Arms Hotel. Being a country town, Rob and I did not know how well accepted we would be but I am pleased and proud to announce that it was a great success with us running out of product within the hour. I must add that I was extremely grateful and happy to have done peer education training, as this was quite helpful in some situations and with some comments. I hope that the Y@s or SHine SA carry on this service to the rural community next year.

A Year of Y@

It’s been over 12 months since SHine SA introduced Youth Advisory Teams to each of their Primary Health Care Teams and it’s been all go down south.

Apart from all the usual settling in that goes along with any new job (orientation, training etc), we’ve increased the signage around the Woodcroft site (people can actually find us now) created some Grab Bags (a bag with a heap of info so young people can get a heap of info quickly and discreetly, who wants to hang around an office?) and advised on some resources that are in the pipeline.

One of the major projects we were involved in was creating a CD, Musical Sexploration.

Why not produce a CD? Well there’s heaps of reasons not to, but thanks to the commitment, creativity & connections of the Y@ members we were able to produce an 11 song CD for Sexual Health Awareness Week (SHAW) in just under 2 months!

Musical Sexploration contained music donated by wicked local bands **Seeds Of Babylon, Segue, Greenmind, Beefmaster (aka Lanky) & Nihilism**. All of the songs had something to do with Safety, Pleasure and/or Respect – the themes of SHAW.

The Y@’s prepared the sex positive info on the inner sleeve as well as the wicked cover art (thanks to Chris for his computer expertise).

The CD was launched at Victor Harbour High School, and one of the bands played at the launch of SHAW where 100 of the CD’s were distributed (another 200 were distributed down south, including all of the local libraries in the southern area – where they are borrowed quite regularly I hear).

Local radio stations also received a copy with local legends 3d radio & Coast FM giving it (and SHAW) a bit of a plug.

Another spin-off from the CD was a Youth Week ‘03 performance at Christies Beach High School by Nihilism who shook the foundations of the drama area – and provided entertainment for the Y@ on the SHine stall.

What does the future hold ? We’ve just recruited 3 new members and the old hands (a whole year in) are getting ready to provide some training to the new folks. We’ve got a heap of other training lined up, we’re looking to produce a “zine”, and maybe do another CD for SHAW ‘04...the possibilities are endless.

As I write this article we’ve had another 200 CD’s prepared so keep an eye out for Musical Sexploration at SHine SA promos down south.

Parent Research Project

“Pathways and Barriers” Parent Research Project was aimed at identifying pathways and barriers for parents when talking to their children about relationships, sexual health and safety. Parents from several of SHine SA’s communities of interest were consulted to find out how SHine SA could best support them in giving information to their children. Through consulting parents about their needs as sexuality and relationships educators of their children, recommendations were made about the future support that SHine SA could offer to parents.

The aim was to consult with 100 parents via a postal survey and 95 parents through face to face interviews. In addition, two focus groups were to be facilitated in rural and metropolitan South Australia. Parents from the following groups were consulted:

- Aboriginal Torres Strait Islander (ATSI) parents
- Gay, lesbian, transgender and bisexual (GLBT) parents
- Parents from culturally and linguistically diverse backgrounds (CALD)
- Parents with a disability
- Parents with a child with a disability
- Parents from rural/remote regions
- Young parents

Questionnaires for the postal and face-to-face interviews were developed in consultation with the South Australian Community Health Research Unit. Various community/disability/youth/health organisations were approached to access participants and 84 face to face interviews took place over a two and a half month period, 100 postal surveys were returned and two focus groups facilitated.

The research was to ask about respondents own experience of sexuality and relationships education with their parents, their experiences as educators of their children and barriers and pathways to talking to their children about sexuality and relationships.

Some of the research findings were as follows:

- 75% of parents felt that their own sex education was inadequate
- 85% of respondents wanted their children to have a more open, supportive and approachable relationship with them.
- A significant number of parents disclosed experiences of sexual abuse
- The majority of parents reported that they felt it was important to talk to their children about sexuality and relationships
- Almost 60 % of respondents said that they had barriers to talking to their children with the greatest barriers being:
 - Cultural
 - Embarrassment
 - Lack of knowledge
 - Lack of confidence
 - Language

Increased knowledge, getting up to date information and talking with other parents and workers were the most favoured ideas for parents when asked about what could help them to talk to their children about sexuality and relationships. Parents were also asked who else could be contributing to their children’s sexuality and relationships education and the overwhelming response and expectation of parents was that schools should be contributing.

The “Pathways and Barriers” report will be printed shortly and will be available from SHine SA.

Youth Let's Shine Together Conference

13 November 2002

A gathering of 127 young people and workers in Whyalla on 13th November 2002 at the Youth Let's Shine Together conference celebrated peer education as a youth participation strategy in Indigenous and non-Indigenous communities in South Australia. This conference showcased the projects from the Investing in Rural Youth Project funded by the Department of Human Services.

The day was very much influenced by the young people themselves after the opening procedures. We were honoured to have Roma Taylor a Traditional Barnarla Elder do the official welcome with the keynote address being delivered by Stephen Blight, Director Office for Youth. Addressing the audience on their experiences of youth participation were Melissa Stewart, an active Youth Advisory team member in SHine SA and the South Australian National Youth Week Representative and Caras a Peer Educator from Talking Realities program. Following an overview of the Investing in Rural Youth Project and Investing in Aboriginal Youth Project, young people from the audience challenged our Master of Ceremonies, Rob Gerrie saying that they could do his job as well or better than him! Rob handed over the role to young people and provided coordination, support and technical expertise that enabled the young people to take on the important role of MC. Shortly after that the role of video taker was also taken over. The young people took their roles seriously, had to ad lib at times and did a great job. Many potential public speakers and leaders where obviously present that day.



The projects presented at the conference included:

JAG 4 Youth by Youth

Two communities coming together, using a peer education approach to learn about issues relating to youth in their Northern Areas Council region. After the program they were motivated to continue with youth leadership and have now begun the formation of a Youth Advisory Committee (YAC).

Positive Education for Youth (PEFY)

PEFY a peer education program based in Mount Gambier presented a video on an interactive role play that was presented at one of the high schools on teenage pregnancy, safe partying and healthy relationships. They have also produced wallet cards as a community resource for distribution to young people which included local and state-wide referral agencies.

SMILE

SMILE stands for Supportive, Motivated, Independent, Lively Educators. The peer education training included a variety of subjects such as: drugs & alcohol, budgeting, housing, teenage pregnancy, sexuality, financing (Centrelink) and becoming aware of what accommodation and services in Port Pirie and surrounding areas has to offer.

The SMILE group designed their own T-shirts with the SMILE logo, key rings, fridge magnets and wallet cards. These products are given to young people to provide them with information on SMILE and how they can be reached. They have also designed a workshop to run in schools and with groups of young people on the issues that affect their independence.



SHine SA Workers @ the Conference

Brothers In Arms

Brothers in Arms is a group of peer educators, aged from 15 to 21 years from four high schools who participated in training to work with year 8 students who are at risk of leaving school for a number of reasons. Young men aged 15 - 21 years, from a wide range of cultures, including Indigenous Australians were targeted for the program.

Violence Is Not OK

"Violence Is Not OK" is a peer education project involving 8 young people aged 15 - 16 years in the Port Lincoln community. Coming together they looked at the issues of culture, gender, skills development especially around date rape and aggression in relationships. The main outcome of the project was the development of a website for young people in Port Lincoln sharing the learning about what is and isn't a healthy relationship, where to get help and how to handle conflict.

Peer Education Camp

16 young people from differing social situations took part in a camp that offered peer education in sexual health promotion/ healthy relationships, leadership and drugs and alcohol issues. Participants of the youth program YAC RAP designed and recommended the program to reach young people who otherwise would not become involved. The camp involved a series of workshops mixed with enough flexibility to include recreational activities, culminating with a promotion focus that is designed and run within their local communities.

The day which started at 1 pm was filled with information, participation and finished in a disco at 9 pm till 11 pm. The evaluation which comprised a 'chuck bucket' method where questions were asked throughout the day and then screwed up and 'chucked' into a bucket on each table was a great way to get plenty of feedback. Feedback was very positive with the major learning and enjoyment gained for the young people's presentations. There are things we would do differently next time; one is to involve young people in the organising and functions of the conference from the beginning. Skill development prior to the event for those taking lead roles would ensure they had the skills to intersect any unexpected outcomes or events that occur when working with a large number of young people. For further information on any of the projects presented, contact details can be obtained from Sue Arwen 08 8252 7955.



Youth Lets Shine Together Conference

SHining @ Cavan Training Centre

SHine SA continues to provide relationship, sexual health and wellbeing information to young men in detention. The northern team have strengthened their relationship with the training facility, providing information/education sessions throughout the year. Each term a fresh crew of young men explore relationship and health issues important to them. Participants enjoy the many topics covered

and are actively involved in the discussions. SHine SA and the Cavan Training facility are in discussion to further explore and expand upon the Aboriginal cultural appropriateness of the information delivered and look at the possibility of training young men to become peer educators both within and outside of the facility. An exciting project in itself!



Youth Lets Shine Together Conference

Celebrate Don't Violate Schoolies Week Project 2003

Victor Harbor Schoolies Week, held in the last week of November each year, has a significant impact upon locals living in, and young people visiting, the region. The number of young people attending Schoolies Week rises each year. Of particular concern is the health, wellbeing and safety of the thousands of young people enjoying the annual festivities. Recorded and anecdotal evidence of rape and sexual assault during Schoolies Week last year is of increasing concern to the local community.

The Southern Fleurieu Drug Action Network (SFDAN)/Life Southern Prevention Awareness Network (LifeSPAN) Steering Committee meet monthly to discuss issues affecting young people living in the Southern Fleurieu and Southern Onkaparinga region.

The Committee believed that incidences of sexual assault needed to be addressed and contacted Yarrow Place Rape and Sexual Assault Unit for strategy ideas. Conversations resulted in a Project Officer

from Yarrow Place being invited to facilitate the SFDAN/Life SPAN Sub Committee. The sub-committee is focussing on strategies to prevent and respond to sexual assault during schoolies week in November 2003.

Sub committee agency representation includes YWCA – LifeSPAN Project, SAPOL Drug Action Team, Yarrow Place Rape and Sexual Assault Service, DASC, Southern Fleurieu Health Service, Encounter Schoolies, SHine SA and Attorney Generals-Crime Prevention Unit.

Strategies aimed at increasing the capacity of young people attending the event, local accommodation and service providers, licensed venues and their staff with the goal of reducing attempted and actual sexual assaults are underway. It is hoped that the project will increase community awareness of the issues associated with sexual assault as well as provide young people with greater safety and improved general health outcomes.

Para West & SHine SA

Para West Adult Campus and SHine SA continue to work on promoting positive health and wellbeing messages to students throughout 2003. Community health workers, nurses and the sexual health counsellor from the northern team have shared sexual health and wellbeing information with groups and individually (as part of SHAW and PAP Smear Awareness week). Students involved in sports fitness and health class and young womens health and leadership studies and community members have requested information be presented to their peers. This has allowed many opportunities for SHine SA to be a 'first point of contact', for many students wanting to access sexual

health and wellbeing information. Now SHine SA - Northern Team is situated on Peachey Road, Davoren Park, we are within walking distance (a prime position) for many of the students attending Para West Adult Campus.

Smithfield High School students @ the launch of the share program



young adults 19 to 25 years

The Safer Sex Message for Youth Week

Youth week is an annual nationwide event that provides young people with an opportunity for their voices to be heard and to be involved in a range of activities and events. It also provides the avenue for organizations to work in the week to promote healthy lifestyle messages.

SHine SA's Southern Team thought this would be a fantastic opportunity to promote positive sexual health messages to the young people in the south. We wanted to ensure that information was visible to young people in school and also to promote this message to young people out of school.

The southern team's Youth Advisory Team, in collaboration with other team members came up with the following events to happen during youth week:

- Pub crawls to distribute condoms and lube and to promote safer sex messages to young people 18-25 years old.
- Provide resources to southern secondary schools to put up positive sexual health displays within schools.
- To support City of Onkaparinga youth week launch by providing sexual health information and referral to appropriate and accessible services.

The pub crawl was a huge success with the distribution of 2000 condoms and lube, which had been kindly donated to SHine SA, to young people 18 – 25years. Thanks also to four southern hotels for welcoming us into their venues. This event also provided the opportunity to work in collaboration with Second Story who came along to help out with the pub crawl. Several patrons express their gratitude to SHine SA for promoting this much needed message to young people.

The second success was the incredible response that we received from schools to provide them with information packs to set up health promotion displays for their students. Demand for displays exceeded expectations and we ran out of resources. Information packs/ displays were distributed to Mount Compass, Murray Bridge, Hamilton, Yankallia, Unley, Hallet t Cove, Mitcham and Urrbrae.

Due to the fantastic response we received from schools and the wider community we look forward to providing a similar health promotion service during further national youth weeks. Thanks to everyone who put their time, energy and resources into promoting positive sexual health messages to young people.

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.

Sexual Health Awareness Week 2003

After last year's success, Sexual Health Awareness Week was back from 14 to 21 February 2003 with a full program of youth-orientated, community-based events aimed to promote *pleasure, safety* and *respect*. The aim of this week was to broaden people's understanding, promote open discussion on sexual health issues and create public awareness on how to be sexually healthy and highlight the places to go for information and services.

Sexual Health Awareness Week 2003 did not coincide with the Adelaide Fringe or Festival and therefore it was decided not to try and organise any 'big' events like the Comedy Debate or Hot Spots this year. This made SHAW 2003 more manageable and cost effective, with most of the organisational energy focussed on the community events. However, SHine SA still ran:

- the official launch at Ngapartji Multimedia Centre with guest speaker Andrew P Street, who was a previous SHine worker and board member and now works for dB Magazine (and thanks to dB for their support and sponsorship of SHAW)
- a bigger and better Pub Crawl to include the growing West end of the city, with experienced SHine staff, who were able to engage in conversation, answer sexual health questions and promote sexual health awareness displays and other events supported by SHine SA staff.

We also collaborated with La Bomba productions to present Passion Latino Party at the Governor Hindmarsh promoting messages of Safety, Pleasure and Respect with Latin rhythms and romantic melodies play by TNT. Two big strawberry piñatas created by SHine's Northern team went down with a bang during the night, providing dancers with lots of giveaways prizes including CD, T-shirts, lots of condoms packs, movies passes, SHine bookmarks, and stickers. The night was a great success, with more that 900 young people attending the event having lots of fun with the piñatas, the music and the sultry Latino atmosphere.

With an increase in the number of community grants issued this year (53 successful applicants), the program had a great impact on the reach of SHAW to different communities throughout South Australia, particularly the CLDB and rural

communities. Again the program was successful and community events over 1500 people.

This year SHine SA's Youth Advisory Teams (the *Y@s*) also participated in SHAW. Each team organised an activity or event for SHAW. There were no boundaries or limitations on what they could do as long as it promoted sexual health and reached the target audience.

The **Northern Youth Advisory Team** organised a display at B-Blast, an under age disco run by Salisbury Council, at Salisbury North Community Centre on Friday 14 February. They also arranged a pub crawl at Gawler on the same night.



The **Southern Youth Advisory Team** organised bands in the Southern area to put their songs on a CD called Musical Sexploration and held a launch at Victor Harbour. They were also distributed at various other locations in the southern area and at the SHAW launch.



The **East/West Youth Advisory Team** organised a stall in Rundle Mall on 14 February after the launch and at Henley Square during a festival on 15 February.

Overall the *Y@s* found the experience positive and their combined activities reached over an estimated 700 young people. It was great to see SHAW spread it's message throughout metropolitan Adelaide this year through SHine's *Y@s*.

An overwhelming majority of participants in this year's SHAW would like to see it as an annual event. It's perhaps best summarised by Sarah Ashby from Rocky River Health Service:

Excellent! Please continue – if we have assisted one young person then we have made a difference – and here in the mid-North we have assisted many! Thanks SHine SA.

As a result of the community support for SHAW and the promotion of sexual health, SHine SA will be running Sexual Health Awareness Week 2004. Any one interested should go to www.shinesa.org.au for details.

Young Adults Portfolio Group

The portfolio group has been looking at the issues around termination of pregnancy. The group has been undertaking a literature review and made a visit to Pregnancy Advisory Council. By the end of the year the group will produce a discussion paper on this issue.

The portfolio group has also sponsored a youth services calendar which outlines the services that SHine SA provides for young people. The calendar has a map of how to get to each SHine SA location. The calendar is available on our website.

The portfolio group continues to join with the under 19 group. The *Y@s* joined one joint meeting to see what happens at these meetings. It was good to have the *Y@s* points of view.



SHine SA staff members @ the launch of the share program

Informal Client Contact at a Glance

1494 informal client contacts were provided for 2002/2003

61% of clients were women, 10.9 % of clients were men and 27.7 % of clients were professionals.

Top five reasons for attending included:

- Contraception 26.5%
- Information and Advice 14 %
- Emergency Contraceptive Pill 6%
- Sexually Transmitted Infection Issues 5.7%
- Sexual Concerns 5.4%



CD called Musical Sexploration

culturally and linguistically diverse

Working with Culturally and Linguistically Diverse Background Communities

At SHine SA, we are solidly committed to working with all Culturally and Linguistically Diverse Background (CLDB) communities towards improving their awareness of issues surrounding health, in particular sexual and reproductive health. Through our diversity of culturally appropriate programs, we aim to work with newly arrived migrants and refugees.

We continually review our resources and information through appropriate translation of pamphlets, handouts. For example in the last year the new Choices in Contraception leaflet was translated into 5 different languages

Our recent work with schools and tertiary education organizations has been very productive and we will continue to do so in a bid to support, assist and inform young CLDB people. We value our networking with other youth, health and multicultural agencies that support CLDB clients and will continue to work closely with them to provide further support to these clients in the ensuing years.

Some of the programs run over the last year include:

Multicultural Girls Health & Welfare Program

This very successful program was organised in collaboration with Multicultural Youth SA and was conducted during the April 2003 school holidays for approximately 15 girls from different cultural backgrounds i.e Iranian, Iraqi, Bosnian, El Salvadorian and also from an Australian background. The program aimed at providing the participants with an enhanced awareness of the services available to young people, for them to socialise and make new friends, particularly from different cultural backgrounds as well as increase their knowledge of youth issues that affect young women within their age group.

Relationship issues as well as other issues such as Equal Opportunity, Careers, Job resources and interviews were discussed. The group also had the opportunity to visit a number of relevant and interesting Youth agencies and explore issues surrounding living in two cultures.

Access to the program was facilitated by the kind donation of Multitrip tickets by Transport SA to the participants and all were presented with a complimentary gift voucher at the conclusion of the program.

Many well skilled presenters and facilitators imparted their knowledge and experience to the group. They were from both government and non-government agencies. The feedback received from the group was very positive and the program was very well run in a friendly and inviting atmosphere. The girls involved themselves in many discussions and showed great confidence in dealing with the issues raised in the sessions. Given the success of this program, it has been decided to make it a regular event during school holidays and the next one is therefore planned for July 2003.

Women's Programs

SHine SA in collaboration with other agencies ran a number of Women's' programs during the course of this past year. These programs have involved working with newly arrived communities in raising their awareness of such issues as

- Relationships
- Settlement
- Parenting
- Culture
- Health and Welfare including sessions on important women's matters such as Breast Examination/Health, Pap Smears, Pre and Post Menstrual issues, Contraception, Menopause

The target groups have included women from Iraq, Iran, Bosnia, Afghanistan and Kurdish background. The programs have varied in delivery but were generally run once a week for 5 to 6 sessions of approximately 3 hours per session. Lunch was provided as well as Child Care facilities, which encouraged many of the women to attend in the knowledge that their child would be cared for whilst they attended the programs.

Importantly also, we have explored areas which have been of direct relevance and interest to them, as settlers in a new country. For instance, information has been provided to the participants on Tenancy Rights and Centrelink services and benefits. The sessions have been run in a friendly and culturally appropriate format concentrating on discussion and information sharing. During the course of the programs, the participants have been able to practice with greater confidence their spoken English and have attended a number of interesting places through organised excursions.

Some of the sessions also enabled them to work on their craft skills and produce many beautiful and artistic pieces. As a consequence, their confidence and self esteem grew noticeably and the feedback received was extremely positive such that they have asked us (and we have agreed) to continue organising these programs for women who face similar issues as themselves.

SHine SA would like to express many thanks to those agencies that funded, assisted and supported in the delivery of these programs. They are :

- The Multicultural Unit of the Wesley Uniting Mission
- The Middle Eastern Community Council
- Migrants Resources Centre
- The Muslim's Women's Association
- Parenting SA
- Department Education Children's' Services

Without the support, assistance and the funds contribution of these organizations, these programs would not be possible and our sincere thanks, on behalf of all the participants, go to these organisations. We look forward to their continued support in the future.

Sexual Health Awareness Week

Sudanese Women's' Group

In collaboration with the Migrant Resource Centre, SHine SA organised a program with the Sudanese Women's' group during Sexual Health Awareness Week. During this program, the group discussed Health issues in their homeland compared with those available here in South Australia and information was provided to them on health and welfare services available. Some of the topics included – Pap Smears, Breast health and self examination, Menopause and Settlement issues.

Some 20 women within the 25 to 50 age group attended and an interpreter was used to facilitate discussions and delivery of the program.

Filipino Community

Also in collaboration with MRC, we organised an evening for Filipino couples and parents to discuss cross cultural issues as well as difficulties faced by families in living in two cultures. The session was well supported with as many as 40 people attending and the contribution to discussion was excellent. A video was shown and much information disseminated through handouts. The feedback from this session was very good and it is intended that others will be arranged for other communities.

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 issues.

Pennington Primary School

Another interesting initiative this year has been our work with members of the Year 7 classes at Pennington Primary School on issues surrounding growth and development. The seven sessions run were age appropriate and involved the students' participation over a morning once a week. They were aimed at boys from culturally diverse backgrounds, some of whom had recently arrived in Australia as refugees. For instance, a number of Bosnian, African and Chinese boys attended and were provided with information on such topics as Relationships, Puberty, Growing Up, Body changes.

The program was very successful in achieving its aims. Male and female workers from SHine SA delivered the program and the school acknowledged the importance of having a male involved. Positive feedback was received from the school, parents and students for this program.

Health Promotion Displays

SHine SA organised a number of health



promotion displays at various centres this year. One was held at the University of SA, mainly aimed at its International students contingent. Another one was at ELS – English Languages Services – for newly arrived refugees and migrants learning English. A further display was conducted at the West Torrens Council that promoted health services in the western suburbs of Adelaide and targeted schools, migrant and refugee students in these areas.

All of these displays were successfully received and presented in a student friendly manner. Feedback from them was very positive and we will continue to hold them in the future as a means of breaking the barriers and encouraging healthy practices amongst young people.

Reaching Persian Speaking Women in the South

Pap Smear Awareness Week

The Southern SHine SA Team received a Community Small Grant from SA Cervix Screening Program to hold a discussion and information session for a group of Persian speaking women living in southern Adelaide. This activity was a part of Pap Smear Awareness Week in May 2003. The speakers were a Community Health Nurse from the Southern team and a Multicultural Worker with SHine SA's East/West team. .

The aim of the session was to inform newly arrived Iranian women about the concept and importance of Pap Smears in preventing cancer of the cervix, and also to connect these women with a health agency involved with Sexual Health. They learned of the services offered by SHine SA and were able to establish a relationship with the health workers.

The SHine SA workers had already been involved in an information session with these women during a joint session with Southern Women's Community Health Centre for Sexual Health Awareness Week. Having established contact with these women facilitated discussion around reproductive health, a subject these women probably would not have many opportunities to discuss openly. Women spoke of the lack of cervical screening in their country of origin and related stories of female relatives with cancer of their uterus/cervix.

SA Cervix Screening states that South Australian women born overseas have a 9% higher incidence of cancer of the cervix due to cultural and language barriers resulting in lower screening participation rates. Cervix screening is addressing this by providing translated information about Cervix Screening in different languages and offering community Grants for health promotion activities.

A woman who had been doing volunteer work at Southern Women's Community Health Centre and had consulted with her community about what issues they would like to learn more about helped to facilitate the group. Being involved with this group highlighted the importance of having a bi-lingual community member who is respected by her community and who can link the women with our services and encourage community members to attend. Cervical Screening and Sexual Health were some of the issues requested during the consultation with the women. Our group facilitator and interpreter also provided a delicious Persian lunch for all of us enabling further opportunities for socialising and discussion.

Since this session, SHine SA has run another session about relationships for these women and Southern Women's Community Health Centre is providing ongoing health sessions.

CALD Portfolio Group

- Provided information at cultural and community events.
- Planned health education activities to promote awareness of SHine SA and sexual health issues
- Contributed to the review of written information and resources for CLDB communities.

Cambodian Community and the Youth Connection Program

Last July the Khmer Workers Network (KWN) organised a “Family Health Day” for the Cambodian community held at the Parks Community Health Centre. There were 25 participants on the day. SHine SA, ran a workshop on Sexual health focusing on the social, physical, emotional and spiritual components of sexuality and how it can influence our health. During the day a display was set up to promote SHine SA services available to the Cambodia Community. The KWN also organised a workshop during the “Drug Action Week” discussing issues such as what are drugs, drugs use and HIV, drugs and relationships.

Since the Family Health Day and Drug Action Week activities, SHine SA has been working with the Cambodian Youth Connection program in partnership with Rachel Chan, a member of the KWN and a multicultural Youth Worker from Shopfront Youth Health Services. During October school holidays a program was delivered exploring issues of identity, gender roles, social and cultural expectations and what does it mean to be a Cambodian-Australian. A guest speaker from The Salvation Army Employment Plus discussed issues on employment opportunities, interview techniques, consequences of being discriminated in the workplace,

The Cambodian Youth Connection Program continued last April with a 3-day youth camp held @ Victor Harbour Holiday Caravan Park with 12 young Cambodians. The aim of the camp was to have a safe supportive and fun environment enabling the youth to discuss issues that are relevant to them, as well as to increase social networks and build positive relationships within their peers.

During the camp a couple of young people were observed to be less shy and reserved as the camp progressed, becoming more confident in larger groups. A couple of workshops were organised during the camp where the youth were able to express their thoughts, feelings, opinions and this was observed through the evaluation book, in the group discussions and verbally to the facilitators. Their expressiveness may



suggest that they felt comfortable and safe to openly share issues relating to family and culture. Topics covered in the first group session included intergenerational conflict, communication skills and conflict resolution, using a video to facilitate discussions.

The young people were able to recognise the different beliefs and values of their parents and themselves. They also were able to identify that gaps between youth and parents in relation to communication (poor communication skills due to language difference between Khmer and English), the different roles of girls and boys and the impact of parents working long hours and therefore do not have time to spend with them. The young people were able to identify that although the video was useful, it did not reflect what actually goes in the home environment (the video showed Cambodia young people on how they resolve issues with parents and effective ways of communication and conflict resolution).

Overall the objectives of the camp were achieved, the young people’s feedback stating that they enjoyed the camp, with the provision of useful information, which they would try to apply in their home environment. It can be said that the Cambodian Youth Connection Program was a success. For the past year Shine SA have had the opportunity to work and establish a rapport with the Cambodian youth living in the northern suburbs.

Immigrant Women’s Health Issues: National Roundtable

A total of 28 workers of ethnic background from different agencies participated in this national roundtable organised by Working Women’s Health (WWH), an immigrant women’s health service established in 1977, based in Melbourne.

The aim of the roundtable was for the participants to share and discuss information about what the significant health issues are for immigrant women from their respective state or territory and to devise a national advocacy and awareness campaign on a particular women’s health issue that has major significance for immigrant and refugee women around Australia. Participants were asked to:

- Decide on a common framework for the national campaign;
- Choose the women’s health issue for the campaign;
- Develop strategies for the following 2-4 years of the campaign.

As participants, we worked in large groups through a workbook which contained a number of questions that we had had to answer prior to attending the roundtable. Our answers were collated and discussed and prioritised in terms of the important issues affecting immigrant women. We then agreed that mental health was the major health issue to be targeted in the campaign. Mental Health and Well Being was seen as being connected to other important issues such as :

- Domestic violence
- Genital Mutilation
- Sexual and Reproductive Health
- Sexual Abuse

• Workplace related issues
We also agreed that the campaign would be based on :

- Addressing taboo and physical manifestation of mental health
- Not a medical model
- Global perspective
- Different issues for different women

The name of the campaign was chosen to be “Mental Health & Well Being” and in the first year of the campaign, we wanted to achieve the following outcomes :

- To remove stigma for mental health
- To raise women’s awareness about mental health issues and services
- To get immigrant women’s mental health on the national agenda
- To research gaps-scope campaign
- To raise women’s capacity to participate, and
- To work towards a National Conference of immigrant women for 2004 or 2006

My participation in this roundtable was very useful as it enabled me to network and work collaboratively with other CLDB Community Workers from around Australia on issues affecting migrant and refugee women as well as young people. We were able to share ideas and resources, some of which are now available to SHine SA library users. I also had the opportunity to visit other sexual and reproductive health service providers in Melbourne. Shine SA, as an organization, encourages its CLDB workers to participate in these types of initiatives as part of its continued commitment to migrant and refugee communities.

Positive Images of Men’s Health

Since the project commenced in February 2002, Positive Images of Men’s Health aimed to raise awareness of men’s health and well being through a positive approach to men and their health. The project focusing on promotion, prevention and early intervention, engaged men in processes that enabled them to take an active interest in and for their health. The project was informed by a holistic approach to health, encompassing all dimensions of men’s health -physical, emotional, social, cultural, environmental, economic, political and spiritual.

The project included:

- Preliminary consultation with men from Culturally and Linguistically Diverse Background
- The production of black and white photographs depicting men in a positive light, through relationships, interests, studies and work.
- The production of children’s portraits depicting the positive male role models in their lives.
- Surveys with women and men about their positive contributions men have in their lives.
- The development of a holistic health model to be used to guide discussions with culturally and linguistically diverse background men about issues relevant to their health.
- Men’s health sessions involving men in discussion about the physical,



emotional social and spiritual aspects of their health.

During the process, men were engaged in a process of identifying their health needs and concerns, with approximately 500 men from a wide range of Culturally and Linguistically Diverse backgrounds. The photographs, together with the children’s artwork and survey comments were development into a practical resource (mobile display) to be used for raising awareness, promoting discussion and sharing ideas. Men’s support networks were strengthened through shared lunches, fishing trips, school celebrations and special health sessions. Since the launch of Positive Images of Men’s in early march 2003 the mobile display have been at the English Language Service, Enfield Community Health Services, The Child and Youth health Service, Senior Thebarton College, The Parks community health service at other communities services.

Positive Images of Men’s Health represents a collaborative initiative between The Migrant Health Service, Enfield Community Health Service and SHine SA, with the assistance from community members including The Pines Primary School, The Gilles Primary School and The Senior Thebarton College. If you would like to find further information about the project please contact Chris Fitzharris at the Migrant Health Service or Miguel Quintero at SHine SA, Northern PHC team.

Afghan Youth Program

The Afghan Youth Program was developed in partnership with SHine SA, The Second Story Youth Health Services and The Refugee program (Family and Youth Services). The 7-week program was specifically aimed to increase awareness on Relationships and Sexual Health for young people (12-18 years old) from Afghanistan background. These young people had arrived in Australia as unaccompanied minors and were living with carers.

A youth survey was conducted which highlighted the young people’s interest in areas of emotional well being, sexual health and cultural differences. The youth generally wanted to gain an understanding of the Australian culture and how to balance their own Afghan culture as part of developing their own identity.

The program, implemented at The Second Story (Hyde St, Adelaide) during June and July, consisted of an educational program as well as recreational activities for the young people. At the beginning of every session the young people shared culturally appropriate food provided by Middle Eastern caterers.

The Youth Afghan program covered topics such as:

- Gender roles: Australia vs. Afghanistan,
- The role of men and women in media
- The Australian Law: Privacy and consent, ‘sex rules’ Australia vs.



- Afghanistan
- Anatomy and Physiology: men’s and women’s bodies
- Sexual health, safe sex and contraception
- Communication skills
- Resources and further agency information

The sessions proved to be very successful in regards to participation in activities and attendance (up to 20 young men at the sessions). At their request, carers were also provided with information sessions about issues pertaining to the contents of the workshops. Feedback and evaluation with the young people and carers indicated a high level of appreciation of the Afghan Youth Program with the young people having expressed interest in future recreational and educational programs.

“We learnt about STI’s which we did not know before, in the future we probably will keep those things in mind when we have sex”

“The sexual health program has been very interesting on how the facilitators talk sexual health issues, making us pay attention all the time”

“We improved sexual health knowledge and how to be safe (how to use condom)”

Workers from all three organisations will endeavour to develop future programs to continue to support the Afghan Community in South Australia.

Art of Living Festival 2003

In May this year the Southern Team participated in the Art of Living Project, a multicultural initiative of the City of Onkaparinga. This was an 8 day event culminating in a Weekend Festival on 17th and 18th May. The aims of the project were to celebrate and explore different cultures and shared traditions through community activities, exhibitions, food, music and a multimedia project. SHine SA workers from the Southern Team attended the “Have a Look Through My Window Fiesta” at Aberfoyle Park with a display of leaflets and posters about Sexual Health. Although fairly quiet, staff were able to discuss sexual health with community members and other community workers.

SHine SA were also invited to have a display during the Weekend Festival at Pt. Noarlunga Arts Centre. Instead of a general display of SHine SA posters and materials, it was decided to use the photographs and words from the Positive Images of Men’s Health mobile display, a collaborative project between Migrant Health Service, Enfield Community Health Service and SHine SA. Several hundred people visited the Festival during the course of the two days and this display received many positive comments from men and women. Specifically multicultural and about men, it offered a visually rich medium which addresses men’s health issues and is easy to look at whilst in keeping with the artistic flavour of the festival.

regional, rural and remote

Services Provided to the Hills/ Mallee and South East Regions of South Australia

2002/03 provided the opportunity to work in a range of rural and remote parts of South Australia for the southern team. These areas are located in the Hills/Mallee and South East region. It was a year of opportunities to work in collaboration with a range of communities who may not have access to appropriate and/or accessible services in relation to sexual health. Here is just a snapshot of some of the work that has happened over the past year and future work that is currently being looked into for the second half of this year.

“Investing in Rural Youth” was an initiative of SHine SA and the Department of Human Services. This project provided an opportunity for workers and young people across all regions of South Australia to improve the health and well-being of young people through youth participation and peer education strategies. Investing in rural youth provided an avenue for SHine SA to have an increased visibility in rural and remote South Australia, created ongoing relationships and more opportunities to work collaboratively. Through this project rural and remote regions have an increased knowledge and understanding of what SHine SA can provide and how we can support them to promote positive sexual health and well-being to their community.

Choice and Just Chillin’ are programs aimed at young men and women developed and delivered by Second Story and SHine SA. Primarily programs have been run in metropolitan Adelaide but during May and June 2003 SHine SA had the opportunity to work with groups at Mt Barker. Choice and Just Chillin’ aims to create a safe space for young men and women in same sex groups to explore messages given to young people by the wider community and how these messages can affect the decisions that young people make. From a gendered perspective the program explores issues such as alcohol and other drugs, sexual health, relationships, violence, body image, self-esteem, stress, anger and communication. It also explores practical ways young people can create positive health and well

being for themselves. These programs bring up challenging issues that provides opportunities for discussion and offer information about where the young people can go for further support/information.

Two Community Health Workers from the south were invited to Pinaroo to work with their peer educators on relationships and sexual health and sexuality. The young people and workers came from Pinaroo, Lameroo, Bordertown and surrounding areas. The workshop provided workers and young people an opportunity to discuss the challenges for young people living in small country towns and the limited access to sexual health information and services. Through the program we explored the many positives of living in a small country town, provided practical ways of accessing information and highlighted peer education as a useful tool to provide information and support to their peers.

These are just a few examples of the exciting and valuable work that has happened over the past year in rural and remote communities. We also have been involved with ongoing work with:

- The Lifespan project, which involves the participation on the steering committee and the training of peer educators in Victor Harbor, Mt Compass, Goolwa, Yankalilla, Aldinga and surrounding areas.
- Ongoing working relationships with Victor Harbor High School.
- Ongoing co-working opportunities with CHAMP’s and YACRAP that are two youth participation/advisory groups in the Murray Mallee and Mt Barker regions.

Currently the team is also in the planning stages of providing sexual health training and support for workers, teachers, parents and young people in Mt Gambier and the surrounding areas. As well as looking at the possibility of information and programs for doctors, nurses and other workers who work with young people, on Kangaroo Island.

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 for the regional rural and remote work force.

Northern Rural Round Up!!

How far is far? It’s really not that far when you get into the car, turn on the radio or CD and hit the highway! Leave the city behind...

During the year we have visited all of the Northern team’s rural areas supporting existing SHine projects, making new contacts and catching up with ‘old’ friends.

This year saw us finish the Investing in Rural Youth project, which gave us the opportunity to continue providing support to workers across the regions.

So as we take you on a journey around the countryside this is what we have seen and accomplished.

Our journey starts off at Clare where we meet up with the people who were involved in the Investing in Rural Youth project in that region. On the road again through Burra, always a good stop for a cup of coffee, and then on to Peterborough. During the year we have visited a few times supporting the Parents Educating Parents and Pathways and Barriers project. During these times we have caught up with workers, ‘old’ and ‘new’ and provided support where needed. On again through the rolling hills to Jamestown, where we took part in the celebrations to mark the end of JAG4Youth, Investing in Rural Youth project. A quick drive on to Gladstone, famous for it’s gaol! We actually got to spend a day in gaol with students from Gladstone High School as part of their ‘youth week’ activities and also spent time with the SMILE Peer Educators. A quick detour up to Laura and Wirrabara. Here we spoke to parents about their experiences of sexual health and relationships education for the Pathways and Barriers project. Then on to Port Pirie through undulating hills and then in the horizon are the chimneys familiar to Port Pirie.

Over the years we have developed good collaborative working relationships with a number of workers and agencies. SHine SA’s relationship with Port Pirie goes back to 1974! There is always plenty to see and do there. As a result of the networks we have developed it was easy to find a number of parents to interview for the Pathways and Barriers project. We have provided training and support to many agencies during the year relating to sexuality issues for clients with a disability. We journey up north into East/West territory through Port Augusta (tried eating an ice cream in 40° heat and no a/c? We did on our journey to Whyalla!)

We ventured to Whyalla through mainly red soil and saltbush to organize the Investing

in Rural Youth conference, which was held in November and was an astounding success. Organising the conference was fun especially finding and allocating beds for all the young people that had been involved in the regional projects across the state and then having to anticipate how many cornflakes and slices of toast each person would eat for breakfast! I can say that nobody went hungry during their stay in Whyalla! A quick trip on to Port Lincoln and before you get there you can well and truly smell the sea. We were there to provide some training and support to the Investing in Rural Youth project and spend some time talking to students from Port Lincoln High School around issues of safe sex.

Across the gulf to Northern Yorke Peninsula where we are starting to develop some partnerships with agencies to address the sexual health and relationship needs of young people in the area. We spent a ‘day in the park’ as part of the local youth week activities. We met lots of young people and had some great conversations with parents and other local people. We were invited to spend a day with a group of young Aboriginal women attending a camp at Port Hughes. These young people were from Maitland and they were spending a few days on a camp enjoying social activities blended with health information sessions. The group’s knowledge was very good and they were interested in the issues. It was an enjoyable trip to Port Hughes and we left feeling that we had made some friends.

On our way again trekking through the countryside and we find our selves in the Riverland, home to grapevines, oranges, peaches and a great bunch of workers!

We met with parents in Berri and Loxton as part of the research for Pathways and Barriers project and were very appreciative of how much they shared with us. We continued to support the ‘Stop Think and Act’ and ‘Brothers in Arms’ Investing in Rural Youth projects as they were nearing the completion of their projects. We were involved with the Riverland Regional Health Service inaugural ‘Riverland Talking Realities’ Peer Education training, where we provided two days of sexual health and relationship training for a very enthusiastic group of young mothers. It was so good to see a city program being adapted and supported for regional areas. As with other areas we provide support and consultancy on the many issues that relate to the sexuality of young people and for clients with a disability to agencies within the Riverland. We continue to have good working relationships and know where we can get a cup coffee and access to a computer. All very important when working in rural areas.

SHine SA Worker and participants in the Peer Education training workshops



Investing in Rural Youth participants at the Youth Lets Shine Together conference

Regional Rural Remote Portfolio Group

The Regional Rural and Remote Portfolio or Triple R Portfolio has met 4 times over the last year. The focus this year has been the continued promotion of SHine SA services to people living in regional rural and remote communities. In particular the Sexual Health Line, telephone counselling services, library and resource centre. As a result of this, there has been an increase in the number of requests for telephone counselling from regional, rural & remote areas. An audit of calls to the Sexual Health Line has been undertaken and is currently being collated for analysis to determine if the promotion strategies are working. This audit in no way breaches confidentiality as the only information collected is postcode and how the person found out about the service. The group is about to enter into a new phase of planning for the next year.



Investing in Rural Youth

Using Peer Education as a Youth Participation strategy - is it finished?

The program Investing in Rural Youth - Using Peer Education as a Youth Participation strategy has come to its completion, well the formal section has, many projects though are alive and well in some parts of rural South Australia. Funded by the Department of Human Services, this project aimed to improve the health and wellbeing of young rural South Australians by developing a program aimed at building the capacity of rural workers to work with young people using peer education as a youth participation strategy. The final report is in the process of being written and will be available shortly. In summary the following are the achievements:

- 1. Publication of a manual titled 'Using Peer Education as a Youth Participation strategy'
- 2. 192 workers from rural government and non government agencies attended a 2 day training program at 11 rural locations
- 3. 13 peer education health promotion projects were funded and supported by SHine SA project workers
- 4. Youth Lets SHine Conference held in Whyalla 13th November 2002 to showcase many of the projects

Here is a list of the projects funded and the regions they were held in, contact details available from Sue Arwen 08 8252 7955. The projects were all peer education, health promotion projects, and had either indigenous and/or non indigenous young people involved.

Wakefield Region	Clare	Star Girls
Mid North Region	Laura	JAG 4 Youth
	Port Pirie	Smile
Riverland Region	Berri	Brothers in Arms
	Berri	Stop Think Act
Eyre Region	Ceduna	Youth Centre
	Port Lincoln	Violence is not OK
Far North Region	Roxby Downs	Lets talk about Sex
South East Region	Mt Gambier	PEFY
Hills & Mallee Region	Mt Barker	Yac - Rap
	Murray Bridge	CHAMPS
	Victor Harbour	Anti Bullying & Harrasment Project

Although the actual Investing in Rural Youth project has finished, SHine SA project workers, Juliet Watts, Ralph Brew and Kelly Munro continue to either support or have contact with many of the projects. Some of the projects have continued and evolved or taken new paths and become involved in youth participation in local council or agencies.

Community Education @ A Glance

There were 5863 participants who attended 13,7380 sessions at a variety of community education programs during 2002/2003.

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.

Ceduna Women's Business

The Ceduna Women's Business continued in 2003 with support from SHine SA staff Dr Judy McDonald, Community Health Nurses Robyn Pretty and Janet Kelly and the Aboriginal Health Worker in Ceduna, Harriet Coleman. The program operates out of Ceduna/Koonibba Aboriginal Health x 4 times a year, every March, June, September and December. There is now also a female GP fly-in fly-out service once a month at the GP practice which has meant that the number of non indigenous women accessing our services has dropped This has meant that instead of a five day clinic we now provide a 4 day service. This has reduced clinic numbers from 120 –100 to 80 –90. Aboriginal women still support the program in high numbers which is one of the main aims of this service. The total number of Aboriginal women being screened is one of the highest in Australian Aboriginal Communities.

We have noted that other factors impact on clinic attendance. These include the time and availability Harriet has to prepare and network for the week we are there.

Other factors which have impacted significantly on the drop in numbers of women seen in the past 12 months are:

- Community Health Worker on leave for 2-3 weeks prior to a visit and on her return had other duties in the clinic. This meant that she had only 1-2 days to plan and arrange for our visit. No time for health promotion.
- Ceduna was also fortunate to have a resident female GP for 6 months in 2002(left in August) and she was able to provide screening and other women's health services for many women.

- RFDS have a monthly fly-in fly-out women's health clinic in Ceduna.
- Funeral/s at Yalata and other communities at time of visits.

A large part of the success of the program is the promotion and follow up done by the Women's Health Worker, Harriet Coleman. Part of this promotion is also with health education programs which are carried out by Ceduna/Koonibba staff and also by us when we are in Ceduna. In the past 12 months we have conducted several health education seminars. These have included time at the Koonibba school, Nursing Mothers, with the Aboriginal Health Workers, both male and female on contraception and women's sexuality, with the GP's, at the Women's Health Advisory Group meeting, and also time on one of the homelands with women in a TAFE class talking about sexual and reproductive health issues, including pap smears, safe sex and contraception.

Education sessions were also conducted with a Child and Mental Health Nurse and some of the RN's at the Ceduna Hospital. Informal networking with other health staff in Ceduna also occurs on a regular basis.

The program remains important for the Ceduna community and our visits appear to be moving to more of a balance between Clinical service provision and education. For the women of Ceduna this will mean that they will be able to make more informed decisions about their sexual and reproductive health. This was one of the main original aims of the program at it's inception.

Youth Let's Shine Conference: Photo Gallery

Whyalla 13th November 2002



people with disabilities

Relationships Work with Clients with a Disability

Challenging is a concept I am constantly having to work with when trying to design an appropriate program on relationships for a young couple with an intellectual disability. Admiration and amazement is also how I feel when working with these young people and their families.

Review and revision are vital elements each week of the program as the needs of the participants unfurl. Planning for the following session incorporating education strategies in order to deal with issues that are raised and need to be dealt with as soon as possible is important.

A case of point is demonstrated in this example. A request from the families of a couple who had been in a relationship for about 6 months was received. The families want both young people to reach their full potential in everything they decide to do in life. Well supported by both families the issue of sexuality, relationships and especially sexual relationships is an area where they felt they needed input from SHine SA. Gaining consent from the couple to engage in the service is crucial as services are only provided when each person gives their consent to be involved. When developing and delivering a program to this couple some of the issues that have arisen in addition to relationship education have included; having to support one parent around issues of sexuality and ways of being a parent to a young person with an intellectual disability, plus dealing with grief around the death of a parent, and issues of inappropriate touching. These issues have been incorporated into a relationship program for this couple and support for the families.

Prior to the commencement of any program there is significant planning in order to assess the request and the understanding and knowledge of the clients. In this case it involved gathering a lot of information over the phone, followed by an interview with parents. This is almost as important as the program itself as it gives vital

information about expectations, an opportunity to explore the type of program we may do, how parents can be instrumental in reinforcing all messages from the program and a chance to have open and honest conversations about sexuality issues. A detailed assessment of the knowledge and understanding of both young people is also carried out, and this forms the basis for building a program around what they already know, and for planning a program that covers the areas needed. It also allows for accessing how much time per session would be optimum for concentration. Some clients can only concentrate for 15 – 30 minutes while others can give their attention for up to an hour. Flexibility is paramount.

Each client is unique and for this reason working with clients and their families or support persons requires considerable time and there is a need to constantly look for new and different ways of being able to communicate ideas and information. Time is required for planning each week and for follow up. Each program is usually around 8-10 sessions or as many times required to cover all that is needed. Time to develop a sound responsive program; the use of innovative resources or to develop resources if appropriate is crucial to the success of these programs. Programs cannot be successful without the support, encouragement and reinforcement from family, friends, workers and the workplace. This commitment from others prior to commencement of a program is also very necessary, as well as ways of keeping these significant others informed as the program progresses.

Time consuming it may be, but developing and delivering these programs is both challenging and rewarding. Successes need to be measured in much smaller steps, but each learning success for these clients is ensuring that they have the fullest development of their sexuality as is possible.

Parents/Carers Course

As many of the requests received by the East/West team are regarding young people with a disability, it was decided to offer some information sessions for parents or full time carers. There were four regular participants (2 fathers and 2 mothers) plus one woman (sister) who joined the group at the end (having only just heard about it).

There was an incredible amount of interest, the hard part was finding a time acceptable to the majority. Daytime was chosen in the first instance and the sessions were held on Friday mornings. This initial course was to be a trial.

The participants brought with them a wealth of experience and a preparedness to share and learn. In the first session each member was asked to relate to the group an insight of their young person and another exercise was to make a list of Hopes, Fears and Expectations for their young people. These exercises enabled us to develop the appropriate content of future sessions

relevant to the needs of the group. We used as many resources, videos and books from the library as possible in order to show how they could be used.

The strongest impression staff from SHine SA got from the parents was that they had not had leadership in this area and often struggled to find ways forward. It was evident that just getting together and talking about the sexuality of their young people in a safe environment was an important first step. Most participants were energized by the experience and made commitments to follow through, borrow materials and seek further assistance.

The staff who ran the program feel like this is a good outcome, as most of the parents had expressed difficulty in “letting go” and came looking for ways of supporting their young people to be independent.

Other group programs for parents and carers are planned in the East/West region for late 2003 and beyond.

Disability Services in the South

Disability requests for 1 to 1 education/support and group work in the Southern area continue to be high. As a team we continue to provide support/education to people with disabilities and, in many cases, their workers. Supporting workers in the disability sector has been an exciting aspect of our work, as we have seen a number of workers becoming enthusiastic at the opportunities to offer 1 to 1 education. There has been a number of links made to workers in the southern area, which were established or strengthened because of the conference held last year. As a result of the Ability to SHine SA conference there has been a networking committee established for workers. This provides an opportunity to network with other workers as well as having opportunities to update information and attend education sessions. The south has continued with their 'lets travel' theme, and programs have been completed in Strathalbyn and Victor Harbour.

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 a disability.

There is evidence that people with a disability 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 a disability and the needs of their parents, guardians, carers or workers. This is an area of priority for SHine SA.

Back on Track

“Back on Track” is a support group for women who are experiencing postnatal depression. Postnatal depression is a common problem, which affects at least one in ten mothers and their families. The support group is jointly run with Relationship SA, SHine SA – Southern team, Adelaide Central Mission – Confident Parenting Program and Christies Down Community Centre. Historically the community centre has supported women with PND through the assistance of volunteers. It became apparent that professional workers supported by the volunteers might provide a useful focus that would benefit many individuals. After much discussion between the four agencies the support group was establishment in February, 2003. The support group explores the signs and symptoms of postnatal depression, the effects on women and their families and encourages sharing experiences of childbirth, parenting and

what is happening in their lives. The group has been designed to allow women an opportunity to talk and also to bring out the positive aspects of their experience. Another significant purpose is to have fun and a few laughs during these struggling times.

The group has already linked some women together for support and recreational purposes which has been an overall goal for this program. Although the numbers have remained low, we are hoping in the coming months more referrals will come out way.

This program has allowed SHine SA's southern team to offer support to women during this difficult time. The program is backed by research which indicates that as well as their doctor and counsellor, such groups, for women with PND, are an important and significant support.

Disability Portfolio Group

An important aspect of the disability portfolio group continues to be the sharing of information, programs and resources across the group and from there across the organisation.

Further to this the main points of interest for the work of the portfolio group over the last 12 months has included the following:

- Reviewing resources and educational material and making recommendations regarding the purchase of new material.
- New resources are being developed by SHine SA workers to meet identified needs for clients with a disability and the portfolio group continues to provide feedback and support for these activities.
- A report of the conference “Ability to Shine” along with recommendations was produced.
- Review of book Explaining HIV/AIDS
- Network
- Ensuring that action planning and communication regarding sexuality

and disability occurs across Professional Education and Primary Health Care Teams.

- Provision of information about outcomes from meetings to both Management team and the Council portfolio holder.
- A disability workers network has been formed under the auspice of SHine SA and in partnership with agencies in the disability sector. The Network, APASHN -A Partnership Approach to Sexual Health Network (for workers in the disability sector). The network will meet at different venues four times a year, and a range of topics have been identified for exploration.

Work that will be completed over the next 12 months will include:

- A review of the Disability Action Plan
- Consideration of the staff development needs of staff who work with people with disabilities and the presentation of staff development sessions.
- A review of SHine SA's disability services.

Disability Worker Education in Port Lincoln

A successful two day rural workshop was conducted in Port Lincoln in 2002 for people who work with or care for people with a disability. Topics included sexuality, exploring and identifying own and other's values, exploring the impact of disability on sexuality, managing menstruation/contraception, communication and relationships, sexually transmitted infections, sexual behaviours and responsibilities, sexual behaviours that challenge and problem solving.

All participants worked hard, were particularly impressed by the models used, and were excited at the prospect of transposing this information to work with their clients and other home based care



Networking and Website

In February this year SHine SA began a consultation with workers in the 'disability sector'. The outcome of the consultation was the birth of APASH'N (A Planned Approach to Sexual Health Network).

The consultation process explored the options for the structure of a network and how we could work together to meet everybody's needs in the group (a big enough task in itself). We all wanted a group which would be useful to our work practice and addressed some of the issues that people were struggling with at work in relation to sexual health and sexuality issues for their client groups.

The outcome of the process involved the development of a set of aims, the structure in which we would operate and a range of education topics that the group would like more skills, information and strategies. The aims of the network are:

- To develop 'best practice' and 'worker standards', in the area of human relationships and sexuality for workers in the disability sector.
- Support workers with a focus on exploring access for rural workers.
- Linking the current issues presented in the network as a way of informing some the contents of the SHine SA's accredited course.
- Linking workers with SHine SA's

services and specific programs, groups and projects.

- To promote SHine SA's accredited courses to a wider range of service providers who work with people with a disability.
- To discuss topics of Sexual Health – support of workers and provide opportunities for workers to pass relevant information on to work colleagues.
- To share new and specific resources relevant people with a disability and their workers.
- Listening, discuss and debate issues with specialised guest speakers.

During the development of the network a 'planning group was founded and eight people from a range of services which supports people with a disability developed the structure of the network. We decided to meet four times a year and provide an arena for discussions, latest resources, raise awareness about conferences, co-delivery of conference papers as well as having guest speakers. The consultation has given us a good start to the range of topics workers want to explore and develop strategies for. The first official network meeting will cover strategies for building self-esteem and will be presented by one of our sexual health counsellors and myself.

Social Stories

Learning to communicate effectively is a big part of SHine SA's work with people with a disability. Workers across agencies supporting each other in this process becomes vital when the initial assessment of a client with a disability reveals that usual methods of communication carry little or no meaning. New teaching methods need to be identified. Over the last twelve months, two workers from IDSC and SHine SA have worked together with a young person with Aspergers Syndrome, who also has a moderate intellectual disability, in the home of his parent. The focus of learning was personal safety and the capacity to recognise useful ways of maintaining his safety when confronted with strangers at the front door, on the telephone, the bus stop, at work and in public toilets. Inability to easily generalise the concept of "safety" and apply it to diverse situations mean. That a tailored education package has had to be produced.

There are resources around which contain scripts and some illustrations of behavioural responses which can be taught to people with Autism Spectrum Disorder. However investigation revealed that none of the pre-set scenarios were suitable for our client. Following the framework of Carol Gray's "Social Stories", a series of scripted stories in plain English have been developed, which also contain idiosyncratic turns of phrase that the client prefers. As these were written, they would be read by the client out loud and edited as needed.

Each story was initially illustrated using digital photos. These involved the client acting out particular roles in the stories. These were augmented by thought bubbles containing the client's own conceptual images e.g. a stranger with "good thoughts in their brain" or "bad thoughts in their brain". Further stories were illustrated not with photos, but directly by the client, whose visual acuity and creative imagination were harnessed in supporting his own learning process.

The result is a booklet which contains about 5 stories, which can be referred to and rehearsed before, during or after the range of situations discussed. The booklet also provides a basis for building his capacity and confidence to transfer his learning about safety to new situations. Over time, the young man has begun to exhibit behaviours consistent with the stories and stating in positive terms his understanding of the meanings. Whilst this process has been time-consuming and human resource intensive, the process of learning together has already proven valuable to the staff members involved, in supporting parents and workers to educate other clients with Aspergers Syndrome and in advancing the work that SHine SA is able to offer in the disability sector.

It is anticipated that SHine SA's East/West Team and IDSC's North-eastern Suburbs office will make a joint presentation of some of this work in the 2003/4.

Flexible Delivery

Improving the Sexual Health of People with a Disability has been an accredited course for approximately 3 years and during this time the course contents, its delivery, and the assessment have evolved. The course is delivered in three blocks of two days with approximately one month in between. In our last course there were two sessions which participants would take away to research the answers for (flexible delivery task).

One of the flexible delivery tasks involved exploring a range of relevant websites (provided in the task instructions) with specific information about sexually transmitted Infections. The participants would then research and document the following information; the signs and symptoms, prevention and treatment options for a range of STI's. On one of the days near the end of the course is a session where we discuss the implication for peoples duty of care responsibilities as well as exploring community and individual attitudes and values about STI's.

The second flexible delivery task involved interviewing a parent, carer or other significant person in the life of a person with a disability and discuss some of the implications and experiences of grief, loss and gains in that person life. The interview task has a framework and guidelines for setting up the interview and ensuring the sensitivity of the approach. Once again there is a discussion time set into the course to analyse the meaning people made of the experience.

SHine SA is committed to the ongoing development of more flexible delivery options to increase access to rural people and others groups who currently do not have access to SHine SA's accredited courses. The flexible delivery sessions give participants an opportunity to explore their own values and personal views at a deeper level which can contributes to the development and demonstration of values which are supportive of a person expressing their sexuality safely.

Mental Illness and Sexual Health

Over several years, some workers at SHine SA have been having educational discussions on aspects of sexual health and relationships with people with various kinds of mental illness through North-Western Adelaide Mental Health, Glenside Hospital and the Mood Disorders Association. These sessions have generally identified a common theme. That is that people with a diagnosed mental illness often experience complications in their natural sexual functioning, that this is often influenced negatively by the medications they are prescribed and that they often feel embarrassed and isolated in this experience and unable to assertively raise the matter with their psychiatrist or other health workers.

With some having been told that the problem is all in their heads, it can be difficult to confidently seek more information. Indeed there is little consistent information around, because different illnesses and different medications affect people differently. And whilst many men's more obvious experience of lack of sexual desire, or inability to get an erection or to reach orgasm can be frustrating enough, there is a woeful lack of words in our language to help women describe their experiences at all. Even self-pleasuring; a central aspect of many people's healthy relationship with their own body, can be unachievable, often reinforcing the sense of disconnection from one's own body. This situation does not facilitate healthy

relationships, nor support the self-esteem, hope or sense of being fully human which are a part of the process of positive recovery.

By happy coincidence, a small group of mental health consumers had been meeting to discuss just these issues with a mental health worker with a view to producing a paper for the National Mental Health Conference, at the same time as one of SHine SA's workers had been wanting to connect with mental health consumers and staff to produce a short booklet for consumers on the topic. The consumer group and SHine SA have now joined forces and two focus groups have been held with people with mental illness to help fill out the picture. It is understood that there has been little focus on these matters at a national level.

A booklet has been drafted and the Mental Health Coalition has been approached by SHine SA to share the intellectual property of the booklet. It is anticipated that the booklet content will be completed by the end of the year 2003 and that it will be launched during Sexual Health Awareness Week in February 2004. The booklet is not designed to contain everyone's answers, but it will offer some strategies to mental health consumers about how they might move forward in seeking solutions. SHine SA will also continue to offer support to the consumer group in the preparation of their conference paper.

Pre-Planning Day @ IDSC

A SHine SA Team Leader with experience in the disability sector was approached to facilitate a "Pre-Planning Day" for a team from a disability agency. The day was to allow the staff to discuss changes that had occurred in the agency, allow for some team building and give staff members an opportunity to consider some of the positive aspects of change.

A briefing meeting identified a "passion café" activity as being a useful way of getting a lot of information from the group, and to make it a fun experience it was decided that the day would have a 60's theme. The presenter felt a bit foolish dressing up in 60's gear including long black wig and flowers in her hair and hoped fervently as she drove to the venue that at least some others had dressed up. She was pleasantly surprised to find that everyone had dressed up and the venue had been transformed into a 60's café with appropriate décor and music.

The opportunity to dress up and "have fun" helped in the creating of a positive environment in which people were willing to problem solve.

The day started with a 60's quiz to set the scene, group rules and expectations were established. Demographic information about the region was presented by IDSC. Opportunities for partnerships and networking with other agencies were discussed and next steps recorded.

The next session, a SWOT analysis, allowed participants to discuss feelings of grief and loss as well as identifying



strengths and opportunities. It helped identify some key questions for us to talk about in the Passion Café activity.

The Passion Café activity involved each of the café tables being covered with butchers paper and a question or issue written on the paper. Small groups at the table worked on ideas and thoughts about the issue and after a short time moved on to the next table and added to the thoughts and ideas written about a different issue there. This happened until all workers had moved through the 5 different tables. The breadth of ideas and thoughts generated in this manner far outweigh those generated by one group working for a longer time on just one issue. The butcher's paper was collated at the end of the day and taken by the manager to use at the planning day.

Evaluations, written on "flower power telegrams" were very positive and indicated that objectives and group expectations had been met.

The Manager indicated on several occasions during the day that he was delighted with the outcomes and that he was so glad that we had had the pre-planning day.

An e-mail received from the team leader a few days later indicated staff's feelings about the day: *'Thanks again - good stuff! Good feedback, some saying it was the best planning day they had been to in their long careers. You may want to chuckle over the visual record of the day'*

He was right, the photos were very retro!



gay, lesbian, bisexual and transgender

Training at the Gay Lesbian Counselling Service

Two members of the East/West primary health care team ran a session at the Gay and Lesbian Counselling Service of South Australia this year. The Gay and Lesbian Counselling Service (GLCS) is a volunteer-based organisation that offers phone support to members of the community on issues relating to sexuality and sexual identity. The training program runs every year, with SHine SA attending to discuss things like:

- definitions of sexuality and sexual health
- models of sexuality (including the impact of environment, social and cultural contexts)

- issues of disadvantage and heterosexual dominance and
- assumptions regarding sexuality (eg not just attributed to behaviour alone).

It was a really energising session this year with lots of discussion raised as well as positive feedback. SHine SA has suggested to the GLCS Service that they run more than one session in future, such was the level of interest and the enjoyment of all who participated (ie based on the evaluation)! It is also seen to be a commitment SHine SA offers to support what is essentially a vital service which is reliant upon community input and involvement.

GLBT Portfolio Group

The GLBT portfolio group has had a busy year in finding new ways to improve services for people who are gay, lesbian, bisexual, transgender intersex or queer. This has included the following activities:

Homebody

Homebody is the health and wellbeing weekend of the Feast festival held in November 2002. SHine SA has been part of these weekends for the past few years and this year decided to showcase the excellent books and videos held in the SHine SA library.

A comfortable lounge was created (a bit difficult in a small tent space but it was managed with big cushions) and videos were shown on the hour. The following videos were shown:

Young people, homophobia and coming out

*Sticks and stones** (Canada 2001) Children talk about how it feels to grow up with gay and lesbian parents. (17 mins)

*In Other Words** (Canada, 2001) Interviews with gay, lesbian bisexual and transgendered teens (27 mins)

Issues for Parents of gay and lesbian people.

*Closet space** (Adelaide 2000) Parents share their experiences, fears and joy on discovering that their child is gay. Made by PFLAG. (38 mins)

Cross cultural issues

China Dolls (Australia 1997), A stylish and moving film about the experience of being gay and Asian in Australia (28 mins)

Liu awaiting spring (Australia 1998). A stunning visual representation of the life of young gay Chinese man (11 mins) (Courtesy of AIDS Council of SA)

Transgender issues

*Men Like Me** (Australia 1998) A candid, thought provoking documentary about a woman who undergoes a sex change (25 mins)

Lesbians, love and life.

If these walls could talk 2, 3 separate vignettes of lesbian life featuring performances by Sharon Stone, Ellen Degeneres and Vanessa Redgrave.

* Indicates the video is from SHine SA and available for loan from the resource center.

Advocacy for Same Sex Law Reform

SHine SA was one of approximately 70 agencies and individuals who made a submission to the State Government inquiry into same sex law reform in South Australia. There are more than 50 pieces of legislation where people in same sex relationships do not have the same rights as those in opposite sex relationships.

SHine SA supports changes to ALL laws in South Australia that treat same sex partners unequally compared to opposite sex, heterosexual partners.

The GLBT portfolio group will be monitoring progress made by the Government in making these changes.

Sexuality Training for All Staff

The GLBT portfolio group identified that as an agency that has a focus on sexuality it would be good to ensure that staff had up to date knowledge.. A consultant, Marion Burns, took us through an innovative process where people explored what they knew of the experiences for people of different sexual identities. This was followed by an opportunity to reflect on the policies and practices relating to GLBT issues in SHine SA. Some of the issues named were:

- how inclusive are the clinical services for people who have same sex partners;
- should SHine SA staff ask the sex of partners or wait for this to be volunteered;
- how consistent is the information SHine SA staff gives on sexuality
- how does heterosexual dominance get expressed in the organisation, what is the impact of that.

Already there has been some change resulting from this training in that the revised clinical health history information form now includes a question on sex of sexual partner/s.

Southern Picnic

As part of FEAST '02 a bunch of folks, got together to put on "Picnic in the Park – down South". There's only one way to do health promotion ... at a park next to the Onkaparinga river, in some beautiful November sunshine, with some fresh fruit, bean bags, condoms, dams, lube & a dog show to boot.

If this wasn't enough there was hand-bag tossing, heaps of live music, performance & dancing ...and the food – how good were those veggie shaslicks, if you were there, you know what I mean !

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.

Exploring Issues of Same Sex Attraction & the Relationship to Culture

Discussing sexual health issues in some cultures is considered a taboo, it is something that is not open for discussion. The issue of same sex attraction in relationship to culture is even more difficult to discuss among people that are from Culturally and Linguistically Diverse Backgrounds (CALDB). However, it is well researched that same sex attraction exists in all cultures.

Exploring issues of same sex attraction and the relationship to culture was the topic for two sessions of a one day workshop which were held in June 2002 as a collaborative input between SHine SA, Relationships Australia and the Bfriend Project at Adelaide Central Mission. The aim of the workshops was to provide a forum for community workers that are from Culturally and Linguistically Diverse background to increase their understanding and awareness about inclusiveness, particularly in relation to issues for people who are same sex attracted and are from culturally and linguistically diverse (CALDB) backgrounds. It also was an opportunity to provide a safe space for people to explore issues regarding same sex attraction and its relationship to culture.

The workshops were the first to be held on this topic in South Australia and a total of 26 people attended the one day sessions. CALDB workers from a variety of organisations attended the workshops and were very enthusiastic about the opportunity to explore these issues. The workers met for some months prior to the workshops to plan the workshop. We wanted to ensure the session was well thought through so as to offer best outcomes for participants. The group was very aware of the sensitivity that was needed in exploring same sex attraction in CALDB communities. This collaboration between workers provided a good mix of knowledge, expertise and commitment to under explored issues for people from CALDB backgrounds.

The workshops commenced with a look at the historical perspective of homosexuality across many cultures. This provided participants with an opportunity to see how various cultures, at different times in history, embraced homosexuality and, in some periods, celebrated people who were same sex attracted. The structure of the day allowed participants to explore their own and community values about people who are same sex attracted. At each of the workshops a panel of people who are same sex attracted from a CALDB background generously shared their stories. This personal insight was extremely powerful and was well received by participants. A key part of the day's work was for participants to consider how they might take the ideas from the day back into their organisation and into their own work practices.

Overall the day was very well received by the participants, the evaluations have been very positive and confirm the desire for CALDB community workers to have an opportunity to discuss these issues. All three organisations, SHine SA, Relationships Australia and Bfriend view the workshops as a beginning to a closer link and greater collaborative opportunities with CALDB community workers and organisations. We hope this will ensure greater acknowledgment of people who are same sex attracted from a CALDB background, within their communities. It also offers us the opportunity to look at our own practices and how we will respond more appropriately to same sex attracted people that are from CALDB backgrounds.

We have made such important connections in the course of the workshops, it opens up very exciting opportunities to make support more readily available to people who are exploring or questioning their sexuality and are from CALDB communities. It met our hopes for the workshops beyond what we initially expected. A big thank you to all participants for their knowledge, skills and expertise during the workshops.



Girls On The Side

Girls On The Side was a group run for same sex attracted women aged under 26 years. The eight week group attracted participants who lived in the North of Adelaide and who identified as same sex attracted. The Second Story, Bfriend and SHine SA planned and implemented the group as a result of community interest for a safe space where issues such as labels and stereotypes, coming out, relationships, sexual health, homophobia and acceptance, 'the scene' and community supports might be explored.

Research indicates that young people who are same sex attracted are far more at risk of suicide and self harm than their heterosexual peers, and factors such as poor self esteem, homophobia and a lack of access to health services further increase isolation. Therefore, Girls On The Side's aims were to provide a supportive environment where young same sex attracted women could explore issues pertinent to their health and wellbeing. The group was well attended and positive feedback featured in the evaluation of the group. At the end of the eight sessions, the women requested that the group continue, and Girls On The Side continues as an open group that meets fortnightly.

‘Teach it like it is’

December 2002 finally saw a draft version of ‘Teach it like it is’ completed and printed. ‘Teach it like it is’ is a relationships and sexual health curriculum resource for teachers of middle school students (aged 11-15). Work on the resource took over 12 months and is the culmination of research, consultation and collaboration with a large range of experts in the area of relationships and sexual health within the state, nationally and internationally.

Development of the resource was guided by regular meetings of a Steering Committee that had representatives from the funding body the Department of Human Services, the Department of Education and Children’s Services, Centacare, a representative from the Independent Schools Board and several representatives from SHine SA.

A teacher reference group was established to provide specific advice about content and format. Seven teachers with vast but diverse experience and expertise in teaching relationships and sexual health agreed to come together on a regular basis to offer ideas, discuss, debate and provide advice. Other experts were sought for advice when necessary. Several staff from the Australian Research Centre in Sex, Health & Society at La Trobe University, Melbourne, thankfully agreed to provide feedback on an early draft. Their feedback was significant in shaping the final structure and overall framework. Medical staff from SHine SA were very helpful in ensuring that sexual health information was accurate.

Design students from Croydon TAFE were involved in the overall design and all illustrations including the front cover.

The aim of developing a teacher resource was to provide teachers with an up to date best practice curriculum resource that addressed current sexual health issues for

young people in a South Australian context. We wanted the resource to be teacher friendly, easy to use and provide guidance for new teachers but also offer something for teachers who have been teaching in this area for many years.

The resource focuses around 6 modules and a comprehensive set of appendices. The modules are:

- Getting Started
- Puberty
- Respecting Difference
- Love, attraction, desire
- When things go wrong
- Sexual health decisions

The appendices include information about puberty, cancer, support services, the law, STI’s, contraception, sexual activity, pregnancy and sexual health statistics.

The resource is designed to assist teachers to address the issues with young people in a safe and supportive environment. It also aims to enable teachers to address the issues in a real and relevant context of young people’s lives.

It was decided that the resource would be available to a range of interested people, schools and teachers in draft form for a period of 6 months for trailing and feedback. A small feedback booklet was produced and accompanied ‘Teach it like it is’ to assist recording and analysing of feedback. We are about to go into the next phase of reading the feedback and re-writing the final version.

Feedback from those involved in its development, those trialing it and schools that are using it are overwhelmingly impressed and appreciative of having access to such a comprehensive, up to date and relevant resource.

Sexual Health Network of Nurses

The Sexual Health Nurses Network (SHNN) continues to work towards reaching its aim, which is to “facilitate cooperation, networking and partnerships amongst SA nurses by providing a forum for professional development, discussion and action to improve the sexual health of the South Australian community” This year the SHNN has provided participation opportunities for Registered Nurses and Enrolled Nurses.

Meetings have continued to attract 30 – 40 nurses, and the topics this year have included:

- Perimenopausal issues / Medical and Non Medical
- Breast Health and HRT
- Migrant Sexual Health Issues
- Sexuality, Disability and Illness

The Working Party strongly supports the Network through the organisation of and the participation in the meetings as well as the sharing of knowledge and expertise in the topics presented at the meetings. The meetings include: information of the current research that relates to the topic, followed by presentations from speakers who are either workers in the particular area or community members who have shared

their stories. All topics and speakers have received enthusiastic interest and thanks from the nurses and the SHNN Working Party.

For the rural nurses who are unable to attend meetings on Wednesday nights, permission is sought from speakers to videotape the meetings so that these nurses can share the professional development provided by the Network. This has proved to be very successful and nurses in rural areas are getting together to view these videos and to discuss the topic as part of their staff development.

This year has seen the introduction of a \$50 joining fee for the SHNN and 35 nurses have taken this opportunity to join the Network. As part of this fee members are sent, via email, access to online journals from the SHine SA Library and other relevant information from Nurse Education at SHine SA. This fee also includes attendance at four meeting per year or access to the videotape of the meetings. From this fund we have been able to provide payment to speakers when necessary and catering.

The Working Party has some interesting ideas for the coming year and look forward to continuing the Sexual Health Nurses Network.

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.

Papua New Guinea Nurses Visit to SHine SA

On June 19th this year two nurses, Clara Poma and Esther Kulbob from Wewak, a small town on the northern coast of Papua New Guinea (PNG) in the East Sepik Region, began a placement for a month with SHine SA.

The placement of these sexual health trainers from HELP Resources with SHine SA was funded by Community Aid Abroad / OXFAM Australia and made possible through the ongoing networking and partnership of HELP Resources and SHine SA.

This partnership began in 1997 when Prue Crouch co-facilitated a sexual health course for nurses and health workers in Wewak., PNG, sponsored by AusAID. After the delivery of this initial training course the content was translated into Tok Pisin, the local language, and the nurses and workers delivering a mass sexual health training in the following January, to 125 other workers in the Province.

Esther Kulbob and Clare Poma are experienced nurses who have substantial experience in reproductive health education. They are currently the trainers leading “HELP Resource” Community Education Program in Sexuality and Reproductive Health. They are currently training a team of 30 trainers drawn from agencies and communities active in HIV/ AIDS Prevention and Care programs in the East Sepik Province. This program is well underway, and the third part of training with selected Sexual Health trainers is scheduled for September 2003.

HELP Resources is one of the few, Non Government Organisations (NGO) in PNG that has a sexuality and reproductive health community education program. HELP Resources has conducted this program since 1999. The program is supported by the National AIDS Council (NAC) and in close cooperation with the East Sepik Provincial AIDS Committee (ESPAC) has become a significant part of the East Sepik Province’s response to the growing HIV/ AIDS epidemic in PNG. The program is currently focused on the development and delivery of participatory community education workshops in both English and Tok Pisin. In addition, the program supports travelling community theatre outreach to the remote rural communities of the East Sepik Province and the training of teachers and health workers, welfare officers and community leaders and community development workers through the certificate programs of Callan Studies, another NGO in Wewak.

The placement began with Clara and Esther attending the new, Introduction to Sexual Health Counselling Course, provided by Nurse Education at SHine SA. Elisabeth Cox, the founder of HELP Resources and the Executive President also spent a week with SHine SA and attended the Introduction to Sexual Health Counselling Course. As can be seen from Clara and Esther’s reports their time with

SHine SA was very busy with visits to organisations, forums, courses and the 12th International Nurses Conference on Violence Against Women, that filled their program. However, there was still time for shopping and some sight seeing and links were made with other PNG nurses who are studying at Flinders University in Adelaide.

Clara Poma’s Report

The placement program with SHine for me has been very worthwhile. I have learnt quite a lot through visiting the clinics and organisations, attending forum, workshops, conferences and talking to different people. I have got some most useful ideas, information and ways to do practical things, also the way to go about things. I have truly enjoyed my stay here seeing the lovely places and the friendly staff from SHine SA, the people from different clinics and organisations which made our visits fruitful and enjoyable. We have made some friends here that we hope keep in touch and exchange ideas and help each other with information.

I would like to take this opportunity, to thank SHine SA for giving me this privilege and answering my questions and sharing your knowledge about your work with us. I also would like to say thank you to all the staff who have made my stay welcomed and enjoyable. A special thank you to Kaisu Vartto, Chief Executive Office (CEO) SHine SA and Prue Crouch, Nurse Educator and coordinator of our training and program, for making it possible us to come to SHine SA and have this wonderful opportunity.

Esther Kulbob’s Report

The outcome of my training and attachment with SHine SA is worthy and valuable. I learnt new things and gathering new information and skills. This is giving me a lot of ideas to broaden my knowledge and skills to improve my training skills to develop sexual health training materials, training’s and establishing the sexual health counselling unit. We have had already started in developing our units writing for accreditation for certificate course for HELP- Resources and Callan Studies in Wewak, PNG, because from what we learned from SHine. I’ve been making contacts and establishing network to strengthening our networking in sexual health.

Many SHine SA staff as well as people from other agencies that link with SHine SA supported Clara and Esther during their stay and provided some very interesting opportunities for them. Through the funding of this placement it was also possible to purchase resources that would assist HELP Resources to continue to provide training programs and now counselling services in Wewak and the East Sepik Province of PNG.



From left: Jane Flentje (SHine SA Staff), Esther Kulbob, Prue Crouch (SHine SA Member and Clara Poma

Workers Portfolio Group

The worker portfolio group has focussed on examining how SHine SA does capacity building with workers. We have explored the literature around capacity building in community health and conducted a consultation with all staff to find out what we all do that is capacity building of workers, how we do it, who we do it with and what we think we should do in the future. All staff were very generous in sharing their experiences and the portfolio group feels quite excited at the breadth of experience we have at SHine SA and the documentation of that experience. The portfolio group will produce a report from this consultation and identify where we move the organisation in terms of our capacity building of workers. We would also like to thank Christine Putland, the council member with a special interest in workers for her helpful contributions and advice to the group this year.

SHine SA's updated website was launched on
14 February 2003

www.shinesa.org.au

Youth Section



Education Section



Sexual Health Info



What's new @ SHine



Resource Centre



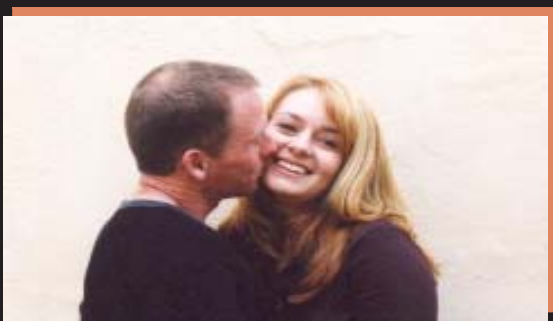
Media Centre



Latest News



General



Services



Professional Education

We have had an exciting year in the Professional Education and Resources Team. We are increasingly contributing to the development of sexual health knowledge in tertiary education institutions via sessions to undergraduate and graduate students. Staff have also been undertaking professional development via conferences and workshops ensuring that we are keeping up to date with advances in teaching practice. How we deliver sexual health knowledge and skills to workers in the community has also been under review with an increasing focus on how we can improve accessibility of our courses, utilising our new website and other flexible delivery strategies.

During this year there were 1241 participants in professional education programs. 68% of participants were women and 32% were men. 23% were from rural areas. SHine SA also provided 554 clinical training session. Participants included:

- Registered nurses
- Medical practitioners
- University students including teachers, doctors, pharmacists, obstetricians
- Aboriginal and Torres Strait Islander workers
- Youth workers
- Disability workers
- Teachers

Significantly, we have been negotiating with the course coordinator of the Bachelor of Applied Science (Disability Studies) program at Flinders University for credit for participants who complete the Sexual Health Course for Disability Workers. Negotiations are going well expanding our fruitful partnership with Flinders University. A course for nurses in counselling techniques, which is part of preparation for Part B of the Sexual Health Course for Nurses has been developed and one course has been run this year. Other team members are interested in expanding this course for other professional groups. This year two more sexual health networks have been established, the Sexual Health Network for Disability Workers and the Sexual Health Network for Youth Workers.

At the end of last year we were reaccruited as a Registered Training Organisation for another 5 years. The Community Services Training Package has been reviewed and there are now 2 units of competency dedicated to sexual health. Those team members involved in the delivery of courses from this training package will coordinate the change over to the new units of competency for 2004.



Marian Brown
Team Leader - PERT Team

The Population Health training package is under development and the Indigenous Health Worker package is also under development. Both of these new packages will have within them opportunities for developing our vocational education and training delivery.

The new website has a site dedicated to workers and the team has begun to utilise this site for advertising courses as well as providing information to course participants and members of the professional public. We are looking forward to developing this site as a resource and a tool in keeping workers in touch with new developments, new courses and important issues and debates in sexual health.

The Investing in Aboriginal and Torres Strait Islander youth project has progressed well. Our Indigenous workers have expanded our work with youth workers, young Indigenous people and SHine SA's partnerships with other organisations providing services to Indigenous communities. SHine SA has contributed significantly to the important work of establishing a professional association for Indigenous Health Workers in South Australia.

This year our library and resource centre has seen an increase in the number of borrowers. Some very useful resources and books have been purchased and our catalogues have been uploaded on to our website. This has been such a successful move that librarians from a number of Family Planning Organisations across Australia will be visiting our library and resource centre to see what has been done.

We have a fantastic team of dedicated volunteers in the Professional Education and Resources Team. It was with great sadness that we mourned the death of Jeff Thomas who had contributed so much to the team, the organisation and especially the development of the Youth Worker Education. Jeff was a much loved member of the team and his work, his wit and his presence are greatly missed. Other volunteer team members include Ann Lawrence, Robyn MacDonald and Lauryn Westwood without whose support we just wouldn't be able to provide such an excellent service to the community and to course participants. A heartfelt thanks goes to them.



The SE&X Course ... One year on

Tangible effects of the SE&X Course are being seen across the South Australian youth sector. The commitment and creativity of youth workers has resulted in a number of assessment projects being completed. These include the production of a one off 2 page publication created by young same sex attracted women; young men's and women's sexual health packs for distribution at the NAIDOC week youth disco; a harm minimization pack, including sexual health harm minimization, for distribution to young people, and for permanent storage in the service's outreach cars. The production of these packs is now agency policy. One worker successfully applied for a grant and worked with a group of young people to develop a condom and lubricant pack for distribution to local youth. 50 000 were made and the pack listed local regional agencies young people could access in



Roxanne Adams:
Coordinator Youth Worker Education

relation to sexual health. A number of participants facilitated sexual health activities in their organizations, and one participant designed their own game, which has since been used by other workers in the region. Many more such projects are in the pipeline and we commend these workers for their proactive support in addressing the sexual health issues that at risk young people face.

A course was run in the north for northern youth workers and one will be run in the south, taking the SE&X Course out into local areas.



Improving the Sexual Health of People with a Disability

In the last financial year SHine SA has delivered two Improving the Sexual Health of People with a Disability courses. We have had six people in the course that finished in June and nine in the course at the end of last year. I have recently visited a range of organisations that provide services to people with a disability, to discuss and identify some possible reasons as to the low numbers in the course. This has led to a further series of discussions and meetings to identify some possible solutions for moving forward.

These meetings are taking place and some of the initial ideas which have come forward involve the development of more flexible delivery sessions as well as the possibility of developing an online course. One of SHine SA's community of interests is people from rural areas and we hope that using these education mediums that it will help improve access to up to date relevant sexual health information, research and strategies for rural and metropolitan workers.

Other suggestions included working in partnership with organisations to identify the currents professional development issues relating to human relationship and sexuality and develop an accredited course



John McKiernan:
Coordinator Disability Worker Education

with supportive strategies reflecting these issues. We hope to build the capacity and further the effectiveness of the sexual health services provided to people with a disability by workers in the community.

I look forward to the exciting opportunities that are presented by continuing to work in partnership as well as the ideas that have come from these and further consultations. I

also hope to underline the importance of workers expanding their capacity to deliver human relationship and sexuality information and strategies in partnership with people with a disability and their organisations.

The expression of a person's sexuality involves the development of social skills that are similar to other aspects of people's lives with some additional sexual information and therefore should not be seen as exclusive to specialist organisations. I believe it is important for workers to reflect about their duty of care to equip people with a disability with the social skills to express their sexuality safely and to respond to these issues with the same vigour social skills has been given.

Look forward to seeing you in the course.

Committed to Improving Indigenous Sexual Health

What with going to Canada it has been an exciting year for Ros. Some great connections have been made there with requests for a copy of the Women's Sexual Health Course for Aboriginal and Torres Strait Islander Workers. This has spurred on the development of the course into an off-the-shelf manual that will be available for purchase. Ros also took quantities of the Which Wheels do you Want? Poster to Canada and it was well received there as the issues are not dissimilar for their communities.

This year we were lucky to have Danielle, a young Aboriginal student on one week's work experience placement. We gave Danielle a great placement visiting clinics and other activities and Danielle helped us with the Which Wheels Do You Want? poster.

Paul Elliot has been off for 12 months leave and the Men's Sexual Health course for Aboriginal and Torres Strait Islander Workers will happen in November 2003.

As is often the case in our community sorry business prevented participants from attending the Women's course. But we still managed to have a really good course and were able to be flexible in organising the course to meet people's needs.

Frances and Ros have been travelling extensively to rural, regional and remote communities supporting the Investing in Aboriginal Youth Peer Education program to communities. There are great programs going on in communities and it is amazing what our young people in communities are doing to promote positive sexual health outcomes in the community.



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

Ros has been involved in administering Emergency Contraception (ECP) in clinics. With Janet Kelly and Judy McDonald she attended and represented SHine SA at Taoundi's health day. Ros has been involved in selection panels for staff in Department of Human Services and Women's Health Statewide and is SHine SA's representative on the Aboriginal Access and Equity Project in DHS which is looking at ways of making DHS health services in the metro region more accessible to Aboriginal and Torres Strait

Islander people.

Unfortunately, due to work load Ros was unable to attend the CATSIN meeting and the Aboriginal Health Worker conference, however she did play host to a visit from Colin Ross from Queensland Aboriginal and Islander Health Forum who was in Adelaide for the conference.

Year 1823

Francis Place (UK) distributes what becomes known as the "Diabolical Handbill" recommending the use of a vaginal sponge for contraception.

Year 1882

Dr Aletta Jacobs, the first woman physician in the Netherlands, opens the world's first birth control clinic in Amsterdam. Mensinga in Germany devises the rubber diaphragm.

Medical Education

This year has been a busy year for medical education at SHine SA. Part of our ongoing work has been in the running of the Certificate in Sexual and Reproductive Health. This is a nationally accredited and designed post graduate course for doctors. It covers sexual health issues for men and women in the different times of their lives, sexually transmissible infections, contraception options and sexual health promotion as well as clinical practice in women's and men's health. We are particularly grateful for the contributions made to these courses by various specialists who bring their expertise to particular topics. These range from the feisty young women of the "Talking Realities", a teenage parents peer education project, to medical specialists including Mr John Bolt, urologist, Dr Jane Wood, gynaecologist, and Dr Priya Selvanagayam, dermatologist. In addition to this specialist input, many SHine SA workers contribute to aspects of the week's course.

The education of doctors to become general practitioners (GPs) has been formalized for some years now though the organizations delivering that education have changed in the last couple of years. SHine SA has been responsible for teaching sexual and reproductive health to the GP registrars, as they are called, and we have continued to provide this service to the new teaching organizations. This allows us to ensure that these new GPs start their career in general practice with a sound basic knowledge of reproductive health and also the resources to update that knowledge as they need.



Katrina Allen:
Coordinator Medical Education

Part of what the GPs learn is the website and the Sexual Healthline which remain resources for them when they return to general practice. Sexual Healthline fields calls from doctors not infrequently and has even helped out the occasional medical student struggling with exam revision. We also run education meetings about 4 times a year, these offer the clinicians from SHine SA and any other workers in women's health in the community an opportunity to explore in depth particular contested issues. This year's meetings cover the perimenopause, gynaecological cancers, dermatology of the vulva and contraceptive failure and once again we are very grateful for various experts in their field who guide our exploration of these topics.

The medical education we engage in crosses the spectrum from medical students at both South Australian Medical Schools to Obstetric and Gynaecology registrar tutorials and regular updates for general practitioners but we also teach final year pharmacy students and help in the teaching of the nurses course. This helping is a mutually engaged process within the Professional Education & Resources team and I am very grateful for the regular input by other members of the team to my courses. This skill sharing raises the standard of all the courses we conduct and helps us to maintain our leading edge as providers of sexual and reproductive health education in South Australia.

Teacher Education

A significant phase of the **share** project was completed on Saturday 14th June 2003 with the final teacher training for Ross Smith Secondary School staff. Each of the 15 schools has now completed 15 hours of training for all the staff involved in the delivery of the curriculum. The training began in late January at Port Lincoln High School. In some schools members of the school administrative staff, student counsellors, community health workers, school chaplains and aboriginal health workers also attended training. Nearly 200 staff have participated in the training. The aim of the training was to build teacher confidence, skills and knowledge to deliver the **share** curriculum.

Each school consulted with the **share** regional coordinators to determine where and when the training would be done, in most cases the training was conducted on each school site. Some schools completed the training out of normal school hours in the evenings or on the weekend, while others were able to negotiate with their schools to complete the training over 2 school days.

The teacher training program was the same for each school for consistency and evaluation reasons yet there was acknowledgment that many participants had vast experience and confidence in teaching relationships and sexual health while other teachers had little or no experience or confidence. (Several participants were new teachers directly from University). The expertise and experiences that teachers and counsellors shared added significantly to the learning opportunities of the participants.

The training was conducted by Jane, the Coordinator of Teacher Education and one of the 3 **share** regional coordinators, Susie (North), Helen (East/West), Cheryl (South).

Each participant completed a pre and post training evaluation that asked about their confidence, skills and knowledge to deliver the different aspects of the curriculum to students. Overwhelmingly teachers found



Jane Flentje:
Coordinator - Teacher Education

the training relevant for themselves and the curriculum appropriate for their students, they enjoyed the structure of the training where they were able to try out many of the activities.

They found particularly valuable the opportunity to up-date their knowledge in areas such as contraception, sexually transmitted infections (STI's) and pubertal development. Most teachers agreed that teaching about gender, power, sexuality and sexual diversity are

extremely important and they found exploring the concepts at the training sessions valuable. Nevertheless they find these areas more difficult to address in the classroom and have less confidence in comparison to topics such as puberty, relationships, contraception or STI's. They are keen to try the activities but would like opportunities to continue discussions about these areas.

Schools are particularly appreciative of the resources that SHine SA has provided in support of the program. In addition the availability of a SHine SA staff member (each Regional Coordinator is responsible for 5 schools) is of great benefit to the establishment and ongoing development of the program within the schools.

Other share News

Ross Smith joined the project recently making a total of 15 schools. The Governing Council of Ross Smith were supportive and decided that they wanted the students at Ross Smith to have access to the program to address the needs of the students in the school. A parent information evening has been held at the school and the teachers have been trained so we look forward to having them join the other **share** schools.

Year 1921

Marie Stopes opens the first UK birth control clinic in London and writes a textbook for professionals "Contraception (Birth Control): Its Theory, History and Practice" (1923)

What's Been Happening in Nurse Education

Nurse Education at SHine SA has been active in many areas. These have included:

- The Sexual Health Course for Registered Nurses, with the new Introduction to Sexual Health Counselling Course
- Gaining accreditation for the course with Flinders University in South Australia
- Professional development of nurses within and outside of SHine SA through one off sessions, updates and through the Sexual Health Nurses Network
- Peer Review of SHine SA Nurses and
- Coordinating a month's placement for two nurses from Papua New Guinea.



Prue Crouch:
Coordinator Nurse

in the Post Graduate Bachelor of Clinical Practice.

Professional Development for Nurses

The Sexual Health Nurses Network has provided good opportunities for professional development for sexual health nurses, and various updates, including the Annual Cervix Screening Update which is presented as a collaborative event between the SA Cervix Screening Program and SHine SA and

the annual Contraception / Sexual Health Update have been well attended and provided good learning for nurses. There have also been Contraception and Sexual Health Updates provided for hospital and university nurses by the Coordinator of Nurse Education.

Women's Health Conference

Four SHine SA nurses and one doctor attended the 10th Annual Women's Health Conference on the Gold Coast, in February 2003. The conference was well attended with delegates from all over the country with a strong interest in women's health. The highlight of the conference was the sessions with Professor Guillebaud on Contraception – New and Future Directions. As a result of these sessions feedback was given to SHine workers in Adelaide about new research on the Emergency Contraceptive Pill by the 2002 WHO study showing that two 75mcg tablets given at once works equally well. Other sessions attended were around adolescent health, breast symptoms, Hormone Replacement Therapy, infections of the vulva and vagina, and relationships.

Peer Review

The latest developments in the Peer Review of the clinical skills of SHine SA Nurses are that Peer Review will now be conducted every 18 months, and following discussion and evaluation by nurses at SHine SA of the Australian Sexual Health Nurses Association Advanced Sexual Health Competencies it was decided to seek permission to use these competency standards as the tool for the SHine SA Nurse's Peer Review. This permission was given and the competencies are currently being used in the second round of peer review of SHine SA nurses.

Papua New Guinea Nurse's Placement

Nurse Education provided a placement opportunity in June 2003 for two nurses from Wewak in Papua New Guinea. This was a very successful placement for both the nurses and SHine SA. Many people from SHine SA and other organisations who have links with SHine SA provided excellent opportunities for the nurses. Both nurses attended the Introduction to Sexual Health Counselling Course with the view of providing sexual health counselling in Wewak., Papua New Guinea. (See page 19 for report).



SHine SA staff @ the 10th Annual Women's Health Conference, Gold Coast, March 2003

RTO Accreditation

In September 2002 SHine SA was reaccredited as an Registered Training Organisation until 2007. The courses that are delivered as part of our RTO status are Men's and Women's Sexual Health Course for Aboriginal and Torres Strait Islander Workers, the Sexual Health Course for Disability Workers and the SE&X course for Youth Workers. The staff involved in delivering these courses, ably assisted by the ExITs Officer worked tirelessly to ensure that all the paper work was ready for the auditors visit. We passed with flying colours meeting all of the standard in the Australian Quality Training Framework.

Clinical Services

Northern Team Clinics

Northern Team Clinics, in spite of moving from the Munno Para location in December 2002, have continued to function efficiently during the first 6 months of 2003. This has been due to the dedication of the northern team clinical staff, who have been flexible and helpful in adapting to different locations, clinic days and times. Staffing has remained constant with some movement of doctors but we have been able to provide a consistent service to clients in the north.

Client numbers have remained stable over the last 12 months but with many clients asking, “When are you going to be back at Munno Para?” The re-location has been problematic for many clients who have found it difficult to attend clinic locations outside of the Smithfield/Munno Para area. It has also involved extra work for our administration/reception staff with the transferring of case notes to other locations on a very regular basis.

Clinical services will commence from our new site at 43 Peachey Road Davoren Park by the end of July 2003.

One of the highlights of our clinical services, is that we now have two doctors trained to insert IUDs. With increased popularity of the new Mirena IUD, this means we can offer this choice of contraception to women in the northern region, instead of them having to travel to Kensington.

With the implementation of standing drug orders to dispense the ECP, we have been able to improve service delivery to women. Clients do not need to have a clinic appointment and it gives the nurses an opportunity to discuss ongoing contraception, risks of STIs and correct use of condoms. One of the major disadvantages of the new ECP, Postinor 2, is the cost as it is not currently available on the PBS.

While we have a full complement of doctors at present, it is always difficult to find replacements for annual or sick leave. This has been an issue for many years and different strategies have been tried in attracting doctors to work at SHine SA in the North. However, there does not seem to be any one particular way of recruiting doctors to provide this very important service to our clients.

Results from the Annual Client Survey of August 2002, indicate that the service we provide is very much valued by our clients, with feedback indicating how much they feel cared for, listened to and treated with



respect when they visit a SHine SA clinic. A full report on this survey will be published.

Thanks must go to the Lyell McEwin Health Service and Tea Tree Gully Health Centre (Modbury Clinic) for allowing us to have extra clinic sessions at their locations whilst we have been in the process of re-locating.

We are looking forward to moving into “Peachey Road”, with larger clinic rooms, more cupboard space, the smell of fresh paint and help from the members of the Youth Advisory Team in decorating.

Southern Team Clinics

The southern team clinics have been reasonably stable throughout 2003. Staff availability has presented a few challenges, but, clients have been able to access a two nurse clinic on Tuesdays and double doctor clinic on Wednesdays at Noarlunga the Thursday evening clinic, held at Flinders Medical Centre, continues to be very well utilised and we welcome Dr Christopher Hinton who has joined this clinic. There has been an increasing demand for appointments for progesterone implants and insertion of Intra uterine devices that has resulted in longer waiting times for appointments. We continue to network and refer to local GP’s and other health agencies to assist clients who require earlier appointments.

The introduction of Standing Drug Orders for nurses has extended the nurses role and clients are now able to access the Emergency Contraceptive Pill at the team base at Woodcroft, as well as the clinic sites.

Training of nurses and doctors continues to provide opportunities for mutual learning experiences and ongoing peer support.

Clinical staff members spend considerable time following up client’s pathology results and abnormal pap smear notification which can present difficulties with a somewhat transient client group.

One of the highlights this year was a bit of redecorating at Noarlunga clinic. SHine SA received some feedback from young people who said they didn’t want to sit in a waiting room full of posters on diseases and scary things!! Space is quite an issue there and a coat of paint and some new scenic prints have provided a much calmer environment for staff and clients.

East/West Team Clinics

The last year has been one of relative stability for East/West clinics. All clinics have been well utilized by SHine SA client groups. The East/West team currently employs six sessional doctors and there has been some turnover of doctors in the past year but nursing and reception staff have not had major changes.

Monday evening and Thursday morning clinics at Kensington have been particularly busy due to the demand for Implanon, the contraceptive implant, in the latter half of 2002 and the intrauterine device Mirena in the first half of 2003. SHine SA has an ongoing teaching role with general practitioners in relation to Implanon. GP’s come to SHine clinics to observe insertions and removals and to insert devices under the supervision of SHine SA doctors

Since the inclusion of Mirena on the PBS making it available for the cost of a usual prescription the demand for this method has markedly increased. Insertion is not an easily accessed procedure other than by SHine SA doctors and specialist gynaecologists. This has meant that appointment times kept specifically for this procedure on Monday evening and Thursday morning are in demand. Other appointment times are also available at Port Adelaide on Wednesday afternoon and Friday morning. Staff have also been kept quite busy responding to clients with queries/ problems related to Implanon and Mirena.

A clinic at Second Story in the city that has a focus on young people has been running for many years. It is a cooperative arrangement with the Second Story and is staffed by their receptionist and a SHine SA doctor and nurse. It is usually well attended. Unlike other clinics for which appointments are made by contacting SHine SA on 83645033, appointments for this clinic are made through Second Story by phoning 82320233.

The Wednesday afternoon 2 Nurse clinic at Kensington is also popular with women wanting preventative health checks or services. Nurses work in this clinic using Standing Drug Orders that have been expanded to allow for maximum utilization of nurses’ skills and knowledge. Women express appreciation of the opportunity to just talk with a nurse about their health care concerns.

The Wednesday afternoon clinic at Port Adelaide is staffed by a doctor and a receptionist who work cooperatively with the staff of Port Adelaide Community Health Centre to provide a service for young people. Two doctors can see young clients should the need arise and consultation times can be longer to allow for working with complex issues. The doctor working on that clinic session also provides telephone backup to the 2 Nurse clinic at Kensington.

Client Feedback

When I was invited to contribute something to the Annual report, I had no hesitation about saying yes.

I have been attending counseling sessions at SHine for over a year now, and I can honestly say that my life has been saved, literally.

I started going to SHine SA because I was suffering with severe post natal depression. I was so ill that I was petrified of falling pregnant again and had to get help because I didn’t want to live with the mental and emotional pain that was destroying me.

I had tried other doctors, psychiatrists, a crisis care organization, but all of them were cold, uncaring and at times, down right cruel. Needless to say they were no help at all and contributed to my depression getting worse.

On my first visit to SHine SA I couldn’t even talk properly, because of the distress I was feeling due to the depression, and how others had dealt with me previously. I needed someone to listen, validate and acknowledge that my distress was understandable and justified, something that I’d never experienced before. Even more importantly, I have been helped to deal with the ‘demons’ of my past that had caused me to be in the state I was in emotionally and mentally.

I have been guided through the worst of my depression with the overwhelming support and compassion of my beautiful and wonderful counsellor and friend. I wish I had found SHine SA years ago, I would not have gone through the stressful experiences from the other counsellors.

I recommend to anyone who has found them selves at wits end trying to find help and support, to give SHine SA a chance and call them. They are always ready to help.

I have also appreciated the fact that they “discuss” with you the ideas they have to help you in your healing process to make sure you are comfortable and in agreement with the work they do with you. So they really have a high level of respect for their clients.

Finally, I would like to take this opportunity to say what a fantastic person my counsellor is and words can’t express enough how much you have done and still are helping me. SHine SA would not be the same without you, and I would not be here without you.

My problems and fears were especially affecting my marriage because I was afraid of having sex, and the risk of falling pregnant again. I didn’t want to go through the horror of it all again and wouldn’t wish it on my worst enemy.

Anonymous

The Nunga clinic on Thursday afternoon at Port Adelaide is well established in the community. It follows after lunch provided by the health centre. “Dr Judy, Nurse Janet and Receptionist Dennise “work together to provide a service which is responsive to the particular needs of the women who use it.

There are two clinic sessions on Friday at Port Adelaide. As mentioned above, appointments for IUD insertions are available in the morning. These two sessions have been well attended in the last year. Some “drop-in” appointments are usually possible in the afternoon.

Training of doctors and nurses has also continued in all East/West clinics although demand for placements has not been as high as in previous years thus making it possible to respond to individual needs more effectively.

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 2002/2003

Over 16,900 clinical services were provided to 5086 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
- 6% identified as Aboriginal
- 8% identified as culturally diverse
- 3% identified themselves as having a disability
- 3 % identified as being gay, lesbian, bisexual or transgender

Length of Consultations

- >5 minutes <10 minutes 4.8 %
- >10 minutes <20 minutes 32%
- >20 minutes <45 minutes 56%
- >45 minutes 6.5%

Top 5 ervices Provided as a Percentage of All Services

- Education and information including provision of contraceptive choices, prevention of STI’s, safer sex information - 44%
- Screening and assessment including cervical smears, breast checks, STI screening, HIV screening - 24%
- Provision of contraception (oral contraception, ECP, Diaphragms, Condoms, IUD) - 21%
- Counselling and support including abuse, unplanned pregnancy - 5%
- Other services provided - 6%

Year 1952

World’s first sex change operation is performed in the USA on George Jorgenson who becomes Christine.

Counselling

Southern Team

It has been a busy year for the counselling team at SHine SA, and in the south it has been no different. Requests for 1 to 1 remain consistently high although we don't have a long waiting time, which is fantastic. Some of the main issues that clients presented with were vaginismus, unplanned pregnancy and sexual identity issues. Issues relating to fertility and planned parenting have also been the request of many women and even an occasional man, which has been a little different than previous years. There are of course a great variety of issues that individuals come to SHine SA about. As many of our referrals are from our Sexual Health Line, or clinic services they are very appropriate, however sometimes after an initial assessment we find that another agency would best suit the client who is then referred to that agency.



The Counsellors at SHine SA had a planning day in January. We spent the day planning for the year where apart from the normal client load, group sessions and meetings, we will review & write necessary procedures relating to the counselling role. We are hoping that this planning day can be a regular yearly event for the counsellors.

Email continues to provide an opportunity for clients to have support when necessary, and for many to make an appointment or follow up information. It has become a necessary and valued tool in many of our therapeutic relationships.

East/West Team

Outreach counselling

continues to be a successful venture, in the Port on Wednesdays, along side our youth clinic. This enables young people in the Western suburbs, and sometimes their parents/ carers, partners and friends, to access affordable counselling on sexual health related issues. Being positioned within a community health agency once a week also means a SHine SA doctor and myself have contact with workers and different community groups. This is important for many reasons including building inter-agency partnerships and being more accessible to clients!



Counselling issues in the East-West region have again been focused around themes related to: sexual identity, sexual difficulties (such as painful intercourse), the effects of sexual violence / coercion or abuse, and other trauma, on intimacy, touch, sexual desire and so-on. There are also other issues, such as dealing with sexually transmitted infections, and the effects of disability/ illness on sexuality. The list goes on!

A wonderful and very experienced nurse in the East-West team now also offers some limited counselling to people when unplanned pregnancy has arisen and there is a need for immediate support and referral. This has offered another invaluable counselling resource to the region.

It may be clear from this overview that there is a real breadth and diversity within the topic of sexual health 'counselling issues'. It means that I am kept on my toes and seeking more information constantly for clients myself and other workers.

People come in to talk with me about grief and loss, anxiety, trauma, stigma, shame, fear, depression and relationship or physical health problems, all of which are often present in the lives of people experiencing the issues identified. However, there is also the recognition of hopes, dreams, desires...a focus on times the problem has not been or triumphs in

working to address problems or concerns with clients. This lends itself to exciting moments in the work where the joy, laughter and pride will often emerge when these experiences are shared.

Family Therapy 'Ongoing Course' at the Dulwich Centre (SA)

I feel lucky to say that this year I had the opportunity to extend on my practice by participating in Family Therapy training at the Dulwich Centre (SA), thanks to the support of SHine SA

This course has involved my participation in 'intensives' throughout the year, reading, undertaking assignments (including a recording of some client work, for analysis) and talking with other workers who were also enrolled. The result is my having experienced an influence in my work that has been very helpful, especially as it has had me critique my own practice in new ways.

The Dulwich Centre has a website at <http://www.dulwichcentre.com.au/> if anyone is interested in checking Narrative writings and this approach to Family Therapy. SHine SA also has some books on this approach in it's library.

Other Work including Training and Advocacy

In addition to the counselling work, the Sexual Health Counsellor role allows for other work such as providing consultancy and education to workers or community members, group work, community development, health promotion work and advocacy / committee work too. I particularly enjoy being able to speak at training courses for doctors and nurses, in accredited courses that SHine SA runs every year.

In these training sessions there is an exchange of ideas and knowledge regarding practice issues that I find quite energizing. Sharing knowledge and dilemmas with workers in the in sexual health field who are 'hands on' provides a reminder for me of some important things to keep in mind when working to enhance sexual health and well-being.

Continued work for me this year has taken place as a member of a working party addressing issues for women survivors relating to the effects of childhood sexual abuse, on pregnancy birth and early mothering. This group met at Women's Health Statewide (WHS), from the start of 2003, supporting project worker(s) to do the following: complete a series of presentations for workers in hospitals and other health care settings; share information (including a literature review on the topic) with workers in the field; conduct a survey and consultation with both workers and (adult) survivors of childhood sexual abuse regarding their needs; and finally to produce a flyer for women in the hospital setting.

All of these activities assisted to raise awareness of the potential impact of prior sexual trauma at the time of pregnancy, birth and early mothering for women survivors of childhood sexual abuse. The project has also promoted helpful (ie 'women centered') approaches in health care. A report was also completed mid-year summarizing this work, which can be obtained from WHS. To date more work is planned.... Stay tuned!

Group For Married Or De-Facto Couples, Male Partner Same-Sex Attracted

Last year a group of committed individuals met together at SHine to explore a need for couples (married or defacto), to have support as a couple, when the male partner identifies as same-sex attracted. A worker from Bfriend at Adelaide Central Mission has also been involved in these gatherings and in providing some support to couples, and men, in 2002.

In 2003 the group met again to consider the issues/ needs arising in relation to this issue. It was decided that the couples still in contact with us would continue to offer individual support as it became necessary to others in the community. In future we also plan to run some 'one-off' events during the year on a chosen topic and as a social gathering for couples in this situation.

I am still counselling couples and individuals as well as linking people with others who share experiences around disclosures of same-sex attraction in marriage. Bfriend also offers this support to men as well as formalized training for those who are gay, bisexual, lesbian, queer or same-sex attracted who are wanting to support others through this time in their lives.

It is acknowledged that everyone's experiences and identities are unique. However, it is hoped that through sharing or connecting with others in respectful and safe ways (eg: an anonymous phone call) there may be a chance to break isolation and the burden of grief/loss, secrecy, shame, fear that often initially accompanies these disclosures.

It is important to also say here that it is through conversations regarding (the above) I have been privileged to share in the important ways that things like closeness, freedom, values of open-ness/ honesty in relationships, care (including self-care) have been brought to the fore in peoples' lives as part of the changes that disclosure or discovery of same-sex attraction can bring in relationships.

The SHine SA library offers free membership and is open to the general public. It has a broad range of books on topics including relationships, self-esteem, communication, sexuality, gay, lesbian, bisexual and transgender issues, sexual dysfunction, counselling and therapy. The library now has a range of videos available including Becoming Orgasmic (also a book with the same title), Vaginismus, Self Loving, the Couples Guide to Great Sex After 40, Complete Guide to Sexual Positions, as well as others on sexual dysfunction.

The library catalogue can be accessed from our website (www.shinesa.org.au/general_gy_resource_introduction.php). The library is open Monday – Friday 9am – 5pm, phone 8364 5537.

Northern Team

The Northern Team has had a busy year, with the northern site relocating from Munno Para to Daveron Park. Before the premises were available at Daveron Park, the team operated from temporary accommodation at Salisbury and Elizabeth. During the 7-8 months of the team being in temporary accommodation, the counselling service remained open. A big thanks is due to all of the agencies in the northern area who allowed the counsellor to use their offices for counselling space. Thanks is also due to the clients of the service, who persevered with attendance at the differing centres!



Some of the issues that were prevalent as reasons for attendance at counselling this year includes difficulties around desire,

Client Feedback

SHine SA welcomes feedback from clients especially on ways to improve our services. The counselling service at SHine provides an important low cost service. Clients were invited to write anything they wanted about their experience of using the service and the following responses were received:

My name is Jennifer, I have been coming to see a counsellor in the SHine office. My counsellor has helped me with working my life out. When I first came to SHine I was unsure of what to do, I needed to do some planning in my life. The counsellor helped me sort it out and I am still going to see her. I first went to see a doctor at SHine and I then asked about getting some help from a counselor and they referred me on to a lady.

Thank you
Jenny B

sexual and gender identity exploration, as well as specific sexual difficulties such as erectile and ejaculatory difficulties, vaginismus and difficulties with orgasm.

People who live in rural and remote areas have increasingly contacted SHine for counselling services. Telephone counselling has therefore been a vital service to meet the needs of people who are unable to come in to SHine in person.

The Sexual Health Counsellor also ran groups this year. Girls On The Side was facilitated as a group for young women who identify as same sex attracted. The group was the result of a collaboration between community members, The Second Story, Bfriend, and SHine SA. Following a very successful eight week structured program, the group continued as an open on-going group for some time. It is envisaged that in 2003-2004 the eight week program will again be offered.

This year, the Sexual Health Counsellor supervised a Canadian Sexology student. Together they co-facilitated a group for young men at risk, named Cool Stuff. Cool Stuff ran for eight weeks and there were two groups running each week. Participants reported an increase in knowledge around sexual health, and also reported that they enjoyed participating in the group. The opportunity for the Northern Team to learn more about the field of sexology was cited as being an outcome from working alongside the student Sexologist.

The Sexual Health Counsellor also provided 'one-off' sessions to community organisations around issues relevant to sexual health. This also provided unique opportunities for networking and better inter-agency working, and workers continue to submit requests for consultancy/ exploration of sexual health related issues with the counsellor.

A number of external groups and committees was attended by the Sexual Health Counsellor, including a working party whose focus is on workers working with same sex attracted people. This work continues to provide opportunities for discussion and unity around the provision of services in the northern area for the ultimate benefit of community members.

Therapeutic Counselling @ a Glance

There were 563 client attendances
82% of clients were women
30% of clients were on a Pension/ Benefit
Top 3 reasons for attendance:
• Relationships (11%)
• Child Sexual Abuse (11%)
• Desire Discrepancy (8%)

Communities of Interest:
• Disability (1%)
• Gay Lesbian Bisexual Transgender (17%)
• Aboriginal & Torres Strait Islander (2 %)
• Young People 13 - 19 (11%)
• Young Adults 19 - 25 (12%)
• Culturally & Linguistically Diverse (3%)

Strategic Directions Review & Development

Report on trip to New South Wales by Team Leader: Professional Education & Resources Team

I went to visit a number of services in Sydney in June 2003. I visited FPA-Health NSW and spent 2 days with Sue Williams, the Team Leader for Professional Education. I was keen to look at the distance education programs they offer and how they were using their website to support their training. I had a look at their nurses, doctors and basic sexual health course all of which are delivered by distance education, I had the opportunity to talk to one of their workers about the anti homophobia program they have in schools, sit on their sexual health line, attend a management team meeting on data collection and meet many interesting people, procure many resources as well as sharing SHine SA resources with them. They were most interested in our Share program and its resources, our Which Wheels poster and our Investing in Rural Youth and Investing in Aboriginal and Torres Strait Islander Youth peer education programs. It was a great experience to talk sexual health education with another team leader and make contact with someone else who does a similar job to me.

I visited the Albion Street Centre which provides clinical services and training for clients, relatives and friends of people living with HIV/AIDS and Hepatitis. This was an interesting place that offers a wide variety

Report on trip to Western Australia by Team Leader: Northern PHC Team

With the next strategic planning phase looming, I set off to Perth in Western Australia to take a look at Family Planning Western Australia and to gather information that would be of value in the development of our next strategic plan. Western Australia has a population, that is slightly larger than South Australia but is geographically similar with the major city being located near the coast (Perth city is also on the Swan River) with the suburbs strung out along the coast line and heading inwards towards the mountain regions. The population is densely concentrated in Perth and surrounding suburbs as rural WA, extends to almost 1/3 of Australia.

My visit to Family Planning Western Australia (FPWA) which is located in central Perth, was interesting and informative. The staff were welcoming and there was much discussion and exchange of information between myself and other staff. FPWA has 2 other sites, Quarry Health Centre at Fremantle and Phoenix. I could only describe FPWA as similar to SHine SA but different. Our business is the same, we talked the same language, had similar communities of interest but a different structure.

FPWA is divided into streams rather than primary health care teams, for example

Report on trip to Queensland by Team Leader: Southern PHC Team

In preparation for the next Strategic Directions for SHine SA, the Southern Team Leader spent a week in Queensland looking at a range of agencies that work with Shine's communities of interest. There was much exchanging of information about best practice programs and projects, exchanges of resources and, importantly, links formed for future exchanges!

Many agencies were visited and some contacted via telephone as, at each visit, it seemed that more “hot tips” emerged. The visit could have profitably lasted for a month rather than a week. Information was obtained from the following:

- **Open Doors:** a program for young gay, lesbian, bi-sexual and transgender people

of services, support and education to the whole of NSW. Their training is not accredited and meets the needs of people working in the field of HIV/AIDS. They also tend to provide training that no one else does so they aren't competing for course participants or funding.

I visited the NSW Centre for the Advancement of Adolescent Health and spoke with the Director and author Dr. David Bennett who gave me a copy of his new book and a tour of the Adolescent Unit at the hospital. At the centre I met Dr. Melissa Kang, the Dolly Doctor who specialises in adolescent sexual health and Dr Adrien Mendel from the AIDS/HIV research unit.

I visited the Sexual Health Counselling Centre at Sydney Hospital. They have an exciting new service for young people at the Satellite Sexual Health Youth Clinic where they provide a free confidential service where young people can be tested for STIs and pregnancy, vaccinations for hepatitis, free condoms and lube and have a chat with a counsellor. Another exciting program they have run is for people over the age of 27 who are 'coming out' and the program helps them navigate their way around the gay lesbian 'scene' thus reducing feelings of isolation.

there is a counselling, clinic and education stream which operates independently. There were a number of innovative programs that I was fortunate to be able to gain information about especially in the area of working with people with disabilities (PIP People First Program) and young people through my visit to the Quarry Health Centre,

One startling difference was the fee structure. There are charges for counselling, clinical and education services well beyond our current fee structure. The library and resource centre is large and also sells a number of books and sexual health resources. I have to thank all those who I spoke to at FPWA for sharing their knowledge and resources with me.

I also had the opportunity to meet with Dr Gabriele Morrisey from Curtain University who coordinates the PHD & Master of Sexology. Gabrielle is a very interesting woman, not only coordinating university studies but providing education in a number of sectors. The information I gleaned here about working with young people and health professionals was useful and has already been passed on.

The information I have gained and links I have made will contribute greatly to our strategic planning for the next 4 years.

- **The University of Queensland:** Aboriginal and Torres Strait Islander Studies Unit
- **Family Planning Queensland:** Brisbane & Cairns
- **WWILD:** Women working alongside Women with Intellectual and Learning Disabilities
- **Sisters Inside Inc.**
- **Murrigunyah ATSI Corporation for Women Inc.**
- **Immigrant Women's Support Services**
- **Zig Zag** Young Women's Resource Service
- **Cairns TAFE**

Continued on top of next column

- **Wu Chopperen ATSI Health Service**

WuChopperen was the highlight of the trip. An amazing service nestled between the lush mountains and the sea it provides services to many ATSI communities in the Northern Queensland region. Wu Chopperen works as a primary health care service and has an Aboriginal concept and perception of health. Many clinical services are offered (including mobile services eg. dental, eye health service, diabetes). The Social Health Unit program provides counselling, family therapy and support services. A counsellor is employed to specifically address issues around separation and removal ie. Stolen Generations. Adolescent mothers and young parents are a target group of the Family Support Service aimed at helping them cope with parenthood.

Australasian Sexual Health Conference Highlights from the Conference, Christchurch, New Zealand, July 2003

This was an excellent general informative conference held in the city of Christchurch, built on the river flats around the fast brown Avon River. The grey central buildings rise like Adelaide's CBD above the surrounding suburbs and when the mists lift give a glorious view of the surrounding snow capped mountains. There was a mixture of overseas invited speakers and Australasian experts as well as some packed short paper sessions of current research and projects.

The first afternoon of the conference was shared with the Sexual Assault Symposium which started on the preceding day and featured some very lively speakers. Dr Melissa Kang works part time in a youth health service with homeless young people in Sydney. She is also Dolly Doctor and has answered young people's sexual health questions in Dolly magazine for 10 years. She gave an entertaining analysis of the issues raised by young people.

Herpes Update by Dr. A Mindel was interesting in highlighting that short course episodic treatment of herpes is as effective as longer courses for acute infection

Dr Libby Edwards, American dermatologist with a specialist interest in the vulva, gave 2 excellent general talks about **vulval dermatology**. She distinguished between women with eczema based conditions from those with chronic vulval pain by asking whether scratching brought relief. Eczema tends to be temporarily appeased by scratching whereas vulval pain syndromes are exacerbated by scratching.

Multifactorial processes are common in patients with chronic genital symptoms; secondary bacterial or fungal infections are often associated with dermatoses, and problems form the treatment used, such as irritant contact dermatitis or steroid dermatitis, are frequent. In some conditions symptoms increase post-menopausally.

The principles of treatment are explaining the disease, treatment and expectations, treating all factors and anticipating medication induced disease. Dr Edwards included anti-depressants, local steroid and local anaesthetic ointments as well as couple counselling in her recommended treatments for these persistent debilitating conditions. It was also suggested considering pelvic floor muscle tone evaluation and rehabilitation as tense but weak muscles can be a source of ongoing pain.

Dr Edith Weisberg's talk on **contraception** highlighted the ECP changes SHine has made. This is the recommendation that ECP can be taken as a single 2 tablet dose immediately rather than the two doses separated by 12 hours. This is as effective and a far more easy way of taking ECP than the previously advised pattern of pill taking. She also clarified the issue of third generation Pills and VTE (Venous thrombo-embolism, leading to strokes and pulmonary embolism).

A recent study has shown that only levonorgestrol containing Pills (“second



SHine SA Staff, from left: Roxanne, Lauryn & Cherice @ launch of new website

generation Pills”) have a decreased risk of VTE. Thus VTE in non-user women of reproductive age is 5-6/100,000: VTE in levonorgestrol containing Pill users is 15/ 100,000: VTE in other combined Pill users is 30/100,000: VTE in pregnancy is 60/ 100,000. The suggested mechanism is a mild anti-oestrogenic effect on the liver which diminishes the rise in clotting factors oestrogen provokes. Thus levonorgestrol provides a relative protective effect against the oestrogenic thrombotic effect rather than the other progestogens causing more problems.

The New Zealand Guidelines on **HRT** are clear about the risks of long-term HRT outweighing any benefits. The guidelines do not recommend the use of HRT for the primary or secondary prevention of heart disease. They also caution against the use of short-term HRT for symptoms other than severe, disruptive hot flushes or night sweats (Dr Helen Roberts).

Associate Professor Anthony Smith of Latrobe Sex, Health and Society Research Centre presented data on **adolescent sexuality** which had been collected by telephone interview from >4,000 Australians. This suggests age of sexual initiation is getting younger. Young men reported less orgasm (only 80%) than previous surveys. Young women reported only 50% orgasm in recent heterosexual sex but that this proportion improved with the increasing age of the respondent. 15- 20% women aged 16 –25 years had experienced unpleasurable or forced heterosexual sex. His conclusion was that many Australian young women are having bad sex that they don't want!

One final highlight for me of the conference was a presentation on a project enhancing the sexual health of refugees. Unlike Australia, New Zealand accepts the UNHRC quota of refugees and has agreed that 10% of that quota can be women in danger and 10% can be medically disabled. Women in danger are women who are shunned by their own people, usually because they have been raped in war and often they have HIV. As such they are not easily integrated into their cultural groups in New Zealand and can suffer greatly from isolation as well as the inherent dislocation of forced migration. Very often they are also sole parents of several children. Despite addressing this dire situation, this presentation was a very uplifting account of a colourful outreach project which helps women to move from their pasts to integrate with New Zealand society and also encourages acceptance within their own community. It was good to hear such a positive official response to refugees.

School Linked Clinics in New Zealand

As well as attending the Sexual Health Conference, Sally Gibson from SHine SA had a chance to spend some time with agencies who provide sexual health services to young people.

Family Planning NZ has been providing school clinics for approximately 10 years. In Auckland there are about 25 schools who have taken up a ½ day FPA clinic staffed by a nurse. Schools request having a clinic and this is approved by their governing council. Generally the clinics are run in the same rooms as those used by the Counsellors. This makes them more confidential so other people can't see that they are going to the clinic.

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The clinics are funded by the Health Funding Authority so there is no charge to the school. A day was spent at Manurewa High School in North Auckland. This is called a low decile school as it is an area of disadvantage. 49% of the students are either Maori or Pacific Islander. The total school population is 2,000.

The overriding concern for the school in requesting the clinic was teenage pregnancy. They have on average 5 reported pregnancies a term (20 a year). The Guidance Centre believed this is probably only 50% of the true number. Schools who have taken up the option of clinics report a lowering of the number of pregnancies.

In 1990 an amendment was made to the *Contraception, Sterilisation and Abortion Act* of 1977. This removed any restrictions on supplying contraceptives to under 16 year olds. It was also interesting to hear that New Zealand has a scheme where the government provides funding to FPAs, sexual health services and GPs which enables young people under the age of 22 to get free sexual health services.

Student Work Placement @ SHine SA

The 24th of February, I was flying out from Montreal, Canada to start a week later my student placement with SHine SA. Months and months of preparation for this internship as an *Intervenant* in the field of Sexology. You are probably thinking what is sexology and what is an *Intervenant* ?! (You're not the only one ;). Well, sexology is actually the bachelor's degree that I've done. Believe it or not, I studied human sexuality for 4 whole years and how to be a sexologist, to provide sexual health education and prevention for a particular clientele. A sexologist (intervenant) is equivalent to a community health worker in the field of sexual health. SHine SA was the perfect opportunity for me to learn more about the sexual health education within South Australia but also share knowledge and experiences.

As I arrived in Adelaide I was welcomed by Sue and Ornella. Two days later here I was being presented to every team member of SHine SA and finally met the wonderful northern team with whom I've been working for the last 4 months.

SHine SA made my placement a *full* on experience. Not only was I completing my degree, but I also had the chance to work as an administrative support worker, one day a week. This job was the perfect opportunity to get to know the resources and services of the organisation. I took part to team meetings, Y@ meetings, the conference on early intervention in Adelaide and meetings for the planning of



Vicki Dubois, Sexologist-Sexual Educator

Healthy Start Pathways.

During youth week, I participated to Virginia Speedway event and the lock-in in Gladstone, which where both wonderful experiences for working with young people, thank you Ornella and Juliet.

The aim of my placement was to conceive, present and evaluate a sexual health education and prevention program for young people. That's how Cool Stuff was born. This program was a project for young men at risk between the age of 14 and 16 years old, in collaboration with Modbury High School. I facilitated this program (alongside Priscilla, my supervisor) for a period of 8 weeks on the basis of 2 times a week with 2 different groups. The outcomes of Cool Stuff are really positive and the participants gave good feedback.

I also have to say that the nurses course was wonderful and very useful, even if unfortunately I've missed a few. I was very fortunate to be able to do participate and be part of all those activities.

My placement at SHine SA is unforgettable and was in every way rich of learnings and experiences but also, at times, very challenging! Special thanks to the northern team for being so supportive and making me feel so welcome. Also I would like to thank Sue for being the best supervisor, Kaisu for giving me the opportunity to be a part of SHine SA and Priscilla for being a wonderful mentor.

An evening with Maria Pallotta Chiarolli

On Wednesday 20th November at the Education Development Centre Maria Pallotta-Chiarolli was guest speaker at an evening hosted by SHine SA titled 'Young People, Relationships and Gender'. Over 80 people attended the session from SHine SA, Youth Health Organisations and the Education Department.

Maria is a Senior Lecturer and researcher in the School of Health Sciences at Deakin University, Melbourne. She was formerly a teacher for over 10 years in a boys' Catholic School in Adelaide.

She has written several books including 'Girls Talk: Young Women Speak Their Hearts and Minds' which is a research based collection of 150 girls and culturally and sexually diverse young women's art and writing exploring relationships, health and well-being issues. Her latest book, co-researched and co-edited with Wayne Martino is by boys for boys entitled 'Boys Stuff: Talking About What Matters'. Maria is currently researching and compiling works from young people for two new books, one about masculinity and schooling the other about sexual diversity

and family diversity.

Maria talked about the impact of gender on young people's lives, the pressures they face in relation to schooling, fashion, body image, identity, relationships and sexuality in becoming young men and women. Young people are constantly being hit with messages from peers, family, the media, school and literature about what it means to be feminine or masculine. Very often the messages are limiting and potentially harmful to young people about what it is to be 'normal'. To develop a greater respect for diversity Maria suggested that we need to assist young people to become aware of and critically analyse the messages around them. She encouraged us to seek out materials such as films, novels, poems and teaching resources that celebrate the diversity of young people and their experiences.

It was wonderful and motivating to have Maria share her knowledge and experience of working with young people with us. The session was video taped and is available from the SHine SA library.

Occupational Health & Safety Committee

The Occupational Health, Safety and Welfare Committee is made up of a management representative and a representative from each of the teams within SHine SA. It meets at least quarterly. This year saw the completion of training for the representatives with all representatives now being trained. The committee this year focused on the issue of staff, client and volunteer safety with an information session on responding to difficult telephone calls and the attendance of 2 SAPOL members at a workshop on dealing with potentially violent and angry people. Also a policy has been developed. A further series of workshops for staff will be conducted early next year. Other areas of achievement are the updating of Material Safety Data sheets for each SHine SA location, yearly site audits and fire safety training.



ATSI Health Worker Canada Trip 2003

Janet Kelly and Ros Pierce traveled to Canada on a study/work tour during the month of May 2003 looking at Indigneous sexual health, youth health and Aboriginal Nursing and health worker training and employment. This was made possible by a Premier's Nursing Scholarship awarded to Ros, and partial sponsorship by Newmont Australia, Rotary, Organon and SHine SA for Janet.

Geographical sites visited included Vancouver, Vancouver Island and Kamloops in British Colombia, Edmonton in Alberta, Yellowknife in North West Territories, and Rankin Inlet in Nanuvut. Originally Toronto and Manitoulin Island were also intended destinations, but this was rescheduled at the last minute due to SARS.

Sexual health issues

Sexual health issues for First Nations people are very similar to those of Australian Aboriginal people. However, HIV/AIDS is of more immediate concern, as there are relatively high and growing numbers of HIV positive people in the First Nations community. Many issues around sexual health are seen as directly stemming from the effects of colonization and resulting loss of culture. Healing of spiritual, emotional, mental and physical issues is an important part of life for many of the First Nations people we spoke to. Strong culture, close and healthy relationships and sense of self are also important.

We noted that in many successful programs there is less 'victim blaming' and more recognition of the detrimental effects of history and politics. Elders and healers are a crucial part of these services, often

staying on site through each program.

Interestingly, in at least one of the programs we visited, the programs are not written up. Instead they follow oral tradition, and change to meet the needs of the people accessing them. We discovered that we could only find out details by visiting people, meeting with them and talking. Some things are just not written. The written word, articles and web sites do not reveal all and can be taken out of context, failing to tell the whole story. This is why the study tour with face to face contact was so important.

Residential Schools

In Canada's history, First Nations children were also removed from their families, but in Canada they were taken to Residential Schools (which usually had very little to do with improving education levels, and more about removing children from 'undesirable cultural influences'). There are so many similarities to Australia's Stolen Generation, but one main difference was that many Canadian children were allowed back home twice a year for Christmas and summer. It seems that this has allowed them to stay a little more in touch with their culture and teachings, but even so, the levels of pain and confusion and resulting emotional and social effects are huge.

Reflection

This study tour provided us with both a unique and shared learning. Our cultural, life and work backgrounds are quite different, but our passion is the same. We both are seeking ways to assist the health and well being of Indigenous peoples. This trip became a reconciliation journey, as we shared stories and thoughts, and searched for creative ways forward. There is much

work to be done, too much for Aboriginal people to do alone. It is important that non-Indigenous workers learn how to support and assist Aboriginal people in holistic, culturally supportive ways. There is of course no fixed recipe, as each person, and each encounter is individual and unique.



Relay For Life 2003

Relay For Life 2003 was a team event to raise funds to fight cancer. Teams of 10 - 15 run or walk relay style for 20 hours to raise funds to help fight cancer.

From Saturday 29 March 3.00 pm I stayed overnight at Santos Stadium as a participant with a team of workers and people with a disability to raise funds to fight cancer. We left after 11 am on Sunday 30 March.

The strategy I used to raise money for this event was to offer myself to come to the winner's house and negotiate a dinner menu for four people to the value of \$75.00 (this was my donation to the relay team). On the agreed night I would come to the winner's house or deliver the dinner. I would clean up where necessary and serve if that was what was required.

Interested people could register pledging \$5.00 or more. The winner's name was drawn out of a hat under strict supervision. The winner was Dorian who won my boyfriend and I to cook and wait on four people. I raised approximately \$227.00 for The Cancer Council.

I had a fantastic, uncomfortable, enjoyable, hard surfaced, brilliant time and got to know the dArpa (DisAbility and Rehabilitation Professionals Association) mob and friends a lot better. It was great to be part of an event where a group of people traditionally labeled as 'disadvantaged' was raising money for another 'disadvantaged' group. It was a great contradiction.

Thank you all for participating. It was worth it.

SHine SA Advisory Committees

Community Health Worker Advisory Committee

The Community Health Worker Advisory Committee provide advice and recommendations to the management team on whole organization issues related to the Community Health Worker role. A major focus is the development, implementation and evaluation of standards of practice for Community Health Workers and to this end the Committee has developed and trialled a peer review process for Health Workers. The implementation and evaluation of this tool will continue over the next year. We anticipate that by the end of this calendar year all Community Health Workers will have trialled the Peer review process and given feedback to the committee so that the final process can be endorsed.

Some changes within the Primary Health Care teams over the past 16 months have seen some changes occur to the Community Health Worker role and the committee has provide a forum for discussion and problem solving in this area.

The group also has an ongoing role in reviewing and identifying new education resources deemed useful for the Community Health Worker role as well as developing teaching resources.

A further quality assurance tool “guidelines for pre-briefing and debriefing” for workers working together on programs is in the process of development.

Nursing Advisory Committee

The Nursing Advisory Committee (NAC) conducted a Case Note Audit and Client Survey as part of a review of clinical services this year. 166 clients responded to the survey which was conducted over 2 weeks across the three primary health care teams. The majority of clients were very satisfied with the clinical services. NAC has made some recommendations in response to feedback about appointment making, waiting times for appointments and developing a more effective process for obtaining feedback about our services from Aboriginal and Torres Strait Islander clients. A separate report is available.

NAC has adopted the Advanced Australian Sexual Health Nurses competencies as the assessment tool for the SHine SA nurses peer review process.

A Clinical Self Evaluation Guide has been developed for use by SHine SA nurses involved in clinical teaching as a method of reflection and self assessment. NAC has been involved in the review and updating of Standing Drugs Orders (SDO) for use by nurses in clinical practice. The use of SDO's in the clinics enables nurses to extend their roles and to offer more services to clients such as the provision of Emergency Contraception.

The Sexual Health Nurses Network continues to be well supported by a range of nurses in the community who have an interest in sexual health issues.

Medical Advisory Committee

The Medical Advisory Committee (MAC), comprising Dr Meredith Frearson, Dr Anusha Visvanathan, Dr Anna Neoh, Ms Sally Gibson, and Dr Katrina Allen continues to overview the medical direction of SHine SA. MAC reviews new ideas of clinical practice, research or teaching as well as considering new leaflets, standards of practice and clinical conundrums – areas of action which the members usually embrace with effective enthusiasm. MAC tends to work closely with NAC, the Nursing Advisory Committee which reflects the primary health care work the two professions are engaged in.

This year we have formalized a previously ad hoc arrangement and MAC now reviews any incidents which have occurred in the clinics. In many cases the situations may be unavoidable but by continuing to review the processes involved we hope to minimize problems, especially those resulting from structural inadequacies. This year has also seen the continuation of the 2 nurse and 2 doctor clinics in each region. This has needed a little fine tuning but generally has facilitated the youth friendly clinics and expanded the nurses scope of independent practice.

A major new area of work MAC has been involved with has been to encourage the development of clinical research at SHine SA. A smaller study was done last year on the progesterone implant in which SHine SA was one of the national sources of data for an acceptability study which Dr Edith Weisberg was conducting. This year we were accepted as one of the centres for a large WHO trial comparing different contraceptive implants and did the work to prepare the clinics for recruiting women to this trial. However it was unable to proceed because indemnity insurance was not available to the level needed nationally. There are several smaller research projects in the pipeline which we hope to implement at SHine over the coming year.

One of the tasks MAC has been wrestling with has been the development of peer review for the doctors working in clinics. The nurses have successfully implemented an excellent system of peer review and the doctors have been challenged for some time on creating a sustainable and effective peer education tool. In the end Anusha and Katrina developed an application to become a “Small learning group” for the purpose of Continuing Professional Development within the Royal Australian College of General Practice. This enables the doctors to fulfil their professional development commitments and to be both engaged in and reflective of their on-going educational needs.

These needs are specifically addressed by the quarterly education meetings. These meetings are also open to clinical staff of relevant organisations, dealing with topics of interest in the field of sexual and reproductive health. So far this year we have discussed “The Perimenopause” with Dr. Jane Wood, a wonderfully wise



SHine SA staff members @ the launch of the new website, February 2003

gynaecologist from Flinders Medical Centre, who particularly enriched our knowledge of the phases of the perimenopause. Dr Sue Valmadre, gynaecological oncologist from the RAH, gave us much useful insight into the current field of gynaecological malignancies and we have 2 more meetings planned for this year, one with Dr Priya Selvanagayam on “The Itch Down Under” and one with Dr Brian Peat on “Contraceptive failure – Where do we stand on this?” These meetings enable SHine SA clinical staff to remain in touch with new developments in the field of sexual and reproductive health and maintain our position in the forefront of this field in the community.

MAC continues to support the development and use of Standing Drug Orders to enable the nurses to greatly increase women's access to common treatment, in particular Emergency Contraception. Altogether the range of interests and issues tackled by MAC leaves little room for boredom or complacency and we look forward to the challenges ahead.

Sexual Health Counsellors Advisory Committee

The Sexual Health Counsellors Advisory Committee (SHCAC) has become a stable

group this year with the commencement of Priscilla Dunk as the counsellor in the north and the return of Lyn Sutton to the south. Joanne McNamara remains as sexual health counsellor for the East-West region.

During this year the group has undertaken to develop 3 new policies for inclusion in the sexual health counsellors policy and procedures manual. These will provide guidelines for responding to vicarious traumatisation, suicide and duty to warn. Counsellors have also developed a peer review process, which they have implemented this year. Counsellors have also continued to have professional supervision from Marion Burns during this year.

Members of the counselling team have shown interest in family therapy training and the Diploma of Sexual Health Counselling offered by the Australasian College of Sexual Health Physicians in Sydney. SHine SA counsellors are committed to developing their expertise, skills and knowledge in the areas of sexual health and therapeutic technique to provide SHine SA clients with the best counselling support available.



SHine SA Northern PHC Team members, from left: Marg, Annette & Cheryl

SHine SA’s Northern Team Moves

December 2002 saw the closure of the Northern Primary Health Care Team's site based at Munno Para Shopping City in Smithfield. Due to an expansion of the shopping centre, the teams home of 7 years was bulldozed.

Since that time the team has been split across two services in the north and clinics relocated to additional venues. Although the clinics have remained busy, community memmbers from Smithfield and Daveron Park have found it difficult to access our service, mainly due to transport and the tyranny of distance.

The Second Story, a unit of Child Youth Health in the north kindly housed and supported 3 SHine SA workers and the remainder of the team was located at IDSC in Salisbury. Without the support and cooperation of these 2 agencies, it would have been very difficult for the Northern team to remain located in the north.

On Monday 21st July 2003, SHine SA opened its doors on its newest location in the north. Based at 43 Peachey Rd, Daveron Park, the Northern Primary Health Care Centre accommodates all staff in the northern team and offer a full range of clinical, information and education services. Members of the Northern Y@ (Youth Advisory Team) have been instrumental in advising us in regards to colours, themes and furniture. The Department of Human Services along with SHine SA has funded the refurbishment of the site.

The new number for the northern site is: tel 08 8252 7955 and fax 08 8252 7966



Library Services

The library has had another busy year. The libraries software program has been upgraded and now all three libraries have access to a networked fully automated library system. The Kensington and Woodcroft libraries have had all their books barcoded while the Northern library will be completed when they move into their new premises at Davoren Park.

With the updating of the SHine SA website the library now has it's own section. There is a searchable library catalogue, new books list, links to free journal articles, and downloadable pamphlets.

There has been an increase in the number of people using the library this financial year with over 264 new library borrowers



Sharon Pawelski: Coordinator Library & Resource Centre

registered. We have added 292 new items to the library collection and processed over 1,173 loans and 100 inter library loans.

Once again our library volunteers Robyn and Ann have worked tirelessly on a variety of tasks and greatly assisted in the smooth functioning of the library and resource centre. Well done!

The library has free membership and the public is welcome to come in and browse and borrow. Opening hours are 9.00 am to 5 pm Mondays to Fridays. For more information please contact the Coordinator Library and Resource Centre, SHine SA, telephone (08) 8364 5537 or email SHineSALibrary@dhs.sa.gov.au

Website launch: building better online services

SHine SA's new-look website was launched on Friday 14 February 2003 at Ngapartji Multimedia Centre during Sexual Health Awareness Week.

Overseas studies have shown that more young people are logging on to learn about sex, pregnancy, sexually transmitted infections and contraception. It is the most researched health topic amongst adolescents. Not only that, but they consider this information to be relevant, useful and trustworthy.

With more people having access to the web everyday, it has become a valued source of sexual health education, as it is a confidential and easy way to access information that can sometimes be a little too personal or embarrassing.

SHine SA has recognised the importance of having a web presence since the launch of www.shinesa.org.au in 1998. Education and information are part of our core business and we are committed to providing quality accessible sexual health information to the community. But while the old website served well in providing information, it had its limitations. We were unable to move with the times and provide the best online service possible as the software was outdated, the website was not portable so we were unable to seek competitive hosting services and the design looked tired. We needed a website with far more flexibility.

SHine SA decided to rebuild so that website met the requirements of the organisation to make business practices more efficient. We worked in partnership with Mitousa



Design to ensure that the new site was more accessible, the navigation was intuitive and easy to use, and the design reflected the organisation's image as a dynamic and progressive leader in sexual health.

The new website makes it much easier for us to generate, publish and promote new ideas. It has increased the potential

for two-way communication between SHine SA and the community to help build new relationships and strengthen existing networks. Other new features include:

- Two new sections, one aimed at youth and the other for professionals
- The ability to download to SHine SA's pamphlets, fact sheets and other publications
- Better navigation and an improved search facility
- Online library and resource centre databases
- Online ordering system for resources
- A new content management system which allows SHine SA to easily change or create new content quickly and easily, allowing us to make the most current and up-to-date information available.

In the near future we will have online registration and payment for professional education and well as facilities to assist in flexible delivery of education programs.

So if you haven't checked it out yet, log on to www.shinesa.org.au for all you need to know about sexual health.

New Client Management System

SHine SA was included in the implementation of a new client management, statistical data collection and reporting system across the Primary and Community Health sector. The implementation was funded and coordinated by the Department of Human Services. The new system is called CHIS (Community Health Information Systems) and was rolled out on 1st July 2003.

The CHIS database was set up to allow primary health care agencies to share client registration information. It does not allow these agencies to access any details about the reasons for attendance or services provided to our clients. The information that is shared is the client demographics including name, address, telephone, registration number, date of birth, sex, language, and country of birth.

At present there are seven primary health agencies who are a part of the primary and community health network in South Australia and these include Adelaide Central Community Health Service;

Northern Metropolitan Community Health Service; Noarlunga Health Services; Inner Southern Community Health Service; SHine SA; The Second Story and Women's Health Statewide.

SHine SA uses some of the client demographic information to plan and to seek funding to improve our services. However, SHine SA will not use any information that will identify the client. For example, SHine SA can use this information to look at:

- areas of greatest need;
- particular cultural needs;
- age groups of our clients; and
- reasons for attendance
- so that we are able to provide the services that our communities want.

Staff Training on CHIS

CHIS Training for staff was held over a two-week period in June 2003 and over 70 staff members were trained in the use of this system.

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.

The Resource Centre now has its own section on our upgraded website. There is a searchable database, downloadable video and teaching resource catalogues, new membership and booking forms. This section also includes a list of the latest resources added to the catalogue. Some of the new resources added to the collection this year include:

- Bottleneck: designed to educate children about the dangers of alcohol (TER2867)
- Bully dance: la danse des brutes (VCT2857)
- Cover your tracks (VCT2858)
- Grief, trauma & sexual abuse: The stories of two women (VCT2818)
- Have a well women's check (VCT2833)
- Is love enough? The challenges of child-rearing for mentally disabled parents (VCT2825)
- Living with breast cancer (VCT2819)
- MindMatters: a mental health promotion resource for secondary schools (TER2822)
- Roller coaster: dealing with the ups and downs (VCT2866)
- Safe party: a guide to delivering a safe party program in your school or community (TER2843)

- Safe places: a community cultural development workers' guide to working with young people from a refugee background (VCT2869)
- Supporting women with learning disabilities through the menopause (TER2864)
- Talking gender (VCT2824)
- What do I say now? How to help protect your child from sexual abuse (VCT2823)

There has been over 2,200 loan processed this year and there are over 120 current subscribers. Members include 80 metropolitan based and 42 rural based organisations. The membership categories are:

- 4 Aboriginal Health Agencies
- 11 Community Health Services
- 28 Disability Agencies
- 32 High Schools
- 8 Primary and r-12 Schools
- 4 Independent Schools
- 6 Women's Health Agencies
- 11 Youth Health Agencies

The remainder are private organisations, universities, government and non-government agencies.

Please contact the Library & Resource Coordinator on (08) 8364 5537 or email SHineSAResources@dhs.sa.gov.au for more information.

Sexual Healthline

The Sexual Health Line (8364 0444) operates between 9am to 1pm Monday to Friday excluding public holidays. Country callers are able to use the toll fee line (1800 188 171) and the hearing impaired community can use the TTY (8431 5177). We will connect with the Telephone Interpreter Service (TIS) if callers can tell us their phone number and their preferred language.

This telephone service continues to be popular because of the anonymity for it's callers and their ability to get information quickly.

The nurses who operate this service have a vast knowledge in sexual health and contraception with a back up of the SHine SA library, doctors and counsellors, if further information is needed. The wide variety of issues include – contraception, sexually transmitted infections, pregnancy (planned & unplanned), sexual difficulties, puberty and menopause.

Sexual health email queries (sexualhealthhotline@dhs.sa.gov.au) are also responded to during this daily session. Many of these queries come from people using our web site (www.shinesa.org.au). We now have a section on the web site of commonly asked questions and hopefully this will meet the needs of some of our callers.

Sexual Healthline @ A Glance

There were 3358 clients who contacted the Sexual Healthline during 2002/2003.

73% of callers were women and 17% were men.

The top three reason for contacting the Sexual Healthline included

- Contraception
- Sexually Transmitted Infections
- Emergency Contraception

Keeping The Community Informed

Written Client Information

Throughout 2002-2003 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 8897
- Emergency Contraceptive Pills 7863
- Contraceptive Implant (Implanon) 6386
- Sexually Transmitted Infections 6183
- Safer Sex 5895
- The Pill 5444

The total number of pamphlets distributed in 2002/2003 was 149,684.

The total number of pamphlets in languages other than English distributed was 6,095

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: 8252 7955
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

Worried about the consequences of unplanned ore 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.
Where to go?
You can go to your own doctor or see a doctor & nurse at: SHine SA, Second Story, Streetlink, Pregnancy Advisory Centre, Community & University Health Clinics & Emergency Departments.
For more information contact:
East/West 8431 5177 North 8252 7955 South 8325 8164
Sexual Healthline (9-1 Mon- Fri) 8364 0444 Toll Free 1800 188 171 Email sexualhealthhotline@dhs.sa.gov.au

Information Services

Sexual Health Line
9 am to 1 pm Monday - Friday
Email: 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

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 8252 7955 • 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) 8252 7955 for details on days/times and appointments
Davoren Park • Modbury [Tea Tree Gully Community Health Service] • **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 8252 7955 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.

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**

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

Professional Education

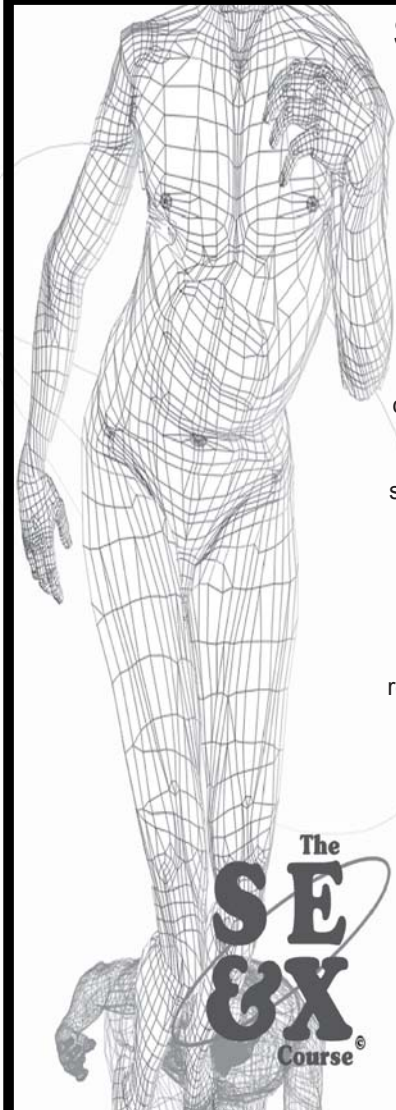
Sexual Health Courses for Disability Workers

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 includes:

- 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 of 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 and 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 responds 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". A certificate of achievement and recognition for 15 hours training and development will be provided at the end of the course.

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

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 are 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

Spot The Change answers from page 28



- | | |
|---------------------|-----------------------------|
| 1. No SHine SA Logo | 7. Skirt on waist |
| 2. No top on lamp | 8. No cord on lamp |
| 3. No end on sock | 9. No crease in top |
| 4. No mouth on cat | 10. Frankie has no nose |
| 5. Ginny's hair | 11. Ginny has no teeth |
| 6. No stripe on bed | 12. Ginny's cuff is missing |

Puberty Word Search

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

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

Abortion	The removal of the embryo or foetus from the uterus to end a pregnancy
Bisexual	Someone who is sexually attracted to person of same and opposite sex.
Cervix	Muscles at the junction of the vagina and uterus. Neck of the womb.
Coercion	Any sort of pressure put on one person by another person or group of people
Contraception	Method used by either partner to prevent pregnancy or STIs
Cowpers Glands	Glands that produce fluid to lubricate urethra for semen during ejaculation
Cross Dresser	A term used to describe someone who likes to dress in clothes of the opposite sex to which they were assigned at birth
Drag Queen	A term applied to men who cross dress for social and/or performances purposes
Embryo	Name given to developing baby in uterus for first 8 weeks
Erection	When blood fills the spongy tissue of penis or clitoris causing it swell, stiffen or stand out from the body
Foreskin	Fold of skin that covers and protects the tip of the penis
Gay	Term used to describe someone who is sexually attracted to persons of the same sex
Gender	Socially constructed expectations about what is acceptable to be masculine or feminine
Genitals	The external sexual parts
Harassment	Any unwelcome, offensive, abusive, intimidating or threatening behaviour directed at an individual or group
Hormones	Chemical messages that form in the glands and travel through the bloodstream
Labia	The folds of the skin which protect the clitoris, vaginal opening and utrethral opening
Lesbian	Term used to describe a women who is sexually attracted to other women
Masturbation	Touching a partner's or own sexual organs for pleasure
Menstruation	Also called period, this stage of the menstrual cycle is where the uterine lining is shed
Oestrogen	A female hormone that causes the start of the build up of the uterine lining in preparation for fertilisation and implantation
Oral Sex	Stimulation of partner's genitals by mouth or tongue
Orgasm	Sexual climax, intense excitement and pleasure resulting from stimulation of male or female genitals
Ova	Also called egg, it is the famle sex cell produced and stored in the ovary
Penis	External male sex organ through which sperm and urine leave the body
Placenta	An organ that attaches the umbilical cord of the foetus to the uterus and enables nourishment and waste products to be removed
Puberty	Period of time in early adolescence when a young person goes through changes that lead to sexual maturity
Rape	Unwanted oral, anal or vaginal penetration by the penis, object or any party of the body\
Safer Sex	Choosing sexual behaviours that protect both partners from STIs, unplanned pregnancy and violence, harm and exploitation
Scrotum	Sac of skin behind the penis that holds the testes
Semen	Whitish fluid that is released during ejaculation and contains millions of sperm cells
Sex	Used to denote whether male/female. Also used when referring to sexual activity
Sexuality	It is part of who we are, what we think and feel about ourselves and our bodies
Sperm	Male sex cell. Millions are produced in testes once the male reaches puberty
Testicles	Primary sex organ in males and the site of the production of sperm cells
Transgender	Describes someone who more strongly identifies with the opposite sex's gender

Spot The Changes

12 changes have been made to the drawing on below.



Answers on page 27

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

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

Relationships By The Stars

or is that *under* the stars!

aries

21 March – 20 April



People born in Aries are spontaneous and assertive. Sex can be very spur of the moment, so you both need to be prepared! Sexually they are full of energy, vibrant and always trying new activities – they are lots of fun! If you are attracted to an Aries, tell them how attractive they are as they love compliments, but don't lay it on too thick as they are also very perceptive and will recognise if you are being untruthful.

traits

Positives

Adventurous, energetic, pioneering, courageous, enthusiastic, confident, dynamic

Negatives

Can be impulsive and impatient.

taurus

21 April – 21 May



Although calm and steady the Taureans love beauty and comfort, touch and taste satisfy them! So if you are in a sexual relationship get creative and tickle those taste buds! To get to know a Taurus just be nice to them, as they respond to people showing an interest in them. Remember they are sensitive, be gentle with them and you will be rewarded with a caring and loving partner.

traits

Positives

Patient, reliable, warm-hearted, loving, persistent, determined

Negatives

Can be jealous and possessive.

gemini

22 May – 21 June



Watch out for those twins, they can be very versatile and lively. When it comes to sex, they are full of excitement, so sex can be an adventure. Their witty and intellectual approach to life can keep you on your toes. To keep a Gemini's interest, know a lot about something and they will hang out with you until they learn it too (meanwhile learn a lot about something else!)

traits

Positives

Adaptable, versatile, witty, intellectual, youthful, lively

Negatives

Can be nervous and tense.

cancer

22 June – 22 July



With their emotional and loving nature, intimacy is very special with a Cancerian, but their imaginative side could catch you by surprise. Keep those ideas alive and be creative when it comes to sex! They are a water sign and water shifts, so you need to be in tune with their moods. A Cancer will seldom make the first move, so it's up to you (this could be difficult if you are both Cancerians!)

traits

Positives

Emotional, loving, intuitive, imaginative, cautious, sympathetic.

Negatives

Can be changeable and overemotional.

leo

23 July – 22 August



Warm-heartedness and creativity make Leo loving and interesting all in one, what more could you ask for? To keep your Leo happy and purring it may be fun to explore new territories during sex. Like the lion the Leo is very proud and they love to be complimented. To win them over tell them they are the most wonderful person in the world, but only if you really think so!

traits

Positives

Generous, warm-hearted, creative, enthusiastic, broad-minded, faithful, loving

Negatives

Can be patronising, intolerant.

virgo

23 August – 23 September



Everything must be perfect, and everything must be in sequential order, for things to go well for a Virgo. They want stability in their relationship and for them this is very much a security thing. However, beneath the cucumber cool exterior there smoulders a very sexy person with depths of passion just waiting to be unleashed. It is very important for this star sign to know that they are loved and appreciated.

traits

Positives

Modest, shy, meticulous, reliable, practical, intelligent

Negatives

Can be overcritical fussy, perfectionist.

libra

24 September – 23 October



Romance is the call for the day with these charming people. The lucky partner of a Libran will be showered with gifts and tokens of their affection. Charm them and your wish is their command, with the only limit being your imagination. They are just as happy in "uggies and trackies" watching a romantic video as going to a posh restaurant to wine and dine. Being playful, they don't like conflict and they love being in a couple.

traits

Positives

Diplomatic, romantic, charming, easygoing, sociable, idealistic, peaceful

Negatives

Can be indecisive, changeable and flirtatious.

scorpio

24 October – 22 November



The most sexual sign of the zodiac and always curious about sex, so with their passionate and compulsive side, sex will never be boring. Strong personalities, the Scorpio as a partner will keep you on your toes, interested and excited. If you can stimulate the Scorpio and appeal to their intellect and passion plus be aware that their secretive side will mean that you never quite know what they are thinking, you will have a dynamite relationship.

traits

Positives

Determined, emotional, intuitive, powerful, passionate, exciting.

Negatives

Can be jealous, compulsive and secretive.

sagittarius

23 November – 21 December



Sagittarians are fun, energetic and engaging when it comes to sex. They love the great outdoors, so camping, bush walking, surfing are all activities that you may be expected to join in if in a relationship with a Sagittarian. To keep them interested, listen to what they say and let them know they are clever and exciting, but don't pry into their business because they are very independent.

traits

Positives

Optimistic, loving, good-humoured, honest, straightforward, intellectual

Negatives

Can be careless, tactless and restless.

capricorn

22 December – 20 January



Capricorns are earthy and passionate. They have great stamina and staying power, which can have its positives and not so positives when it comes to sex, make sure that you let them know what is OK for you! They are loyal and trustworthy in relationships and will do anything for you. Like all earth signs they are very practical, keep this in mind when buying them presents and you can't go wrong.

traits

Positives

Practical, ambitious, disciplined, patient, careful, humorous.

Negatives

Can be pessimistic and rigid.

aquarius

21 January – 19 February



This is the most charming sign, the bearer of water. They are very popular and friendly, and everybody wants to be around them. All the air signs require intellectual stimulation, they are very interested in talking about sex and playing games leading up to the physical act, lots of fun activities to be had. Aquarians do need to keep their independence even in a committed relationship so remember this with your Aquarian partner.

traits

Positives

Friendly, humanitarian, honest, loyal, independent

Negatives

Can be perverse and unpredictable.

pisces

20 February – 20 March



Leave it up to a Pisces to make sex imaginative but within that is sensitivity and compassion, a lovely mix don't you think? The Pisces person is very intuitive and can sense when their partner needs support and sympathy, this is a great talent to bring to a relationship. To keep Pisces people interested be nice to them and be in-tune with them and show that you understand them.

traits

Positives

Imaginative, sensitive, compassionate, kind, selfless, sympathetic

Negatives

Can be idealistic, secretive and easily led.

council and the president

Council Members 2002/2003

Council Member	Portfolio Area
• Deb Kay (President)	Young People 13 - 19 Years
• Jonathon Main (Vice President)	Young Adults 20 - 24 Years
• Allison Willis	Disability
• Prof. Gus Dekker	Culturally & Linguistically Diverse
• Kathryn Mitchell (Ministerial Nominee)	Organisational Development
• Chris Putland	Workers
• Mary Wilkinson	Regional Rural Remote
• Lis Burtnick	Gay Lesbian Bisexual Transgender
• Annette Brown (Staff Nominee)	
• Vacant	Aboriginal & Torres Strait Islander

Thank You

Council, Management and staff of SHine SA would like to thank:

- **The Hon Ms Lea Stevens**, Minister for Health
- **The Hon Stephanie Key**, Minister for Social Justice
- **Mr Jim Birch**, Chief Executive, Department of Human Services
- **Dr Tom Stubbs, Executive Director and Staff** of Department of Human Services
- **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**.

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

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.

Even a brief glance through this Annual Report for 2002-2003 demonstrates that SHine SA is an organisation based on excellence in management and in service delivery to and with communities of greatest need and with least opportunity. This was acknowledged in October this year with SHine SA being the only organisation to receive both a level one and two (bronze and silver) awards in the inaugural Department of Human Service Excellence Awards. This was on top of their accreditation for a further three year period under the rigorous Quality Improvement Council Standards and five year accreditation as a Registered Training Organisation. There can be no doubt that SHine is an organisation of excellence.

But it is the people who use the services of SHine SA who determine on a day-to-day basis whether staff and programs are effective. And this report shows that where it counts - in communities - SHine SA is meeting real and priority needs. It is not difficult to see why.

The organisation's commitment to safety, respect, optimism and fun for all is reiterated throughout the project reports. Project planning starts with a literature review and lots of talking with and listening to communities. As a result, groups potentially alienated from relationships and sexual health services seek out SHine SA to support their communities. For example, promotion and prevention work, professional training programs and clinical services explicitly support culturally and linguistically diverse communities; regional and remote groups; Aboriginal and Torres Strait Islander communities; and people with disabilities. Programs for and by people who identify as gay, lesbian, bisexual and transgender ensure safe and respectful relationships and sexual health is promoted within an inclusive understanding of sexual identity.

The Strategic Directions (2000-2004) have an emphasis on young people and the services that support them. This has resulted in a range of innovative and successful projects across the communities mentioned above, and also universally through schools. SHine SA has continued its very popular teacher training programs across the government and nongovernment schooling sectors. It has worked closely with the Department of Education and Children's Services to develop the **share** (sexual health and relationships education) program: best practice in school-based curriculum and

From left: Allison Willis (Council Member), Deb Kay (Council President), Marg Barter (SHine SA Staff) & Mary Wilkinson (Council Member)



Graham Johncock from The Adelaide Football Club, launches the “Which Wheels Do You Want” poster



president

**Ms Deb Kay
President
SHine SA Council**

safe and supportive learning environments. The impact of this program is being evaluated through the Australian Research Centre in Sex, Health and Society at La Trobe University. This Centre recently released the results of the third national survey of secondary students, which showed that school programs are the most valued source of accurate relationships and sexual health information.

The **share** program has seen significant publicity and debate about what should be taught, and how, to young people. Certainly the topic is important enough to warrant high levels of community interest. Unfortunately this discussion has seen a degree of misinformation and misrepresentation, with some people as a result fearing the notion of education about relationships and sexual health. The year ahead will see SHine continue to work with education professionals to develop the best program for young people's safety and community well-being.

In this as in all SHine SA work, the staff have worked tirelessly - and with great clarity of purpose and commitment - to support a safer and more respectful South Australian community for everyone. I thank them on behalf of Council - and thank Council members too - for a very productive and professional year of SHining.

chief executive officer



ceo

Kaisu Vartto
Chief Executive Officer
SHine SA

SHine SA exists to improve the sexual health and wellbeing of South Australians. To achieve this, we work with individuals, the community and other agencies at a local, state and sometimes national level, for we alone cannot make the difference that working together will.

Demand for services such as sexual health clinics, counselling, disability education, professional education and community capacity building for example, is much greater than the resources available to do the work, even when we are working together. The demand, versus the need is not peculiar to the Primary Health Care sector, it is ever present in our hospital system also.

The focus of SHine SA's work is on prevention, education and early intervention. Over time, by working with individuals, communities and agencies to prevent unplanned pregnancies, sexually transmitted infections and relationship violence for example, the benefits should be seen not only improved quality of life for individuals, but also in the reduced incidence of a range of sexual health "issues" and the incidence of hospital admissions. The benefits will also be reflected in the levels of knowledge individuals have to make much better life choices and reduce sexual health risk taking, as well as in how inclusive our community is. The **share** program is one example of a significant education, prevention and early intervention program reflecting real partnerships with those who are involved, including teachers, parents and of course young people.

I have been heartened by the positive discussions about sexual health and relationships education we have been able to have with parents of young people participating in the **share** schools, as well as with many individuals and diverse groups who have taken an interest in the program. Then again, I have been disheartened and sometimes distressed by the small but well organised minority of opponents, who are not partners in the program nor have young people in one of the 15 **share** schools. They have become obvious by their barrage of media releases containing misinformation inciting fear and anxiety, their presence on talk-back-radio, attendance at "community forums" they have organised, and publications that instruct people on how to go about opposing the **share** program, including letter writing campaigns. These strategies continue to fuel the controversy they have created.

SHine SA's work is based on evidence of need and best practice. The **share** program is no different. Research indicates that young people have the highest incidence of sexual ill health and sexual risk taking and that school based sexual health and relationships education programs delivered by trusted and trained teachers contribute to better sexual health outcomes for young

people, particularly if the programs are implemented before young people become sexually active.

The National Sex Survey, published April 2003 revealed that the average onset of puberty in Australia today is 10 years of age and the age of first vaginal intercourse is 16, having reduced from 19 in girls and 18 in boys in the 1950's. The Secondary Students and Sexual Health 2002 survey conducted by La Trobe University and funded by the Commonwealth Department of Health and Ageing, found that the majority of young people in years 10 and 12 are sexually active in some way, with sexual activity having increased since the last survey in 1997. The survey found that 25% of year 10 and over 50% of year 12 students reported that they had experienced vaginal intercourse and over 37% of year 10 and 56% of year 12 students reporting experience of oral sex within the last 12 months.

This and other Australian surveys suggest that while sexually active young people report more than one sexual partner in the previous year, they often rely on serial monogamy and trust as safe sex practices, with 60% of year 10 and 12 students reporting that they have had sex without using a condom.

While the reporting of some sexually transmitted infections such as Chlamydia more than doubled in Australia between 1995-2001, the National Sex Survey found that knowledge of how common sexually transmitted infections such as Chlamydia, gonorrhoea, genital warts and herpes are transmitted remains alarmingly poor. If our young people do not know about STI's, they will not know how to reduce their risk of infection, nor will they be able to advise peers who are sexually activity of the risk. This includes information about the risks of oral sex.

Much is said about the "problem" of teenage pregnancy. While we often fail to recognise that teenage pregnancy rates have reduced in the last 30 years in South Australia from 67.5 (1970) to 40.8 (2001) per 1,000 15 to 19 year olds, the most significant shift has been in births to teenage mothers. In 1971 the teenager birth rate was 55.5 compared to 18.3 in 2001. This compares with a teenage birth rates of 4.5 in the Netherlands and 51.1 in the United States of America. While abortion rates in teenagers have increased in the last 30 years, South Australia had an abortion rate of 22.4 in 2001 compared to 4.2 in the Netherlands and 29.2 in the USA (1999). National and international research indicates that more than 75% of teenage pregnancies are unplanned.

The most common reasons for hospital admission in South Australia for teenage girls (2000) are abortion, medical and obstetric complications of pregnancy and birth. Over a third of pregnant teenagers will experience medical and obstetric complications and a significant proportion of their infants will be born premature or growth retarded and require special nursery or intensive care.

Giving birth while still a teenager is strongly associated with disadvantage in later life. Many financial, social and emotional difficulties confront teenage parents, despite the introduction of the parent support payment in 1973. These factors contribute to the cycle of poverty and social exclusion for teenage parents and their children. An estimate 90% of teenagers who give birth are not married or in a de-facto relationship with the father of their child.

Teenagers who become mothers during their school years rarely complete schooling. If a pregnant teenager becomes disconnected from schooling for any period of time the chances of completing secondary education, accessing post-school training and secure employment become very remote. A high percentage will be dependent on welfare and live in poverty for the rest of their lives. The pregnancy outcomes for young Aboriginal women continue to be much poorer than those for

young non-Aboriginal women. The support of teenage mothers and their children is an area for urgent action across sectors.

Child sexual abuse, date rape, rape and sexual assault and sexual coercion are almost daily stories in local and national media. They are not about "sex" but about power. Current reporting of rape and sexual abuse does not accurately reflect the actual incidence in the community. In most cases of abuse, the perpetrator is known to the victim and girls have a higher incidence of being abused than boys. Many victims do not know that they have the right to say no and to be taken seriously, many perpetrators believe that they have the right to sex. Just over a quarter of all sexually active students surveyed in 2002 La Trobe study reported that they had had unwanted sex at some time in their life, with alcohol, drug use and coercion cited as most common reasons. The survey also found that alcohol use and binge drinking has increased from 79% of year 10 students in 1997 to 85% in 2002. For year 12 students this increased from 88% to 94%. It is for these and other reasons that the **share** program is strategically linked to drug and alcohol and mental health education and prevention initiatives. It is for these reasons that the **share** curriculum, in fact the whole program is based on young people understanding their rights and responsibilities and the importance of respect for self and others.

The opponents of the **share** program have voiced their view that the program serves to "normalise" homosexuality while devaluing heterosexuality, marriage and family values. It does not nothing of the sort. The 2002 La Trobe study reported that 4.6% of young men and 8.8% of young women in years 10 and 12 reported other than sexual attraction exclusively to the opposite sex. Studies of same sex attracted young people in Australia and internationally report on the young people's experiences of harassment and bullying in and out of school, by peers and by the community. Same sex attracted youth are four times more likely to attempt suicide as other students. Being same sex attracted is not the risk factor for suicide,

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 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 five 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.

However, 2002/2003 was punctuated by a number of distressing incidents which began with the launch of the **share** program in March.

Abusive and threatening emails, letters and telephone calls. Staff being harrsed in the

the risk factor is the prejudice that affects the persons self esteem and sense of self-worth. They are also over represented in statistics for dropping out of school, homelessness and poor health outcomes.

I have met and listened to representatives of various religions who have been kind to give of their time and there does not seem to be a consensus among them about the issue of "same sex-attraction" or "homosexuality". On one hand there is a view that homosexuality is a life style choice adopted by people, it can be turned off and on. I have heard words of acceptance and love for all people irrespective of their sexuality, and the homophobic words "homosexuality is a sin and practising homosexuals are sinners". Whatever, there is ample evidence that homophobia and homophobic harassment and violence is a real issue for young people who may be or maybe perceived to be gay, lesbian, bisexual or transgender. State and national legislation prohibits this form of discrimination and violence.

Sexual health and relationships education programs that are comprehensive, inclusive, relevant and reflect the behaviour and information needs of young people today; are grounded in the whole of schools approach; involve parents in real partnerships; are a partnership between health and education sectors drawing on each others particular strengths, as the **share** program is, have great potential to significantly influence the health, wellbeing, safety and learning outcomes for young people.

It has been the persistent position of parties from all political persuasions that the youth of South Australia are the future of this State. However, policy, politics and service delivery have not always honoured them as such. To be the future, our youth need knowledge for navigating one of the most critical periods in their life, the transition from the youth world to the adult world of power, responsibility and sexual relationships. Sexual health and relationships education will contribute to this knowledge and to the future of our State.

course of their work, minor property damage by persons unknown. These were not actions by clients of SHine SA or parents with children in **share** schools. The South Australian Police (SAPOL) have followed up on all incidents, conducted a work place safety and security audit and conducted staff training. The unwarranted attacks have placed those staff involved under considerable distress. The need for EAP counselling has increased.

Outcomes For 2002/03 At A Glance

- There were no workcover claims
- No time was lost as a result of work related accidents
- There was one property damage claim
- There were no public liability claims
- There were no medical negligence claims
- A balanced end of year financial position was achieved

Northern PHC Team member from left: Kay & Kim



Sexual Health Awareness Week



Safety **Pleasure** Respect

