

SHINE

SA

Annual Report 2007-2008

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Our health and wellbeing
is socially determined



Working with our communities of interest

Throughout this report there are articles about the communities we work with. At the beginning of each of these articles you will find a symbol to indicate which community it refers to.

These are the symbols to look out for.



Young people 19 years and under



Young adults 20–30 years



Aboriginal and Torres Strait Islander peoples



Regional, rural and remote communities



Culturally & linguistically diverse backgrounds



People with disabilities



Gay, lesbian, bisexual, transgender, intersex and queer people



Workers in the health, education and community sectors

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This publication, together with the 2007–2008 audited financial report, constitutes the 2007–2008 Annual Report for SHine SA.

Our health and wellbeing is socially determined

Health is an aspiration of every human being. It is a basic human need and a right. Countries are judged by the quality of their populations' health and how fairly health status is distributed across the population. As global, national and local communities, we are beginning to acknowledge that there are significant health inequalities among people in countries that are rich and poor, developed and developing, as well as dramatic differences within countries. Australia and South Australia is no exception to health inequality.

Measures such as life expectancy at birth, maternal and infant mortality and teenage pregnancy are often used to compare the health and health inequality of populations between and within countries, as well as measuring the countries' investment in education and health care. For example, life expectancy at birth for women (2004) in Zambia was 32 years, in Australia 82 years, except for Aboriginal women, for whom it was 62 years (UNFPA State of the World Population 2004).

Due to inspirational global effort by people like Sir Michael Marmot, Professor Ilona Kickbusch, the World Health Organization and many others, the global, national and local community is recognising that to address health inequality and to raise the health status of a country and a community, we must start to address the 'causes within the causes', the social determinants of ill health and not just address diseases through traditional medical and hospital interventions.

South Australia's Strategic Plan is a blueprint for acknowledging and addressing the social determinants that contribute to the health and wellbeing of South Australians. The first SA Strategic Plan was launched by the Premier Mike Rann in 2004 and revised in 2007. The Plan says:

We want South Australia to be a place where everybody has the opportunity to reach their potential and achieve their goals and be the very best they can. South Australia should be the place to get the best possible start in life, and where people who are on the margins of society, or are otherwise socially excluded, can find a way back in.
SA Strategic Plan 2007:34 <http://www.saplan.org.au/content/view/62/106/>

At a national level the Commonwealth Government has committed to addressing the social determinants of

health for Aboriginal and Torres Strait Islanders through the Closing the Gap strategy, focusing on education, economic development and health inequality.

At a global level the World Health Organization established The Commission on Social Determinants of Health in 2005, with international representation including renowned South Australian academic Professor Fran Baum. The Commission has identified a comprehensive evidence base for how the global community can address the inequity and inequality in health outcomes for people between countries and within countries. Their work can be accessed through www.who.int

It is heartening that Australia and South Australia has begun to take action and we all must play a part to succeed. I was fortunate to attend the recent Fulbright Symposium in Adelaide which had its focus on addressing the social determinants of health and wellbeing. The symposium was outstanding and inspirational, and the one thing that we agreed upon was the job was doable and we did not have to move Mount Lofty. As a just society we cannot continue to accept that some South Australian people will continue to carry a heavier burden of ill health and live a shorter life because of the start they experienced in life and their everyday life experiences from pre-birth.

The underlying causes of sexual health are basically the same as those that determine physical, mental, emotional, and every other form of health and wellbeing. Sexual health, like other forms of health, fundamentally is socially determined. Our capacity to make positive health choices and to manage our own health and wellbeing is linked to social factors, including our position on the 'social ladder' or our socio-economic status. The higher the level of an individual's or a group's power or status in society, the more resources and opportunities they will have to control their sexual and reproductive lives, and enjoy their sexuality. The more an individual is included in the social fabric of life, the more likely it is that they know how to use the services and resources that are available for them.

These social factors, which are the underlying causes of relationship, sexual and reproductive 'ill-health' issues and problems, are all interconnected and include poverty, power inequalities, social/cultural attitudes,

Relationships and sexual health—such as physical, mental, emotional, and every other form of health and wellbeing—fundamentally are socially determined.

beliefs and expectations about relationships, social isolation, discrimination, lack of access to information and education, and lack of access to health and other services and support that act as circuit breakers.

Sexual and reproductive health outcomes are distributed unequally between and within different population groups. The stigma and discrimination in Australia associated with sexuality and many sexual and reproductive health issues prevent some people from using sexual health services and support, and result in poorer outcomes for some groups.

These poorer outcomes are the case particularly for people who:

- are Aboriginal
- are poor
- have low education level
- live in rural and remote areas
- are from culturally and linguistically diverse backgrounds
- have disabilities
- are teenagers
- are same-sex attracted
- have been sexually abused as children

Teenage pregnancy rate (birth and abortions) is often used as the indicator and comparison of a country's commitment to education of girls and women, relationships and sexual health education of girls and boys and access to contraception. Birth and abortion rates vary widely from country to country and within countries. Accurate information about teenage births globally is available, whereas abortion data is not, as many countries do not collect this information. Births to teenagers in South Australia have reduced from 67 per 1000 15 to 19 year olds in 1970 to 17.4 in 2006. However, there are significant variations in teen birth rates between South Australian metropolitan and rural regions and within population groups.

The lowest teen birth rates in South Australia are in the eastern suburbs of Adelaide, an area with the highest indicators of relative socio-economic status and a rate comparable to the lowest teen birth rates in the world in the Netherlands and Switzerland at 5 per 1000 15 to 19 year olds. On the other hand, the highest teen birth rates are found in remote and rural communities in South Australia with low indicators of relative socio-economic status and birth rates comparable to rates in countries including Haiti, Puerto Rico, Mexico, Ecuador and South Africa at 60 per 1000 births.

Additionally, South Australian teenagers and Aboriginal women have a higher rate of low birth weight babies than South Australian women generally. Low birth weight (less than 2.5 kg) is a major factor in determining birth and perinatal outcomes including infant mortality, repeat hospitalisation during infancy and childhood and the risk of developing chronic diseases later on in life. Low birth weight is socially determined. It is not a good start to life.

Teenage birth rate is just one sexual health indicator that can be used to highlight the relationship between socio-economic status and sexual and reproductive health issues. Teen pregnancy (births and abortions) continues to be one of the 'hot' topics in the media. Teenagers continue

to be blamed for the abortion epidemic and for having babies for the baby bonus. These are unhelpful themes as they are not truths but myths. Teenage pregnancy (particularly when it is unplanned and in 95% of cases it is) is not the result of irresponsible behaviour on behalf of adolescent girls but policy failure on all of us collectively.

The primary focus of concern around sexual and reproductive health in Australia and South Australia has always been on 'risky' individuals and 'risky' behaviours, even though there is wide recognition by many people of the influence of social factors. This focus is maintained despite the evidence showing that sexual behaviours worldwide not only are strongly shaped by social forces, but that those forces are remarkably similar in different countries and different settings. I have attempted to highlight this using the example of teen births.

The resources and opportunities we have as individuals to control our sexual and reproductive lives and enjoy our sexuality fundamentally are determined by the level of our (individual or group) social power or status. There is strong research evidence to show that individual characteristics, knowledge and risk behaviour explain only a small part of the difference in the incidence of health problems and diseases between and within different population groups.

The best sexual health outcomes are achieved in countries where the sexual rights of all persons are respected and protected.

In these countries:

- the effect of social and economic inequalities, discrimination, lack of respect and abuses of power are recognised
- there is equality of educational opportunity and access to lifelong learning and support
- all people have access to comprehensive and accurate information and education about relationships and sexual health
- all people have access to safe, accessible, low-cost or free sexual health services

There are positive social and cultural attitudes in these countries to relationships, sexuality and sexual behaviour, including:

- an emphasis on respect for self and others, mutually respectful relationships, trust and love
- a commitment to promote the rights of all people to be free from discrimination, abuse, violence or coercion
- an affirmation that every individual is equally valued and has a right to pursue a satisfying, safe and pleasurable sex life
- an acceptance of the diversity of beliefs, values and moralities to be found across the community
- a belief that stable, committed relationships based on these values are fundamental for raising children
- an adult acceptance of sexual activity among teenagers combined with the expectation that teenagers will protect themselves and their partners from pregnancy, sexually transmitted infections and sexual coercion

and the recognition and acknowledgment of the social determinants of sexual and reproductive health.



Ms Kaisu Värttö

Chief Executive Officer
SHine SA

Social factors that are the underlying cause of sexual 'ill-health' issues and problems are all interconnected; they include poverty, gender/power inequalities, social isolation, cultural attitudes and expectations, lack of access to information and education, and lack of access to services and support.

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

Youth participation and peer education

East/West Y@ – the year that was...

A lot has happened in the last year with the East/West Youth Advisory Team (Y@). We have been actively involved with a huge range of events such as Big Day Out, Schoolies, a Youth Week event at The Northern Sound System, National Men's and Women's Health Weeks and the Queer Straight Alliance as part of the Feast Festival.

Many members have left our team. Anthony, Skye, Marije, Agii, Hannah, Hannah D, Ishan, Veronica and Dan have all moved on. Congratulations to you all and good luck with whatever life path you choose.

As they say, 'out with the old, in with the new' so we have some new young people in Susie, Elean and Janaya, who make up the new East/West Y@. We have now taken on combined Y@ meetings – two in a row at Woodville, as well as our own regional meetings. We hope to train our newbies in the ways of Y@, with a new and fresh format and are also hoping to recruit a couple of new people from the west in the near future.



Nick, master of ceremonies, at the launch of Woodville GP Plus building, 3 October 2007

Just Chillin' in the South

Providing a group of young women the opportunity to have those 'tricky' conversations is a very rewarding process to be a part of. The Just Chillin' program allows a safe space to talk about how it is to be a 'girl' today, to explore the influences that our values, attitudes and belief systems have on us and where they come from. The program's conversations are underpinned by the reality of how young women face continual messages from family, friends and media (just to name a few) about how you are 'meant' to look and how you are 'meant' to be.

Firstly, we meet the group of young women and provide an opportunity for them to tell us what is on top for them and some of the issues they would like to discuss. Through this process, we find that the majority of young women have similar suggestions and indicate similar struggles.

At the beginning of the program, participants are asked to set some small goals to achieve over the period of the program. This is kept confidential and then self-

evaluated in the final session. We discuss the importance of friendships in our lives and how we start and maintain positive friendships. We challenge the notion of the 'perfect body', how we see ourselves, and what and who influences this. We explore the media's influence and how we can build our self-esteem to combat some of these messages. We explore healthy and unhealthy relationships, what they may look like and also how to start, maintain and end a relationship. We cover harm minimisation in relation to drugs, alcohol and sexual relationships.

From their evaluations, young women participating are very positive about the program and the majority achieve their goals. They indicate that they gained useful and practical information and sourced knowledge of the range of services that are able to provide further information and support. Most of all, they established meaningful connections and relationships with other participants.

Kelly

Rainbow Grrlz

For the last nine months since I began my role as a Community Health Worker here in the Northern Team I have been supporting the Northern Rainbow Grrlz, a program run by Shopfront Youth Health & Information Service in Salisbury. This program supports same-sex attracted, lesbian, bisexual or questioning young women aged 26 or under who live in the northern area. It is a fortnightly drop-in, held every second Wednesday from 4.30–6.00pm at Shopfront. If you are interested in coming to a group please call Jacintha at Shopfront on 8281 1775.

Naomi

Southern Y@

Where, oh where have all my Y@s gone? Oh where, oh where could they be? They had so many ideas and fun thoughts to share. Now it's only Bianca... and me.

This year has seen many changes within our Youth Advisory Team (Y@). I started as the Southern Team's Y@ worker in August 2007, after the lovely Kellie finished her time with us. She was very popular with the Southern Y@ and left a big void to fill.

We've had a big exodus of Y@ members from the south in the last months. Some left before their two years were up for new careers and/or study; others completed their two years with us and have gone on to find jobs in related human services work or used their skills gained as Y@ members in new roles. One Y@ member plucked up the courage to leave her family and friends here in South Australia for interstate study at the University of Melbourne.

Their many and varied skills (including how to find a bargain), great sense of humour, creativity and ideas will be sadly missed, as will the chit-chat over dinner.

The City of Onkaparinga Youth Week event that we held, SHine at School, although very busy and not as smooth running as we'd hoped, accessed between 800 and 900 students. The Y@ members have also dreamed up and created a fantastic new resource that SHine SA staff have already used a few times. Their idea to make papier-mâché sperm and egg piñatas was a big hit with Seaford Year 6–12 students and it's something that we can make again for future youth events.

The Southern Y@ has also welcomed the opportunity to meet with the East/West and Northern Y@s more often, during combined Y@ meetings. They've enjoyed getting to know them more and are feeling more connected to what the other Y@ members are doing.

We are currently interviewing several young people to join our sole remaining Y@ member, Bianca, in the Southern Team. The diversity of their interests and experience means that there will be a new and exciting Y@ developing over the next two years.

Cherice



Jemma, Southern Y@, at the SHAW launch

National Indigenous Youth Movement Australia (NIYMA)

The National Indigenous Youth Conference was held on Friday 3 August 2007 at Tandanya Art Gallery. It was set up for young Indigenous youth workers to network and share information on the work we do around the state. I have never been to something like this before so it was a new experience.

There is now an official movement for Indigenous Youth to be heard. Some of the issues discussed that were a concern for the community were the Federal Intervention on the Lands, National Sorry Day and Reconciliation.

I made quite a few contacts and spoke to a lot of young people as well as organisers. I heard so many different stories and ideas that will some day become reality if we can establish and maintain this networking opportunity.

There were visitors representing their states from all over Australia. The vibe and energy was fantastic and it made you feel like you were part of something that was positive and a true learning experience.



Derek and Jemma, Southern Y@, at the launch of the Woodville GP Plus service

Staying Deadly – SHine SA at Kura Yerlo

The Staying Deadly program involved several organisations working with young Indigenous men in high schools around the Port Adelaide district, including Le Fevre and Woodville High Schools and Ocean View College. It was decided to run the program outside of the school setting, and Kura Yerlo Aboriginal Community House was chosen as the venue.

The issues surrounding respect and sexual health and how it affects them as young Indigenous men were seen as important, so Rob, Anthony and I were asked to come have a chat, along with agencies including SAPOL, Drug & Alcohol Services SA, people from Juvenile Justice, Aboriginal culture and heritage and anger management.

The first session was a 'meet and greet' introduction process that allowed everyone involved to meet and share a little bit of information about each other before we commenced the full program. We began with a five minute game to relax the nerves and get comfortable with each other. The set up involved sitting on the floor in a circle. We took away the chairs and tables and made it less formal so the young men wouldn't feel like they were in a classroom. This was also about how the young men saw us as facilitators, and allowed us to work alongside them and not control them. Being as real as possible, and not bombarding the young men with confusing questions was also helpful. This way you get more insight into how they feel about being young men living in difficult situations.

Mixed interaction and sharing of our life learnings and knowledge was important to the young men. Everyone had the chance to have a say and was treated equally and

with respect. Sharing our own journey helped establish a relationship with the young men and let them know that we are OK about sharing information about ourselves. Yarning about working with young Indigenous males in Magill and Cavan (two young men's secure care facilities), in regional areas and with the local Adelaide mob helped to give the group an idea of who we work with.

Then we went on to talk about self, family and community and how this related to friendships – intimate, partner relationships and relating to their community. We talked about family violence, drug and alcohol use and the impact this has on relationships and our health. We shared information about contraception, sexually transmitted infections and staying healthy. As a group we shared who our role models are and who we would not want as a role model and why. This was a good topic to explore with the young men. I think the young men liked what we talked about but there needs to be an ongoing program to support them due to a lack of suitable role models in their lives.

Derek

One-third of Aboriginal children leave school before 15 years of age, which means they do not receive comprehensive relationships and sexual health education and, consequently, are at risk of a reduced capacity to make informed 'healthy choices'

SHine SA Fact Sheet 12
Sexual health and wellbeing of Aboriginal people and communities

East/West Y@ reflections 2008

What a unique and wild year it has been... 2007–08 can be summed up as a year where the East/West Y@ charged ahead and developed new skills and strengths, as individuals and as a youth team. Throughout the year the East/West Y@ has participated in many challenging activities, events, forums and conferences for young people, as well as acting in their advisory capacity. Again we had a presence at the Pride March, Feast Festival, Big Day Out and Schoolies. A number of our members either attended or presented at conferences or workshops, both locally and interstate and even internationally. These presentations covered issues connected with sexual health and relationships, primary health care and health promotion, Indigenous young men's health and welfare, many issues facing the young queer community and people living with a range of disabilities. The Y@ provided feedback on a number of new resources aimed at providing information for young people including the website and interactive games.

Moving into the new Woodville GP Plus Health Care Centre has allowed the Y@ to continue to develop and strengthen connections with our partnership agencies' youth teams, thus creating wider opportunities for all. There have been some movements in and out of the team... we said farewell to Anthony, Skye, Agii and Dan and hello to Janaya, Elean and Susie. And Nick, as ever, continues to be a great contributor to the team.

Rob

Aboriginal women are 45 times more likely to suffer domestic and sexual violence than are non-Aboriginal women

SHine SA Fact Sheet 12
Sexual health and wellbeing of Aboriginal people and communities

Attending YAN and PYN!

Well it most certainly has been an interesting time as I try to get my head around all the acronyms you hear when out and about in the community. I have been attending both the YAN and PYN meetings – Tea Tree Gully Youth Advisory Network and Playford Youth Network (just in case you were wondering – I know I was when I first heard them!)

These meetings have been a great place to network, and I'm continuing to find out more about what is going on and what's being offered in the north as I attend meetings. The YAN has been very busy getting approval for the new Youth Innovation Centre to be built in Tea Tree Gully. They have been consulting widely with young people, community and agencies about how it will look, its purpose and what should be offered from there. This will be happening in the near future and it is anticipated that SHine SA will provide some youth-specific services from the new building.

Naomi

Young Dads Program

The Young Dads Program, funded by Community Benefit SA, was developed to encourage young fathers to not only expand their knowledge around parenting of their children, but also to give them a greater understanding of their own life.

The program covered areas such as:

- healthy relationships
- confidence in children
- communicating with children
- peer pressure on young fathers
- self esteem
- brain development of children
- theory and children

- anger and violence
- discipline versus punishment

Run in conjunction with Para West Adult Campus, the aim was to deliver the program on campus on a Friday morning. It was hard to attract young dads into the program and keep them there, and numbers fluctuated each week and were low. We have since re-named the program V8 Parenting and have re-negotiated the program to allow women to attend as long as they have a male that plays a significant part in their children's life to attend with them, hoping this will encourage more participants to attend.

Brad



Dan, East West Y@ and Craig at SHAW campaign launch at the Northern Sound System

V8 PARENTING

A program 4 Men with or without Partners starting Term 3, 2008

A FUN, PRACTICAL & INFORMATIVE LOOK AT RAISING CHILDREN

Para West Adult Campus
Expanding Your Horizons

SHine SA

SHAW in the North

Getting across the message of Sexual Health Awareness Week, *Choose safety, pleasure, respect ... because some things never go out of fashion*, with its 70s theme resulted in the Northern Team having a busy time during SHAW 2008. Three activities were held locally and the launch was held in the north for the first time, providing an opportunity to showcase a fabulous facility for young people in the north, The Northern Sound System.

Naomi and the Y@s held an interactive information stall at the Elizabeth Campus of TAFE SA, which included among other things a fun game of 'condom basketball' focused around getting the message across that safety, pleasure and respect are vital in all relationships.

We hosted a Networking Morning Tea for local workers, which saw a small group of familiar and new faces attend our Davoren Park office for a chat and a viewing of some SHine SA resources. The Honourable Lea Stevens, MP was able to attend, which provided her with an opportunity to again visit the site she opened in 2003.

For the second year the Aussie Fare catering staff promoted SHAW and SHine SA while doing the rounds

of local businesses and worksites in their distinctive yellow food vans. We provided interested staff with SHAW T-shirts and a little education on the SHine SA Services pamphlet, and armed with some condoms off they went to spread the word.

Sandra



Dancing at SHAW campaign launch at the Northern Sound System

Northern Y@

Well, what an interesting 9 months it has been. I took over the Northern Y@ (Youth Advisory Team) when I commenced work with SHine SA late in 2007. I have had the pleasure of learning everything that is associated with the Y@, and meeting all the amazing young people. Since I commenced we have had a few Y@ members come to the end of their contracts, and waved our goodbyes to April, Emma and David. We wish them all the best on their life journey and hope that their time as a member of the team was a valuable and fun experience. Of course whenever we say goodbye it means we get to say hello to some new members. We have now welcomed Cheyenne, Lachy, Amanda, Keelan and Beth. So we are back up to a nearly full team.

Since I came on board our team has been involved in the Big Day Out, Pride March, SHAW and Youth Week. We were a very loud bunch as we marched through the streets of Adelaide in November to celebrate the opening of the annual Gay and Lesbian Feast festival. I'm sure if there was a vote we would have won hands down. Lud banged on his drum as it rolled down the pavement, Bianca (Southern Y@) screamed out chants on the megaphone and the rest of us clapped along.

The launch of SHAW (Sexual Health Awareness Week) was held in the north, at the great venue that is the Northern Sound System. The night was fun and the costumes and dance moves were a sight that had to be seen to be believed. The funniest part of the night was when the fire alarm started and we all ended up standing outside the building. We certainly were getting some funny looks from the firemen as most of us were dressed like we were straight out of the movie *The Wedding Singer*.

Naomi

Young People/ Young Adults Portfolio Group

In 2007–08 the combined Young People (19 years and under) and Young Adults (20–30 years) Portfolio Group met to further the work of the strategic directions. Some of their work included:

- Completing the youth-friendly evaluation tool to support SHine SA to better evaluate its services to young people and young adults. This was requested by the Youth Advisory Teams (Y@s) and was developed in collaboration with Y@s after a student from UniSA undertook the research in consultation with the portfolio group and young people. Titled *Let us know what you think!*, it will be in use from September 08.
- The completion of the SHine SA Youth Charter which was developed in consultation with the Y@s and was a continuation of previous work done by Y@s.
- A number of pamphlets have either been developed or are being researched for development. These include *Girls' sex stuff* (a pamphlet specifically for girls and shaped by the Y@s) and pamphlets on puberty and body piercings, especially tongue piercings.
- The portfolio group also discussed the effectiveness of health promotion activities at mass youth gatherings like the Big Day Out and Schoolies. A number of recommendations were forwarded to management for consideration, and as a result a student on placement at SHine SA will be undertaking a literature review on the issue to shape our thinking and way forward.

The next year is shaping up to be as interesting as this one has been.

Sue

Jenny, Northern Y@, at 2008 SHAW campaign launch held at the Northern Sound System



Members of Youth Advisory Teams and SHine SA workers

Y@s still going strong

The Youth Advisory Team (Y@) program has celebrated its 6th birthday this year! Commencing in 2002 with 18 young people being recruited into the program, the number of Y@ members has grown to 24. Young people apply to join the Y@ and serve a two-year tenure. Just like gaining any position, the young people apply, attend an interview, usually conducted by their peers, and if selected undertake a two-day orientation program. The aim of the orientation is to enable the new Y@ members and SHine SA staff to work together to explore what it means to be a Y@ member, what SHine SA can offer and requires from members and what Y@s expect and need from SHine SA so they can fully participate.

There are three Y@s, one attached to each of the Primary Health Care teams. They meet regularly each month and more frequently when working on a specific event or activity. The Y@s have a number of functions including an advisory and health promotion role, and this is being expanded to include a peer education component. The Y@ program was formally evaluated in 2004 by SACHRU.

This year the Y@s decided to have joint meetings more frequently so that they can be more effective in responding to requests for consultation or feedback. So, the three Y@s will meet jointly for two months at the Woodville site then two months at their own sites.

This year two opportunities occurred for young people within SHine SA to represent young people in Australia overseas. East/West Y@ member Skye was chosen to represent Sexual Health & Family Planning Australia, of which SHine SA is a member, at an IPPF (International Planned Parenthood Federation) youth forum in Hyderabad in India. Skye's report is included in this annual report.

Luke, a 'retired' Northern Y@ member, now a youth consultant, was asked by IPPF following his representation

at a youth forum in the UK in April 2007, to attend the United Nations Commemorative High-level Plenary Meeting devoted to the follow up to the outcome of the 27th special session on children on 11–12 December 2007 in New York.

Being a Y@ member can bring different opportunities, not only within SHine SA but in other parts of the young people's lives, and also adds enormous value to SHine SA's capacity to provide more relevant and appropriate resources and services.

Y@ involvement has included:

- development of a youth charter
- development of an evaluation or feedback pamphlet to be used from September in all sites
- being part of the website review and development group to redesign SHine SA's website

The Y@ reunion in April, to coincide with Youth Week, gave us a great opportunity to catch up with 'old' Y@ members and see what they are up to a few years into their life 'after SHine SA'. It was wonderful to meet up again and hear their stories of where they have been and what they have been doing.

Sue

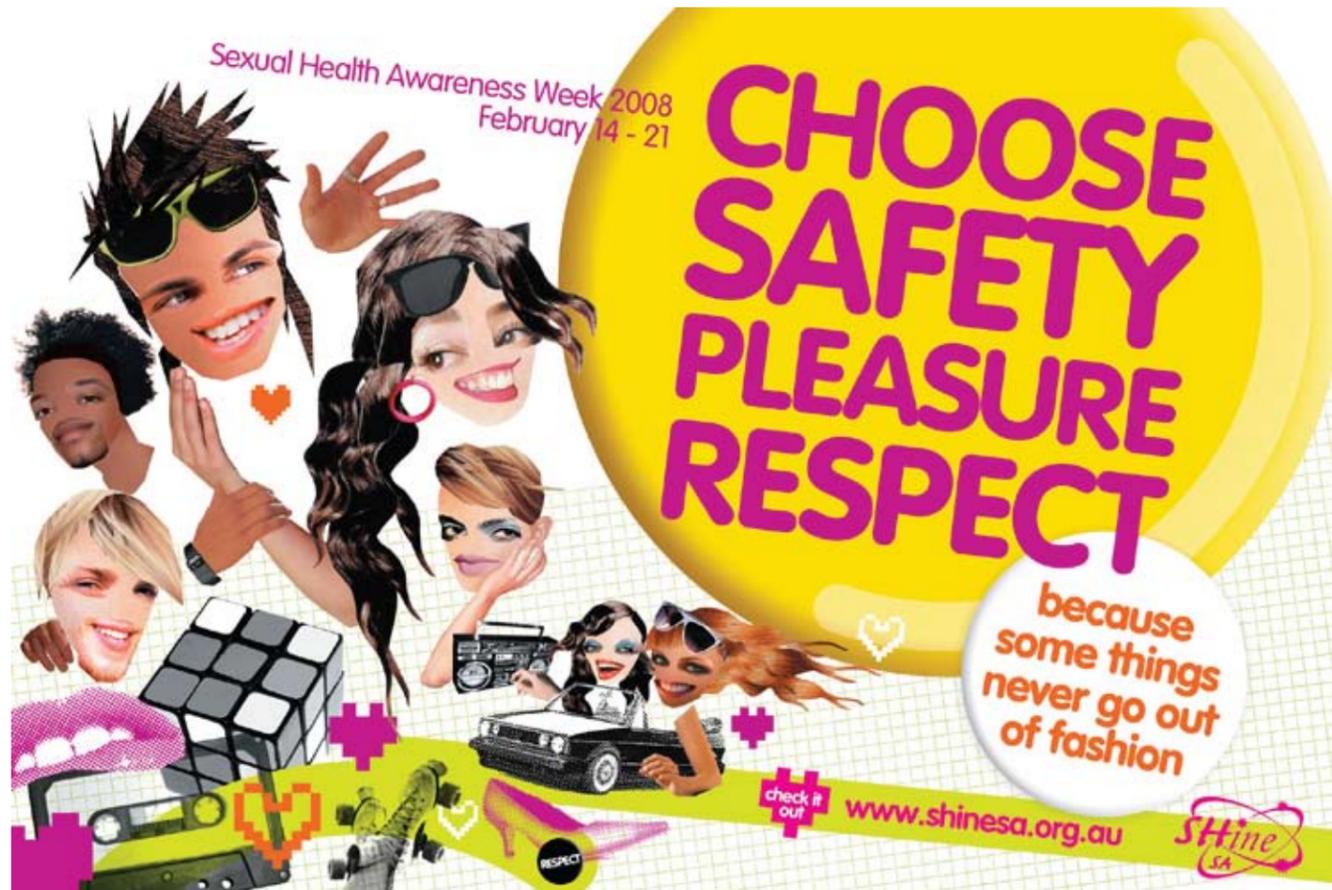
Schoolies

In December 2007 the Northern Team participated in Schoolies. The aim was to promote SHine SA's services and give out safe partying information to the newly graduated high school students. Stephanie (from the south) and Laura attended the event on the Saturday with the help of a Y@ member, Bianca. They were able to mingle with the students, providing information and resources. Feedback from workers and students regarding SHine SA's role in the event has brought about changes for this year's Schoolies planning, with the aim of making SHine SA's presence both before and during the event more effective.

Laura

Youth participation

Sexual Health Awareness Week 2008



Sexual Health Awareness Week (SHAW) aims to broaden people's understanding of sexual health and raise awareness of sexual health issues in South Australia. SHAW runs from 14–21 February every year and targets young people aged 18–30 years.

The 2008 SHAW campaign focused on healthy relationships. The key message **Choose safety, pleasure, respect... because some things never go out of fashion** emphasises the importance of young people having power to make their own decisions in relation to sexual health, wellbeing and the positive expression of sexuality.

The campaign developed a wide range of resources which focused on the key message. Resources included a poster, T-shirt, mobile phone charms, badges, wrist bands, condom packs and balloons.

As well as hosting various events in its regional sites and a campaign launch at the Northern Sound System, SHine SA provided grants to community groups and agencies to conduct activities associated with the campaign.

The SHAW events, ranging from workshops and information sessions to creative art/music activities, were held in a range of locations across metropolitan and country South Australia, and attracted considerable media interest, particularly in the regional press.

Agencies indicated that the activities they held had a significant impact on broadening people's understanding of sexual health issues and were excellent opportunities to engage their target groups.



Anthony, Skye and Dan, Y@ members, at the 2008 SHAW Campaign launch held at the Northern Sound System



Lucy

CHOOSE SAFETY PLEASURE RESPECT

www.shinesa.org.au



Youth participation

Traineeship in the East/West Team

Hello, my name is Anthony and I am a trainee Aboriginal Community Health Worker at SHine SA. I started my traineeship in February but in the past had been a peer educator for the Rape and Sexual Assault Program, as well as a Youth Advisory Team member. Both those programs were good and have helped me on my way to work with SHine SA's various communities of interest.

I help to plan, develop and facilitate programs for a range of young people, from Aboriginal and Torres Strait Islanders to people from culturally and linguistically diverse backgrounds. I enjoy working in the area of relationships and sexual health – issues that are not really spoken about in the community.

I have had the chance to work in environments like:

- secure care at Magill and Cavan
- Aboriginal health agencies such as Kura Yerlo
- TAFE and alternative learning programs such as Taoundi and Evolution

I enjoy them all and look forward to working more with SHine SA and their communities of interest.



Anthony, master of ceremonies, at the launch of Woodville GP Plus building, 3 October 2007

Your Choices

Not long after I started in the north I was given the task of supporting the Your Choices program. Your Choices is an eight week early intervention program focusing on life and community skills and the responsibility of personal choices. The young people are referred to the program through the Juvenile Justice Program and are supported by a number of agencies. I attended my first session in June 08, where myself and the new drug diversion worker from Shopfront, Ginetta, ran the Drug, Alcohol and Sex session. We ended up with a low number of participants on the night, so although it got off to a bit of a hesitant start, once the young men realised we were OK (and not the police!) and that we were not going to lecture them about what not to do, they really opened up and participated in some great discussion around harm minimisation. Both myself and Ginetta really learnt a lot from the young men on that night. We have been invited back to do the session again with the next group of young men that come through the program.

Community members at a 2008 SHAW event held at the North base at Davoren Park.



Youth participation

Young people describe 'ideal service provision' as being when health providers meet them in settings in which they feel comfortable.

SHine SA Fact Sheet 15
Sexual health of young people

Talking Realities in the North

The three-year partnership to facilitate the northern Talking Realities training at Para West Adult Campus at Davoren Park came to a close in December 2007.

Over the three years, 37 young mothers enrolled and 20 completed the training, held over 26–30 weeks. For many it was the first time back in a 'classroom', which was difficult at first for some after some previous bad school experiences. The project had both an early intervention and prevention focus with the aim of influencing the health and wellbeing of young parents and their children. The project provided a safe environment to challenge the values and attitudes that young people often have about the world around them. It also helped to develop the skills needed to have healthy relationships within their lives. This enhanced their knowledge and understanding of the diversity of people who live within their communities. The project also provided a 'pathway' to other mainstream classes within the school with many completing their SACE within a flexible learning environment.

One of the other achievements of the project was the opportunity for the young mothers to develop social networks with other young parents. This has helped to eliminate the social isolation and feelings of loss in their lives after having a baby at a young age. Another achievement was the ability to 'tap' the young mothers into other programs within the Learning Together program at the school, where mothers are taught how to play and interact with their child. This program also provided creche facilities while mothers attended classes.

With the support of a Peer Support Worker provided by Para West Adult Campus we were able to provide support and referrals to many of the young mothers in times of need. The young mothers within the project were a remarkable source of information about which agencies to go to and which were most helpful – SHine SA, Davoren Park coming out on top!!!!

The school has now taken on this successful project within their main curriculum. It has been expanded and is now offering Leadership training as well as Child Development in the future. All of these courses go toward making them leaders within their own communities as well as gaining TAFE Accreditation toward Certificate 3 in Community Services.

Juliet

Y@ reunion

It was a shock to receive an invitation to the Youth Advisory Team (Y@) six-year reunion celebration. I couldn't believe that it was six years ago that we were the guinea pigs for the Y@! I was excited to attend and see how the Y@ had been going since I finished.

I arrived at the Y@ reunion and I was so nervous and a little scared to go inside, but in the car park I met up with one of the other original members from the north, and realising that we were both nervous we went in together.

The night was great catching up with old friends and meeting the other past and new Y@ members. We played games and got to know each other a little better. After we ate some awesome food we sat in a circle and got to share our experiences of being team members and what we were doing then, where we have been since and what we are doing now.

It was a fantastic night, full of fun and nostalgia. It would be great to get together with everyone again in a few years, especially from my old team, the Northern Y@.



Luke, a former member of the Northern Y@, with The Hon Mr John Hill, Minister for Health at the launch of Woodville GP Plus building, 3 October 2007

East/West Y@ Youth Week 2008

This year marks what has been nearly seven years since SHine SA introduced Youth Advisory Teams (Y@s) to each Primary Health Care Team and as such we wanted to celebrate this milestone. During Youth Week the regional Y@s normally go out into the community and put on some form of health promotion or event for the public. This year SHine SA decided to turn the concept around and develop a 'celebration' event to be held during Youth Week to highlight the achievements of the Youth Advisory Teams. To make the occasion even more special, we invited the young people who made up the first Y@s to attend, along with their successors. In all, 35 young people attended the event held at the SHine SA Woodville site. The night was filled with get to know you activities, fabulous food and even a resident DJ.

It was like a (welcomed) family reunion, as many of the young people had not seen each other, or their Y@ worker,

for four or five years – there were group hugs all round. Current Y@ members listened to the original founding Y@ members who recounted stories of what it was like to be the first Y@ off the ranks. Newer Y@ members shared what it is like to be part of the current teams and what activities they were engaged in. The event was lots of fun and even the current and former Y@ workers were seen to 'tear up', caught up in the emotional current of the night. As a founding Y@ worker, I acted as host for the event, something I took much delight in.

Each regional team spoke highly of their successes and celebrated having such dynamic young people to work with in a supportive, progressive and dynamic organisation. Everyone was looking forward to the coming year with much excitement and anticipation.

Rob



Y@ members at 2008 SHAW campaign launch held at the Northern Sound System

Big Day Out

It was another hot, sticky February day when myself and Jenny, a Northern Y@ (Youth Advisory Team) member were introduced to our first Big Day Out experience. We were set up in an area called the Chill Safe Space, working alongside other agencies such as Quit SA, Marion Youth Centre, The Second Story and Drug Arm. Our place certainly was popular, giving visitors to the area a 'quiet' safe space to stop for a while. The bean bags borrowed from Shopfront Youth Health & Information Service were a major hit with weary visitors. The Chill Safe Space provided water and sunscreen to those who needed it and we ran out of both by the afternoon shift (so a stop-over at the supermarket ensued). The spray bottles of cooling water were ever so popular, as you would imagine on a sweltering summer day. At the end of our session Jenny and I were a little worried that we would be jumped on and held hostage for the bean bags as we dragged them through the crowd. Many revellers begged us for them!

Naomi

Young mums and sexual health

In June 2008 Michel, the East/West counsellor, along with Susie, one of the Youth Advisory Team members from SHine SA, presented two sessions to 18 young mums on sexual health and relationships at the Parks Community Complex. The sessions were part of the Talking Realities Peer Education Training for young mums who are to become peer connectors in the community. These young women will have a role to pass information on to other young people about services they can access for various issues.

Topics covered in the sessions included the importance of understanding our values and how they impact on our sexual health, contraception, sexually transmitted infections, and healthy and unhealthy relationships. The sessions stimulated a lot of discussion, laughter and questions from the young women.

Michel

Secure care programs

SHine SA continues to build upon its positive relationship with the metropolitan secure care training centres, by providing current and relevant relationships, sexual health and wellbeing information and education programs for young men in care. Participant feedback indicates the young men are willing to enter into discussions about important topics related to relationships and sexual health. SHine SA continually works to improve the health information shared with young people, and in particular its appropriateness and effectiveness for Aboriginal residents.

Derek, now a fully fledged youth worker, and recent trainee Anthony continue to be popular among the young Aboriginal male residents. SHine SA continues to support these two young Aboriginal men to be actively involved in developing, delivering and assessing programs within secure care. Their involvement with the programs are vital and successful in terms of exploring cultural issues, as they relate to relationships and sexual health.

Rob

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Work with schools

Work in schools statewide

Schools across the state have embraced the concept of teaching relationships and sexual health (R&SH) education to young people. We have received many requests from schools within both the metropolitan and rural areas and have been able to support them with resources and invitations to attend various professional development courses offered throughout the state.

Health Expos have again been organised in a number of schools across the state. These events generally involve a collaboration with other youth and community health services, and have even included local doctors. SHine SA workers attend schools to promote the services that the organisation provides for young people. This is often a logical and meaningful conclusion to a series of lessons on R&SH or to ensure senior students are reminded of and provided with details about where to go for help or more information, particularly leading up to the end of year celebrations. Presentations such as these have occurred at Reynella East, Hallett Cove, Glenunga International, Parafield Gardens, Salisbury, Adelaide and Woodville High Schools.

In the north, at Smithfield Plains High School and the Service to Youth Council at Elizabeth, SHine SA continues to provide a weekly outreach program at lunch time. An area is set up and promoted to the students as a centre where they can talk with a worker and access information on R&SH. A similar, regular lunch time 'drop-in' also occurs with an African girls group at Woodville High School.

Primary schools have continued to display a great deal of interest in developing their Growth and Development curricula and resources to meet the needs of their students. We are able to provide professional development opportunities with the support of Jane, the Coordinator of Teacher Education and suggested on-line resources, books and a curriculum outline for Years 5–7. If there is sufficient interest within a region, we are more than happy to offer training and support for staff in 'cluster' schools.

Many schools provide alternative learning opportunities for students who are identified as being at risk of either

leaving school or engaging in unsafe behaviours. These students are excused from normal lessons, sometimes taken off campus, to participate in programs that are designed to be enjoyable, deal with relevant issues and connect them with community health services that will be able to provide support. SHine SA has been able to support these programs by running sessions addressing R&SH for young people from the Yorke Peninsula, at Twelve–25 in Salisbury for students from the local high school and at Kura Yerlo for Aboriginal young men from Woodville High, Ocean View College and Le Fevre High.

The Southern Team has been extremely active supporting many programs and schools throughout the region, particularly in collaboration with alternative education programs. The following programs were offered: 'Choice' for young men as part of the Wirreanda Alternative Vocational Education Program at the local high school; 'Just Chillin' at Reynella East High with The Second Story; 'Youth Choices' at O'Halloran Hill TAFE; R&SH sessions at the Southern Learning Centre at Christies Beach; 'Connections' at Mission Australia; FAME (Flexible Alternative Mobile Education) at Christies Beach for single sex groups addressing relationships, hygiene and sexual health; and within SCAEP (Southern Collective Alternative Education Program) at various sites.

Schools with students with special needs are often contacting us for assistance with appropriate resources and curricula to address the needs of their students. We are looking to further develop a dedicated resource for this area but in the interim we have been able to offer training options, advice and resources to a number of schools.



Helen

Drop-in at Woodville High School

This year, we have been visiting Woodville High School every Monday lunchtime during the school terms for a drop-in session. Girls from the African community meet with us in the library and we have discussions about girls' health and wellbeing issues such as relationships, keeping healthy, puberty, hygiene, self-esteem and other topics as the girls identify them.

The program has been run in a relaxed, friendly and interactive manner. We play educational games followed by discussions, and at other times we watch videos relating to the topics that we are discussing. The feedback from these sessions has been very positive and the girls have gained and reinforced their knowledge of health and wellbeing issues. It is very pleasing to know that they are now more confidently accessing youth health services and youth centres within the Woodville area. They also now access more regularly the SHine SA Library to use the internet and to research topics for their school assignments. The Year 12 students have presented topics regarding sexual health issues to their classes and we have supported them in delivering information about SHine SA services.

Jacqueline

SCI Youth Peer Educator Program on the Fleurieu

SCI Youth stands for South Coast Inspirations Youth, which is funded by the Fleurieu Health Service at Victor Harbor. They employed a youth worker, Ashleigh, to work with the young people in the Fleurieu area.

With SHine SA's support, Ashleigh decided to train peer educators in Year 11 at two Relationships and Sexual Health Focus Schools, Victor Harbor High and Mt Compass Area. These peer educators would work alongside their teachers to develop several lessons on relationships, families, puberty and sexual health, which they could teach to feeder primary school Year 7 students in the region.

SHine SA provided background information and materials to the peer educators, who also participated in a Mandatory Notification course. The peer educators then decided what topics they thought were appropriate for the primary students with guidance from Ashleigh and from their teachers. Once chosen, the materials were then shown to the primary school teachers to check that the lessons were suitable for their students. When the material was finalised, the peer educators refined their skills and thoroughly prepared the lessons.

Many positives came from the program, including developing links between the primary schools and high schools as well as the health services in the area. Year 7 students involved came from Goolwa Primary, Pt Elliot Primary and Mt Compass Area Schools. Feedback from the peer educators was also very positive, as they enjoyed the chance to pass on their knowledge to the younger students while learning more detailed information on sexual health for themselves and also the skills to engage young people in learning.

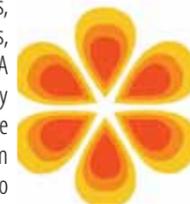
Victor Harbor High and Mt Compass Area Schools have comprehensive relationships and sexual health programs and have always been very supportive of a whole school approach to their students' education in this area. This is another good example of this process. The Fleurieu health services are also a big part of the schools' support network and have a presence at the schools continuously, which allowed Ashleigh to be part of both school communities. Primary school students in the area now have the background information to begin the Year 8–10 Relationships and Sexual Health Program at their local high school. It is a great model of comprehensive education through curriculum and whole school participation.

Cheryl

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Focus School Program

In 2007 SHine SA continued to support the 15 *share* schools and the 29 *focus* schools that became involved in the program in 2006 and 2007. A review of these schools was carried out at the end of Term 3 to identify the current needs and priorities of these schools and to give direction to future support in 2008. It was pleasing to see that most of these schools were still delivering a comprehensive relationships and sexual health education curriculum to their students using our curriculum and resources. Based on the findings of the review a number of recommendations were made for action in 2008. It was decided that training would be offered to all schools, from a three-hour faculty and staff update covering issues identified by each individual school, to the full two-day training of new or interested staff, combining schools where possible. Resources were further developed and the secure site on our website updated and promoted to all schools. The review also highlighted the difficulty schools, particularly those in rural areas, have in borrowing SHine SA resources. Schools consistently ask for SHine SA to become part of the DECS courier system – an issue we are continuing to explore.



Relationships and sexual health education health, respect & life

This year the Focus Schools Program has been expanded due to the generous increase in funding from the Department of Health. A dedicated Program Coordinator's position has been established and two additional Regional Schools Coordinators recruited bringing the total to four. The Coordinators of Teacher Education and Indigenous Youth Education also add their expertise to the team. Twenty-two schools have been identified and invited to become *focus* schools. These schools are located in clusters within areas with indicators of relative socio-economic disadvantage and high teenage pregnancy rates, and have high rates of schools card holders, and/or enrolment by Aboriginal and migrant/refugees. We welcome to the program Stuart High in Whyalla, Enfield High, Parafield Gardens High, Salisbury High and Warriappendi Schools who have gained Governing Council endorsement. There are another seven schools that are in the process of doing so, with others still negotiating and considering the invitation.

Six additional schools expressed an interest in becoming *focus* schools and have been accepted this year. They are Eastern Fleurieu, Golden Grove High, Hallett Cove R–12, Henley High, Kapunda High and Paralowie R–12 Schools. The inclusion of these schools brings the total to 55 schools SHine SA continues to support in the proven best practice, whole of school approach developed during the *share* Project. Schools are given a comprehensive curriculum covering Years 8–10 and 15 hours of professional development to all teachers delivering the curriculum, the school counsellors and any other interested staff such as school support officers, Aboriginal Education Community Officers (AECO) and community health workers. Additionally schools are given resources and significant support from the Regional Coordinators over three years. In Area and R–12 schools, assistance is also given to develop a sequential and

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comprehensive program through the upper primary and into the secondary years.

The Focus Schools Team has realised many significant achievements this year. The following are some of the highlights:

- Over 150 teachers and workers have participated in 15 hours of professional development with many more involved in workshops.
- We have also presented at a number of staff and Governing Council meetings.
- With our support, Underdale High offered a Relationships and Sexual Health Day to all Year 8 students.
- Year 11 and 12 students at Clare, Golden Grove, Parafield Gardens High and Ororoo Area Schools have received information, resources and research support to complete their senior school studies.

- Cheryl, Schools Coordinator and Sue, Community Health nurse from the Southern Team, attended the very successful Tintinara Area School Parent Information evening along with 15 parents and staff.
- We supported Youth Expos at Mount Barker and Seaford High Schools and attended a BBQ at Hamilton Secondary School during Sexual Health Awareness Week for 150 students.
- A young parents group, associated with Ocean View College, benefited from an interactive session addressing relationships and sexual health issues.
- Lunchtime program for African girls at Woodville High School.
- Victor Harbor High and Mount Compass Area Schools participated in Peer Education Programs with our support, in collaboration with other community health workers.
- Frances, Coordinator of Indigenous Youth Education has been invited to work with AECOs from the Eyre Peninsula.

Kadina Memorial School is finding the relationships concepts delivered in lessons of particular importance as their area has been severely affected by drought resulting in increasing pressure on families. A Schools Coordinator represented SHine SA at the recent Women in Rural Drought seminar that was conducted on the Yorke Peninsula to gain further insight into the relevant issues.

Also of note is the Wellbeing Hub opened in June at Paralowie R–12 School. This facility provides support and information on a range of issues related to the challenges of being a teenager. SHine SA has a presence there along with several other agencies such as Headspace. Naomi, Community Health Worker from the Northern Team, provides a drop-in on Tuesday mornings and is building

strong relationships with teachers, students and other workers within the Hub. She has also attended school assemblies promoting SHine SA services and her presence within the Hub.

We are continually looking for current and relevant resources to recommend to schools. This year all schools have received the DVD *Choices – Stories of young women's experiences with binge drinking*. This DVD was created by young women from Paralowie High School, Shopfront Youth and REVmedia and funded by the SA Government. This is a timely resource for schools as binge drinking is a major factor in young people's lives which has a negative impact on schooling and future life choices. Schools Coordinators are also continuing to promote the HYPE (Healthy Young Parents in Education) journal to schools. This informative book aims to keep pregnant young women connected with school, and helps them to understand their pregnancies better while working towards a SACE credit.

The Focus Schools Team is looking towards the future with enthusiasm. With the increase in the number of schools involved, particularly those located in 'clusters', there is the potential to offer regional trainings. This will further strengthen networks

for support within these schools. Additionally, we are keen to work closely with Warriappendi and Kurna Plains Schools to develop more culturally appropriate materials to support Aboriginal students. Other areas for attention are further developing resources and support for students with special needs, from newly arrived and CALD backgrounds, and in primary years.

Helen

An increasing range of research evidence confirms the effectiveness of linking school-based relationships and sexual health education to youth health and wellbeing services.

SHine SA Fact Sheet 2
Improving relationships and sexual health in South Australia

Parafield Gardens High School

SHine SA's northern Schools Coordinator and Community Health Worker undertook some team teaching at Parafield Gardens High School, discussing various topics with the students relating to relationships and sexual health. A short time later two Year 12 students from the school visited the SHine SA Davoren Park site as part of their Community Studies subject. They were given a tour of the office and clinic, had their many questions answered, and were provided with information about SHine SA services and the Focus Schools Program. The students then went back to the school and presented their information to the class and the principal. From this a Governing Council meeting was arranged and endorsement given to becoming a *focus* school.

Karen

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Community education and development

Disability Fun Day

SHine SA's Sexual Health Awareness Week, held in February, provided an opportunity for us to promote our services both to disability workers and to clients who have a disability. A Disability Fun Day was held, with a range of activities including library and clinic tours, banner painting and musical entertainment, all of which took place in our new and fantastic Woodville premises. The main challenge with the banner painting was to not leave paint on the pavers! Some visitors made appointments for sexual health issues and many of the workers joined our Library and Resource Centre.

The Fun Day gave us an opportunity to promote and explore the resources we have available as well as to



Hannah, Y@, at the Disability Fun Day held during the 2008 SHAW campaign at Woodville

introduce our new and exciting *Friendships and dating* booklet. With the help of our volunteers and two Youth Advisory Team members, a role play was created around first dates and how to get ready for a date. It was a fun experience rehearsing as well as performing it during the Fun Day. The role play created a lot of open discussion and seemed to be an effective way of promoting the booklet. Just before lunch people were divided into groups to demonstrate the 'Friendships and dating game'.

The Tutti Ensemble provided lunch time entertainment in the courtyard. Despite the 38 degree heat it was a huge success, with workers and clients enjoying a light lunch and tapping along to the music.

During the afternoon there were opportunities for workers to explore the teaching resources and have conversations about making sexuality a part of their everyday work. Many of the workers had previously done some training with SHine SA but there were some new faces in the room. It also provided time to show off our new Library and Resource Centre and clinical services to workers and encourage them to tell their clients.

The day was so successful that we've decided to hold a Disability Fun Day as part of Sexual Health Awareness Week each year.

Lyn

African Women's Group

The Northern Team was involved in planning and implementing an eight-week health program for newly arrived African women. The program was held from August to September 2007 at the Family Zone Hub at Ingle Farm. Two workers from SHine SA and Poni, an African worker from Lutheran Community Care, worked together to create a culturally appropriate program to address the women's health needs.

The aim of the program was to improve their overall health awareness, enable the women to make informed decisions about their health and wellbeing and improve access to mainstream services.

The ten women who attended the group were from Sudan, Burundi, Somalia and Congo and their ages ranged from 19–30 years. Their children were cared for by the staff at the Family Zone Hub so that they were able to attend the sessions.

The topics covered in the program included both men's and women's health, Pap smear information, breast health, self-esteem, relationships, STI information and contraception. Over a shared lunch with the African women we were able to further discuss the topics of the day and to continue building a rapport with the women. There were also activities during the sessions which the women enjoyed very much such as cooking, crochet and an outing to Monarto Zoo where the women received a certificate of attendance and a small gift.

The completion of the program saw ten of the women visit the Davoren Park clinic for arranged appointments, and others have attended the SHine SA clinic at Modbury since then.

The program proved to be very successful and SHine SA will be looking to continue to run this program again in conjunction with Lutheran Community Care.

Laura



Agatha, Y@ (right) and a member of the community at the Disability Fun Day held during the 2008 SHAW campaign at Woodville

Disability work in the South

This year has been an exciting time as we continue to mentor new workers in the field of disability work in sexual health. It has been a great opportunity to work alongside some motivated individuals and has provided learning experiences for all.

Requests for one-to-one education and for group work continue to be an important part of our work in SHine SA's Southern Team. We continue to try to balance requests and worker availability, which can be a difficult task, but Southern Team members are really pleased to be involved. As the coordinator of incoming requests for disability work, I appreciate the enthusiasm of Team members in providing services to this community of interest.

I have been part of providing disability worker training over the last year, which has provided a great opportunity to co-work with colleagues and also to meet a range of workers from a number of agencies involved in the training. SHine SA's participation in the Disability Expo in September each year is another good chance for networking, meeting and greeting. As workers change within agencies, it is great to put faces to names across different organisations.

Community Health Worker Advisory Committee

At SHine SA we are always looking to improve our services and work practices. This year one of the major improvements to efficiency has been combining the Community Health Worker and Advisory meetings into one. This has given the community health workers who meet together a renewed energy about the process.

With a supportive team leader, the community health workers progressed a number of the initiatives outlined in the 07–08 Action Plan. Most of the work involved policy review and development as it relates to community health workers and their core work.

Other ways the advisory group supports the work of community health is to identify training and development opportunities, research, funding options and current and future trends in the community services and health sector. Keeping open and clear lines of communication with SHine SA management is important to our work and as such, this meeting is an integral link.

Aboriginal women's health in the North

The Northern Team accepted a request to provide a nurse to the Gawler Aboriginal Health Service's (GAHS) Pap smear initiative. Initially I was to be available to conduct Pap smears following an information session provided by Cervix Screening SA, but ultimately provided both services, although talking about Pap smears while people are scrap-booking was somewhat of a challenge and required me to change tack more than once.

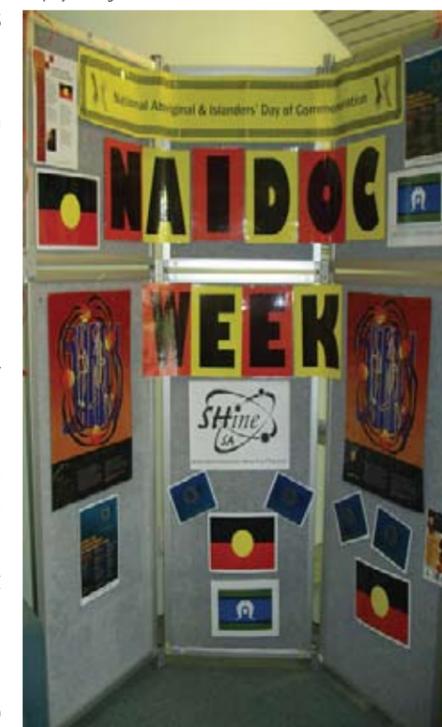
Not only was this a great opportunity to link up with an Aboriginal Health Service that the Northern Team had no previous involvement with but I was also able to negotiate with the Gawler Health Service (GHS) to utilise their facilities (which are collocated with the GAHS) to conduct the Pap smears. This eliminated the need for the women to travel to Davoren Park and as the GHS plans to open a Well Women's Clinic in the future it helped to foster a relationship with their potential clients and SHine SA.

We have plans to repeat this service in the near future and look forward to maintaining a relationship with both of these organisations.

Many people lack knowledge and the skills to negotiate safety, responsibility and respect in relationships—those more at risk are young people living with family breakdown, abuse, homelessness, mental health issues, and victims/survivors of child sexual abuse.

SHine SA Fact Sheet 6
Sexual knowledge and behaviours

Display during NAIDOC week at Southern base at Woodcroft



Lyn

Rob

Community education @ a glance

There were 49 469 participants in community development programs for 2007–08.

These programs included:
Sexual Health Awareness Week
Big Day Out
Healthy Start Pathways

There were 118 registered participants in community groups who attended 80 sessions for 2007–08. These groups included Youth Advisory Teams, African Women's Group, Safer sex and respectful relationships and Just Chillin'.





Sue (right) with participants at the Pampering and Information Day held in the southern region

Nunga Women's Pampering Days

SHine SA's Southern Team was successful in applying for a Pap Smear Awareness Week 2008 Community Small Grant from SA Cervix Screening. This provided the funding to conduct two 'Pampering and Information Days' to promote Pap smear screening for Aboriginal women, one held at the Noarlunga Health Village and the other at the Aboriginal Family Clinic, Clovelly Park. Pap Smear Awareness Week happens each year to promote and remind women about the importance of having a Pap smear every two years.

Statistics show the incidence of cancer of the cervix is higher in Aboriginal women. Working in partnership, a SHine SA Community Health Nurse and a nurse from the Aboriginal Family Clinic organised the two days together. The theme of the days was the importance of looking after ourselves and pampering ourselves, with a healthy

lunch provided, foot spas, manicures and learning to make a natural body scrub all as part of the day. The SA Cervix Screening video *Come Along, Live Long* was shown, which gave valuable information and the opportunity for us to have a discussion after. Appointments were made available on the same day at the Aboriginal Family Clinic, on both Pampering Days, so the women participating had the opportunity to access a doctor at the same time for a women's health check.

These sessions provided opportunities for Aboriginal women in the southern suburbs to gain information about Pap smears, have conversations, ask questions and access services, while encouraging a focus on self-care.

Sue

SHine SA Fact Sheet 5
Social attitudes to relationships and sexuality

Display of information and resources at the Pampering and Information Day held in the southern region



A participant being pampered at the Pampering and Information Day held in the southern region

Australia is ambivalent about sex—it is everywhere you look, it permeates every aspect of contemporary popular culture. Yet, of our own experiences, most of us are routinely silent.



Participants being pampered at the Pampering and Information Day held in the southern region



Riverland Chlamydia Project

The Riverland Chlamydia Project is now drawing to a close. The project was funded through the Federal Government's Chlamydia Targeted Grant Program for two years in 2006.

The Northern Team has supported the project over the last two years by being involved in the production of the resources used in the project. These were a set of laminated posters (which are available on loan through the Resource Centre), pamphlets, coasters and condom wallets. The bright and zappy characters used in these resources were then used for television and newspaper advertising.

Our main involvement was in the provision of peer education chlamydia training to approximately 20 young people from towns across the Riverland. Most of these young people then went on to provide formal and informal information and education to other young people in the area. A phone survey of 15 peer educators found that they thought the training gave them more than enough skills and knowledge to engage other young people about chlamydia. Most felt comfortable approaching people and that it became easier over time! When asked why some peer educators found it difficult to be involved it was suggested that chlamydia and STIs are still a taboo topic and people may have been scared to go out and present themselves as the 'face' of the Chlamydia Project.

One of the aims of the project was to try to get 1000 people through various 'testing' sites across the region. Even though this was not achieved both workers and peer educators worked really hard to try to make this happen using a variety of strategies to make it easier for people to be tested. When the peer educators were asked why the clinics were not successful they felt that it was embarrassing to go to a stand-alone chlamydia testing clinic. It was felt that if a combination of sexual health services had been offered it may have been more successful. They suggested it would take away some of the embarrassment surrounding it as people could be going into a clinic for anything, whereas going into the chlamydia testing clinic meant only one thing!! This was also suggested by the Focus Group evaluations. Another suggestion was to make sex education for STIs more in depth and therefore make it a less taboo topic—something that I am sure we all agree with but making it happen can be problematic!!

This rural project allowed the Northern Team to not only use their skills within the project but to also reach out to a wide range of young people and workers across the region spreading the SHine SA message.

Thanks to Riverland Regional Health Services for inviting us along.

Juliet

Why we work with ...

Young people

State and federal government policies identify sexual health as a significant health issue for people under 25 years of age. The highest concentrations 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.

Young adults

Despite increasing independence and life experience, young adults have relatively high rates of sexually transmitted infections and unplanned pregnancies. 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 are relevant to their needs.

Aboriginal and Torres Strait Islander communities

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 to 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.

Regional and rural communities

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

communities to support and equip them to advocate for their own sexual health needs and focus education and training opportunities on the regional, rural and remote workforce.

Gay, Lesbian, Bisexual, Transgender, Intersex, Queer and Same-Sex Attracted people

SHine SA upholds the rights of lesbian, gay, bisexual, transgender, intersex, queer and same-sex attracted 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, transgender, intersex and queer people accessing services.

Multicultural people

Our work with people from culturally and linguistically diverse backgrounds continues to be a major focus for SHine SA. These communities often 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, liaising and networking with community health and welfare workers operating within these communities, and conducting culturally appropriate educational programs on sexual health issues.

People with disabilities

There is evidence that people with disabilities are more at risk of sexual abuse and have often not been offered appropriate education about sexuality and sexual health. They often have to overcome barriers to access support and health services.

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

Laura (left) with members of the African community



Community education

Outreach service to the Far West Coast

In June 2008 a visit to Aboriginal communities on the Far West Coast was organised by Sharon Clarke, ATSI Well Women's Screening Program, to provide a health education outreach service. The group consisted of Sharon, Ros from SHine SA, and Dina, a third year Aboriginal nursing student from Sydney NSW. Many thanks to Sharon for arranging the appointments, permission to enter Anangu lands and accommodation.

We left Adelaide early on Monday 9 June and arrived in Ceduna at 5.00pm. We stayed in Ceduna for the next couple of days and visited and spoke to staff and women within the following Aboriginal organisations:

- Ceduna/Koonibba Health Service
- Weena Mooga Gu Gadba Women's Group
- Ceduna Step Down Unit
- Ceduna Arts Centre
- Koonibba Community
- Maralinga Tjarutja Incorporated

On Thursday we headed out to the Yalata community. We dropped our gear off and grabbed some lunch at our accommodation in Nundroo, approximately 50 kilometres from Yalata, before continuing on to Yalata. We met with the Tullawon Health service staff and administration personnel. It was good to catch up with Lauren, the health worker who had attended the ATSI women's sexual health course here at SHine SA. Unfortunately, a number of community people were away due to sorry business in WA.

Aboriginal Sports and Recreation were also at Yalata doing activities with the school children. Yalata has changed so much since I'd been there last (10 years ago). They now have a new health service building and an indoor, inground swimming pool.

On Saturday we left Nundroo and travelled up to Oak Valley. It was a slow trip due to the condition of the roads. We stopped at Oldea for lunch, enjoying corned beef sandwiches and a lovely cup of hot tea. We stayed at the visitors quarters while in the community. A camp fire constantly burned during our stay. This gave us the opportunity to try our hand at campfire cooking. Sharon did the honours of making the dampers and I cooked the kangaroo tail.



We met with clinic and administration staff, then talked to the community and the Chairperson of Maralinga Tjarutja Council. After talking with the community women, it was decided to hold the women's education sessions on the Tuesday, followed by a barbecue for the community. The education sessions were attended by ten community women aged between 16 and 45. Topics discussed were:

- Well Women's Screening and the importance of follow-up treatment
- Hepatitis C
- Contraception

While at Oak Valley, we visited the school and were shown around the different classes. We also visited the aged care facility and met the manager.

We left Oak Valley at first light on Wednesday and travelled back to Ceduna, calling into Yalata briefly. We spent the night in Ceduna and travelled back to Adelaide early next morning.

It was wonderful to catch up with past participants of our ATSI women's course and find out how they were and if the course had helped them in their work. It was also great to get back out into the rural and remote communities.

Talking sexual health with rural workers

Laura and I travelled to Port Pirie in March to speak to a group of workers about how to approach sexual health issues with their clients.

The offer to present to this group came about through information I had given to a worker from Port Augusta Health Service, in what initially seemed like a one-off request. A few weeks later, the worker called to feed back that she had an excellent outcome with her client based on some of the things we talked about, and asked if I would be interested in travelling to Port Pirie and attending a group meeting of health workers (community nurses, social workers and community health workers) from the surrounding rural area to talk about sexual health issues. I accepted the offer and Laura and I prepared a comprehensive session on a range of sexual health matters.

The attendants were from a number of disciplines (as above) and from far and wide in the local rural area, from Port Augusta, Port Pirie and surrounding areas, outreaching to even further areas, including the Barossa!

We took an array of brochures, some books and a booklist for perusal and a contraceptive kit. We had a discussion about what each person knew about sexual health and I spoke about counselling, issues I deal with, strategies I have used, the variety of clients I have worked with and how the attendants/their clients could contact me/SHine SA if they needed to.

The feedback at the end of the session was positive and we left lots of information for them, including the value of joining the SHine SA Library/Resource Centre and perusing the website in relation to courses they could attend that would be useful in their work.

All in all, I believe it was a very successful day, especially when Laura and I were presented with a box of chocolates each!! We made light work of these on the way back to Davoren Park!!

Abby

Professor Ian Frazer and SHine SA staff at the HPV Vaccine Symposium Nov 07



Nick, Bianca, Rob, Lyn and Noel at the Disability Fun Day held at Woodville.

Disability work in the East/West

One-to-one disability work in the East/West region

As we know, change is inevitable. One major event in the area of disability changed and challenged the East/West Team in the latter part of 2007. Sonia, a long serving, respected and much loved clinical nurse, who worked with female clients with a disability, decided to take a year off (to enjoy the sun). This left our team with no female worker skilled to manage the one-to-one education requests. To address this, inservice training offered in 2008 will enable other staff members to take on the female-focused requests.

This year there has been a constant flow of both male and female clients with a disability accessing one-to-one education services in the East/West region, including referrals through disability support services, self-referral, family and carers. Main issues addressed include:

- **Working with workers, carers and/or family members:** With Nurse Sonia taking time out, it has been critical to enlist the help and support of key workers and family members. It is also beneficial to the client to have any educational messages reinforced in the home, work or social setting, natural to the client.
- **Public and private spaces:** A vital part of our education is to support the client to understand what is appropriate and inappropriate sexual and non-sexual behaviour within a range of settings such as home, work or social environments.
- **Protective behaviours:** Gaining an understanding of parts of the body and what is public and private; learning personal boundaries and saying NO and saying YES; identifying feelings associated with unwanted touch; and mapping who to tell or ask for help if needed.
- **Puberty issues:** We are constantly sharing understanding of physical and emotional developmental changes; menstrual management; masturbation; contraception options; understanding

friendships and relationships; physical and sexual safety and sexual assault issues.

- **Social isolation:** A major issue for many young people living with a disability; helping clients to gain an understanding of how people communicate with each other in social settings; where people meet other people; how to structure a conversation... past hello; working towards connecting the client with social groups; and promoting and advocating for inclusion of young people with a disability in social networks in their local region is critical to their ongoing health and wellbeing.

Group work

Relationships and sexual health education sessions for groups have continued throughout the year. Programs include Cleland House – Glenside Campus; The Second Story AMIGOS (Addressing Mental Illness & Giving Others Support) group; The Epilepsy Association; Reconnect Enfield; Young Women's Support Group for intellectual disability; and Charles Campbell Secondary School Vision Impaired Unit.

Disability Expo

This exhibition is the major event for metropolitan and country organisations to promote their services to people living with a disability. Each year SHine SA participates in the Expo with many favourable comments from parents and carers alike. It is a great place to network with workers within the disability sector and learn what services are currently available for people living with a disability.

Rob

Susan

Refugee Week Open Day

On Friday 20 June SHine SA's Woodville office opened the door in the morning to 40 New Arrival students and staff from Port Adelaide TAFE and in the afternoon to about 20 community workers connected to CALD communities around Adelaide to share open house activities for Refugee Week.

Morning speakers presented information on the services available at the Woodville GP Plus Centre, including Drug & Alcohol Services SA (DASSA), SHine SA's clinic and counselling services, and The Second Story Youth Health Service.

Students and teachers split into groups, viewed the clinics and asked questions of the doctor, and toured the Library. Being able to access sexual health information was new to them as their country of origin, in some cases, had very little information to refer to. Two women remarked on the fact that they did not know the way a pregnancy progressed despite having had two children each. They were delighted that there were women doctors available so they could discuss a wide variety of topics related to their bodies, sexual health and relationship issues and were very keen to book appointments.

A multicultural lunch for both students and community workers was accompanied by African drumming and Middle Eastern belly dancing with the opportunity to try both being offered to staff and students alike. After lunch the students were given goodie bags with information on clinics and services available from SHine SA, DASSA and GP Solutions. They said they would return with family members and that they had had a wonderful experience.

After the lunchtime activities Khadija and Ferial, two young women from African and Middle Eastern cultures respectively, outlined the struggle refugees from their cultures encounter on arrival. They pointed out that in many cases the refugee had been a fully functioning part of their first society before war or natural disasters had forced them to leave as refugees to Australia. Though they were fully appreciative of the opportunity to live in a land of security and peace such as Australia, their greatest dream is to become a fully functioning part of the Australian culture without losing their first cultural elements.

The day resulted in participants having a better knowledge of cultures beyond their own, and a clearer understanding of services available at SHine SA for New Arrivals. Workers were also able to share their experience of how they work with CALD communities regarding sexual health issues in a cross-cultural setting.

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

SHine SA Fact Sheet 14

Sexual health and relationships among disabled and chronically ill people

Community education



Northern Primary Health Care Team

Northern Team manager's report

The Northern Primary Health Care Team is situated in the Peachey Belt in Davoren Park. The team has many networks and partnerships throughout the north and the three rural regions it services. 2007–08 has seen many staff changes within the team. Saying goodbye to a number of people and extending a warm welcome to new members always changes the dynamics of a team but adds a richness to its skills and abilities. Those staffing changes also impact on partnerships, many based on worker relationships, built on trust and respect. New staff have worked to maintain and renew those links and have been able to offer support or different skills to add to the richness of the partnerships.

Collaboration

The Northern Team has, for many years, had a strong collaborative relationship with Para West Adult Campus. This year, although our involvement in the Talking Realities program concluded as facilitators, the program continues to be supported by workers. Talking Realities targets young pregnant and parenting women, and this year a program targeting young men as fathers was developed between Para West Adult Campus and SHine SA and funded by Community Benefit SA.

As manager, I continue to actively support the Northern Youth Round Table (NYRT) through their executive as co-convenor, which after a review in 2007 has taken a different structure. A coalition of northern agencies which meet to work towards creating 'Better opportunities for young people in the Northern Area to reach their full potential', the NYRT meets quarterly as an executive to oversee the strategic directions and three working groups meet monthly to work on local issues and solutions.

The Swallowcliffe Community Campus Partnership has also changed its look and now works within the Communities for Families, Playford North project being implemented by Anglicare SA. Working towards improving access and opportunities to families in Playford North, specifically the Peachey Belt area, the group has been identifying strategies around collaboration and initiatives alongside the community. The next 12 months

will see some innovative partnerships and projects commencing.

Improving Access

Ways to improve access to services, especially clinical services, is always a challenge. For the last year, the Northern Team has been identifying ways that this may occur. Currently three outreach clinics are provided across the Tea Tree Gully, Salisbury and Playford council areas.

SHine SA has been involved in the Youth Advisory Network, meeting within Tea Tree Gully Council, looking at how access to sexual health services for young people may be improved. With the development of the Youth Innovation Centre to be built in Modbury, it is very likely that services in some form will be provided from the new location.

Discussions and participation in meetings about the proposed GP + Health Care Centre being built at Elizabeth may result in some counselling and clinical services being provided from that location. This new service will see many health agencies work together to provide a seamless and more easily navigated health care system for users.

After negotiation, the Northern Team is excited to be involved in a new initiative of the Paralowie R-12 School with the support of the Children, Youth & Women's Health Service. The Wellbeing Hub offers a 'one stop shop' for students from Years 6 to 12/13 by providing a safe space to meet, hang out, and access a broad range of information which supports health and wellbeing, as well as access to school support staff and to specialist health services. SHine SA and various other health services and initiatives are providing a range of confidential services from this school-based service.

In conclusion, the Northern Team is looking forward to further strengthening partnerships and opportunities over the next 12 months and beyond within the ever changing community in which we work.

Sue

Family Fun Day

SHine SA was invited to have a stall at a Family Fun Day to be held at the Elizabeth Soundshell. The day was designed for families with children with a disability, to bring together agencies and a range of activities.

Juliet, student Kirsty and myself went along to promote SHine SA's work with disability and sexual health. Given it was directed at families, we took activities to do: Kirsty developed some origami skills and assisted many children make cats and dogs out of coloured sheets of paper, Juliet arranged beading so we could help children make bracelets, and we also took some tea candles and paints so the children could paint them and take them home.

It was a very successful day. Many families came through and accessed the range of services present, although we refrained from having our brochures on the table as most of our visitors were young children. We still had opportunities to network with other agencies and I gave a few cards out and had a few call-backs in the weeks following.

Abby

Kadina to Yorketown and all the way back again!!

A request to provide a session to young people identified as 'at risk' in the Mid North region provided a valuable lesson on the need to pay attention to detail.

The drive to Kadina from Davoren Park is an easy one and we arrived with half an hour to spare in which to find the TAFE building and area that we would be presenting in and to set up the resources. Presenting at the front desk of TAFE, it was discovered that they had no knowledge of a booking for us, or did not know the contact person through whom the request had been made.

It was pretty confusing and the emails we carried 'confirmed' Kadina as the right destination. Eventually, after many phone calls by helpful TAFE staff, it was discovered that the program was meant to be delivered at the Yorketown TAFE, about two hours away!! A quick scan through the emails did reveal a mention of Yorketown; however, as all had an automatic signature with the address Kadina, being the base office, Kadina was firmly stuck in our heads as the right destination. So, not being the type to be put off by the tyranny of distance, and with the understanding that we would be 'a bit late', we took to the highway and headed off to Yorketown.

The group and worker had rearranged their program so we were still able to present the requested information and resources with the young people, increasing their understanding of relationships and sexual health, including healthy respectful relationships, contraception and protection against STIs and pregnancy.

So the lesson learnt was – pay attention to detail, it saves time and effort.

Abby



Launch of Woodville GP Plus, 3 October 2007

Disability work in the North

Work with clients and workers from the disability sector continued in earnest in the north with all members of the Northern Team participating in internally organised professional education to improve skills and knowledge to work with people with disabilities around relationships and sexual health issues.

A number of clients were seen on either a one-to-one basis for educational sessions, through the clinics or in groups. For a number of referrals it was felt to be more beneficial for the client to train the workers to work with the clients directly. They are often in a position to support and reinforce educational messages in an ongoing and timely fashion.

Some programs included: supporting younger students with disabilities who were getting ready for High School transition; the Paralowie Young Mums Disability Group; and a new connection was made with Playford Council who also run a group for parents in the area.

Although more limited, rural areas were supported with a trip to Port Pirie to run a one-day workshop with Job Net participants, giving Jodie and Jeff (teaching puppets) a country 'airing'. A visit to The Station at Wallaroo to help facilitate a planning session on developing guidelines for participants of this great centre was followed up with a session for women only around issues of assertive communication, staying safe and sexual health. This service has a great band of workers who are mainly volunteers and cook great lunches!

Juliet & Sandra



Participants of the PND group

Post Natal Depression Group

Over the past year I have been invited to Seaton Central to talk with a group of women who have post natal depression. We talk about sex after having a baby, contraception and the services that SHine SA can offer them.

It is a diverse group with women of different cultures, ages, and socio-economic backgrounds. The group allows the women to get together for a break/lunch once a week, with a free crèche, to chat about different issues and topics. Each week has a different topic and guest speakers talk with the women about the community services available to them.

I also learnt a lot by attending, especially in relation to the perceptions about roles within the family unit and what this means when becoming a new mother. I hope that the participants also learnt about the rights that they have as women and mothers to access quality healthcare and feel confident and supported in doing so.

I'm happy that I could be a part of this program that has become a positive initiative in helping women going through post natal depression.

Kellie

Information and education about relationships and sexual health are fundamental to healthy relationships, and to preventing a range of negative outcomes including pregnancy at an early age, sexual violence, child abuse, psychological distress, sexually transmitted infections (STIs) and infertility.

SHine SA Fact Sheet 6
Sexual knowledge and behaviours

Dan (Y@) Rob (Y@ worker), Sue and Luke (Youth Consultant) at the launch of Woodville GP Plus, 3 October 2007



Community education

Portfolio committees

Aboriginal & Torres Strait Islander

The Aboriginal & Torres Strait Islander (ATSI) Portfolio Group includes all of SHine SA's Aboriginal staff members, as well as representatives from each of our teams including the management team. The group is a great support place for sharing experiences of work and issues involving the Aboriginal community in each of the regions and teams, as well as for planning wider strategies for working in partnership with Aboriginal people and for developing appropriate resources, programs and services. Highlights for the group this year were the Apology to the Stolen Generations by the Prime Minister in February, and the Oxfam Close The Gap campaign, both of which highlighted serious issues for Aboriginal health in this country and the need for urgent action.

In addition, the group was involved in the following initiatives during this past year:

- reviewing and updating the organisation's ATSI Policy
- reviewing and modifying SHine SA's policy on Acknowledgment of Aboriginal Country for meetings and gatherings
- considering feedback and actions emerging from our all-of-staff Aboriginal Cultural Awareness training that took place between late 2007 and mid 2008
- participating in events for Reconciliation Week and NAIDOC
- encouraging ongoing Aboriginal cultural awareness events at the team level
- working on developing an Aboriginal Health Impact Statement process for SHine SA's planning of services and programs.

Ros and Frances were invited to present at the 2nd annual national Improving Aboriginal & Torres Strait Islander Health conference on 26–27 February in Sydney and Frances was asked to present at the Indigenous Health Summit on 25–27 June in Melbourne.

Anne

SHine SA staff and the community participating in the Pride March 2007



Culturally & linguistically diverse

SHine SA has continued its incredible involvement with people from a diverse range of cultures. For example, we have worked with Sudanese, Liberian, Congolese, Sierra Leone, Burundi, Iraqi, Dari and Iranian people as well as people from many other countries.

We have covered many varied tasks. We immersed ourselves in workshops, conferences and special days:

- cross-cultural workshop
- African Family Conference with networks/agencies
- Shaping the Future conference (Stephanie and Jacqueline will attend the conference in September for networking and to promote SHine SA in Mt Gambier)
- Primary Health Care Multicultural Health Day

And made connections in the South Australian community:

- representative on the South Refugee Network
- Fleurieu Multicultural Network
- African women in the south

And ran programs:

- holistic programs at Woodville High and Thebarton Senior College with CALD students
- working with African mums groups at Bowden and Ingle Farm
- Afghani women's group visiting SHine SA and multicultural women's group
- UniSA international students
- Vietnamese young mums group on sexual health issues at the Vietnamese Association
- peer educators from the Cambodian community

This financial year saw a 25% increase in funding for using interpreters and our program to translate SHine SA pamphlets into community languages has progressed with funding approved for translating the pamphlets *Sexually transmitted infections* and *Choices*

in *contraception* into French, Swahili and Dari.

Our year finished off with a fantastic event, the Multicultural Open Day at Woodville. This was a wonderful way of introducing newly arrived immigrants to the services offered by SHine SA. The tours of the site and information about our services assisted everyone to better understand what services were offered. The event was also highlighted with performances on drums and belly dancing which included audience participation.

Paul

Disability

The Disability Portfolio Group is made up of a member from each of SHine SA's teams, as well as the Disability Worker Education Coordinator and a management representative. This group provides a forum to exchange and reflect on experiences with the disability work that is being done across the teams, as well as to carry out planning for disability work across the organisation and to strategise for the development of sexual health resources for clients with a disability.

This group is particularly active and has achieved a great deal in the past year. The following are some examples:

- New intake assessment forms were developed and piloted for responding to requests for one-to-one disability education sessions by clients.
- There was a statewide distribution of SHine SA's new *Friendships and dating* booklet.
- Portfolio Group members provided a SHine SA stall at the annual Disability Expo held in the spring, an excellent opportunity for networking and for educating the disability community about our resources, as well as distributing these resources.
- A Procedure Manual, *Working with people with disabilities*, was finalised, providing a resource for SHine SA workers. Our staff provide clinical and counselling services as well as one-to-one and group education for people with disabilities. The manual has been designed to support staff in this work, offering best practice guidelines together with suggestions and scenarios.
- Planning was completed for offering all SHine SA staff disability inservice training, in order to support more SHine SA staff to work effectively with clients with a disability. This training commenced in June 2008 and will span several months to enable all workers to attend. Workshops have been organised dealing with autism, acquired brain injury, intellectual disability and mental health, as well as a broad introduction to disability awareness.
- Planning and organisation took place for the Disability Fun Day held during Sexual Health Awareness Week.
- Work has been ongoing on finalising a new resource for Special Education teachers, parents and carers of children and young people with a disability.

Anne



Agi, Y@ at the launch of Woodville GP Plus, 3 October 2007

Gay, Lesbian, Bisexual, Transgender, Intersex, Queer, Same-Sex Attracted

Once again the GLBTIQS Portfolio Group has had a busy year!!! We kicked it off with further developing our proposal to produce an educational resource for organisations and schools. Having spent some time connecting with the GLBTIQS communities we had a good idea about the unmet need in this area of resource development. Feedback suggested that a resource focusing on young people, parents and workers would be a useful tool in educating and promoting 'diversity'. Any tool would also need to be accompanied by a training or information session on its use.

After much deliberation SHine SA is in the process of contracting a film maker and writer to produce initially one but potentially a series of DVDs featuring 6–10 digital stories on each. Each DVD will have a facilitator workbook attached. At this stage topics may include:

- What it means to be an ally (in school, workplace, family)
- Challenging heterosexism
- Queer positive
- Parents with queer children
- Specific stories across SHine SA's communities of interest

In addition to this work the Portfolio Group participated in both the IDAHO event and FEAST festival. This year the group has decided to sponsor the 'Like It Is' activity to be conducted during the FEAST celebrations.

The group continues to advocate on behalf of and promote diversity in all its work. We have now included a 'Queer Corner' section in the SHine SA biannual newsletter (thanks to Lauren Riggs, Port Adelaide Primary Health Care Centre) and increased the amount of resources available to individuals through the Library & Resource Centre. New publications/resources include:

- *Butterfly stories, Not waving, drowning* (DVD)
- *Drama down under* (promotional materials)

- *5 tables for 5: conversations around queer ageing* (DVD)
- *The family room: stories of parents of same-sex attracted young people* (CD)
- *Gay sex, gay health: all you need to know about gay sex and sexual health* (book)
- *Out late: a guide for older men coming out* (book)
- *Same sex relationships and the law* (book)

Lucy

Regional, Rural and Remote

2007–08 saw the end of an active year for the Regional, Rural and Remote (RRR) Portfolio Group. A group of keen new members joined the portfolio and tackled some projects that help SHine SA connect to communities out of the Adelaide metropolitan area.

We posted out letters with information on SHine SA services to our contacts in rural communities and sent information to teachers in rural areas in South Australia.

SHine SA continues to be involved in programs across the state. This includes bringing on board schools in the Focus Schools Program and running workshops or groups such as one for people who were sexually abused as children.

People from rural areas also attended training courses run by SHine SA. This includes many of the courses at Woodville such as Pregnancy Choices, Nurse and Midwife courses, ATSI worker courses, teacher training and the SE&X course for youth workers.

The Portfolio Group has made connections with the Rural and Remote Health Promotion Facilitators Meeting. This group coordinates health promotion across the state and therefore will be able to advise SHine SA on the best way to make contact with these communities.

Our contact with Bfriend helped us to find out about the great work they are doing. Along with this the continued relationship with the SAPOL Gay & Lesbian Liaison Officers helps to acknowledge the particular issues that people who are same-sex attracted have in rural areas.

Y@ members creating a display for SHAW 2008



Individual requests from RRR communities include assisting with health promotion, providing information or training, supporting workers or supporting people with disabilities.

The SHine SA services we are keen to promote in rural areas are:

- Sexual Healthline (confidential advice over the phone)
- Library & Resource Centre (e.g. books can be mailed out, electronic access to journal articles)
- professional education courses (to train and support workers)
- SHine SA website
- special events (e.g. Sexual Health Awareness Week)
- telephone counselling
- teacher and nurse networks

Paul

Lucy, Naomi, Michel and Emma at the 2008 Sexual Health Awareness Week campaign launch held at the Northern Sound System



STI infection rates for Aboriginal people are 5 to 10 times higher than for non-Aboriginal people. There are considerably higher levels of Chlamydia, gonococcal infection and syphilis.

SHine SA Fact Sheet 12

Sexual health and wellbeing of Aboriginal people and communities



Southern Primary Health Care Team

Southern Team manager's report

The Southern Primary Health Care Team, with its office in Woodcroft and clinics at Noarlunga Health Village and Flinders Medical Centre (FMC), continues to provide a broad range of clinical, counselling, community development and school support services across the southern region of Adelaide. I'm writing as the new manager of this team, following Rae Birch's retirement in November 2007 after more than 23 years of work with SHine SA. Rae left some very stylish, high heeled boots to fill. . . .

The members of this team have worked together for many years and have long-established relationships with services and networks in the southern region and the south and north-east of the state. This enviable situation enables effective partnerships and programs with other agencies and means that a relatively small group of people is able to have a big impact on providing sexual health services and support to the community.

Unfortunately, our team's long-standing Administrative Support Worker, Janina, has had to leave us due to ill health. We have been joined by Shuna, who has come to help us out. Annie has been devoting energy and attention to her Clinical Leadership Program, on top of her other duties. We have been able to support two students

who are completing their Certificate 4 in Youth Work, Tui and Di, who brought contagious enthusiasm to their placements with us. Our team has been involved with Schoolies, Feast and the Pride March, and IDAHO. Our active Youth Advisory Team planned another successful Youth Week event.

Cheryl, our Schools Coordinator, works with sixteen schools in the region which are engaged in the Focus Schools Program, and another soon to join. Our Community Health Workers are very active in work with students in alternative education pathways, often together with partner agencies such as The Second Story and Mission Australia. We have experienced a significant increase in demand for clinical services, with very busy clinics at Noarlunga and FMC. We have begun a successful collocation with the Aboriginal Family Clinic at Noarlunga and clinic staff have put a great deal of time into the refurbishment involved in that project.

As the new manager, I've been settling in and building links with a range of partner services in the south. A significant focus for our next year will be engaging with the GP Plus Strategy for the Southern Adelaide Health region.



Naomi, Bianca, Lud and Craig representing SHine SA at the Pride March 2007

My space, your space, youth space:

Youth participation at the 7th National Men's Health Conference

This project engaged six peer educators from youth programs at SHine SA and The Second Story Youth Health Service. The aim was to deliver a presentation about the conference from a youth perspective. Before the conference we attended three half-day training sessions in which we discussed health jargon, common men's health issues, presentation options and interview skills. We brainstormed interview questions in preparation for the conference.

We recorded video footage and took photos of the conference from a 'behind the scenes' perspective. Discussions with delegates were compiled and a video of our experiences were produced. This video was distributed with the conference program evaluation and was presented at the end of the conference.

This was the first time that young people had participated in the conference in this way. We felt our presence was very welcomed and appreciated by everyone we met. We have a strong feeling that youth participation will be used in the upcoming years at health conferences like these. We learnt a lot from our experience and hope that there will be more young people looking to be involved in the future.

Anthony & Nick

Swallowcliffe Community Campus Partnership

The year 2007–08 has been somewhat frustrating for the agencies who make up the Swallowcliffe Community Campus Partnership. The group of managers from Swallowcliffe Primary School, Northern Area Community and Youth Services, Playford Community Health Centre, Para West Adult Campus, UniSA and SHine SA has developed a vision for the campus and how the agencies can work together to improve access for families to the services in the area. A strategic plan has been formed and a number of procedures to support and facilitate access developed. Funding has been sought from a number of quarters for a coordinator to help shape the process. This has been unsuccessful but recently we have been asked to be involved in the Communities for Families–Playford North initiative which is targeting the Peachey Belt area. The partnership is supportive of this project and feels this may support its own initiative of developing collaborative agency practices.

Sue



Rae, Lyn and Annie at the launch of Woodville GP Plus, 3 October 2007



Kim and Rob at the launch of Woodville GP Plus, 3 October 2007

East/West Team manager's report

The past 12 months has see the East/West Team consolidate its services. After the hectic pace of change in moves from Kensington and then from the Bower Street Cottage it has been great to apply our skills to getting our services right at Woodville.

The clinic sessions running every week at Gilles Plains and Woodville have been very popular and show the community need for these services. Add to that the multitude of community programs run and we start to get a feel of what an impact this team is having on the local community. The Clean Needle Program has also been running well.

There have been a few staff changes. I started as the new manager, Kellie commenced as a clinic nurse and Mel took on the role of Regional Schools Coordinator. There has been a lot to do, with many programs and activities happening. It never stays the same so we are always looking at what initiatives can be developed and what impact that will have on the communities of interest.

I continue to be amazed by the depth of work carried out by the East/West Team. Staff are dedicated to assisting the communities of interest to not only access clinical services but to prevent some issues from occurring at all.

One way to do this is to help other workers to improve their skills. We have done this by running or assisting with

East/West Primary Health Care Team

workshops such as Pregnancy Choices, Cross Cultural and Sexuality Workshop and the Men's Health Conference. We were also able to assist Underdale High School to run a Relationships and Sexual Health Day for Year 8s and run a Lifeskills program at Thebarton Senior College.

As well as workshops that we were able to run for others our staff attend various training programs throughout the year. Aboriginal Cultural Awareness Training and Mandatory Reporting Notification were essential training for staff to assist us in our role in the community.

The Youth Advisory Team continues to be a powerful force and we were excited to send Skye to India to represent Sexual Health and Family Planning Australia as a Youth Delegate at the Asia Pacific Conference on Reproductive and Sexual Health.

Sexual Health Awareness Week was as big as ever and everyone got in there and did their bit. We look forward to this event each year.

Throughout the year we maintained our relationships with other organisations and groups such as the Western Workers with Youth Network, African Women's Federation, Queen Elizabeth Hospital, Adelaide Western GP Network, City Councils, Pregnancy Advisory Centre, gp Solutions and Central Northern Adelaide Health Service.



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Mental health outcomes for adults that are directly related to childhood experiences of sexual abuse include borderline personality disorder, eating disorders, multiple personality disorder, somatisation disorder, alcohol and/or substance abuse, and numerous interpersonal problems and maladjusted behaviours.

SHine SA Fact Sheet 10
Sexual violence

IDAHO in the West

In the west, SHine SA celebrated and supported IDAHO (International Day Against Homophobia) by participating in a health promotion event in the normally sunny seaside village of Semaphore (in reality is was a chilly 10 degrees and blowing a freezing south-westerly that day). SHine SA worked in partnership with SAPOL's Gay & Lesbian Liaison Officers (GLLOs), members of The Second Story's Inside Out and Evolve projects, and a worker from the Service to Youth Council.

A colourful health promotion display, resplendent with Rainbow cakes, was set up near the local supermarket facing the beachfront, offering information to the community about services available to same-sex attracted people living in the west. The GLLOs were an attraction and a conversation point, standing in their uniforms. Many community people inquired as to what IDAHO was about and were vocal in support, or otherwise, of the initiative. More work needs to be done to increase awareness of the celebratory aspect of the day and to challenge homophobia which still exists in our wider community.

Rob & Mel



Agatha (right) with community health workers at the Disability Fun Day held during the 2008 SHAW campaign at Woodville

Less than one-third of exclusively heterosexually active men and women in Australia always use condoms. They use condoms more to prevent pregnancy than to guard against STIs.

SHine SA Fact Sheet 9
Sexually transmitted infections (STIs)

Community education

Clare Women CSA

SHine SA (North) was approached to present a session on relationships and intimacy after child sexual abuse (CSA) to a group who identified as CSA survivors in Clare. Given my background has included CSA counselling, and intimacy is an issue often discussed during sexual health counselling, I followed this request up and negotiated with the group facilitator to attend in November 07. At the time I was supervising a student, Kirsty, who was very keen to co-facilitate. Kirsty had mentioned she was very interested in this topic and researched for information on the internet and collated the information we were to present. This must have had a profound impact on Kirsty, as she is now writing her honours thesis on women and desire. Perhaps there will be some interesting findings that she can feed back to SHine SA!!

Kirsty organised an activity asking the group participants what intimacy meant to them, given most people associate intimacy with sexual activity rather than emotions, friendships, companions, family members, etc. This provided an excellent opportunity to open up the discussion to how intimacy plays a part in many areas of life. The idea was to assist the participants to diffuse the focus of intimacy on sex and attend to intimacy in many different walks of life, including a range of relationships. The general idea was that if the pressure around sexual intimacy was reduced there might be more cognitive/psychological room to consider what role it does, and can, play in romantic/personal relationships outside of the effects of CSA.

Discussion was lively and interesting as stories were shared about relationships, closeness, struggles, triumphs and developing new ways of seeing things. The group struck me as very close and, funnily enough, very intimate. It was clear that the women had developed close bonds with each other, perhaps not only through experiences of CSA, but through attending the group and sharing of themselves and supporting others.

A few months later, the facilitator once again contacted me about presenting to a group of women who identified

as domestic violence survivors and again I agreed. Unfortunately, Kirsty had completed her placement, so I organised this presentation and session on my own. I travelled to Clare in early June; the country looked different from November, the vines were now either bare or just hanging on to yellowed leaves and paddocks were a shade of green.

Once again, the group was close knit and shared an intimacy that was lovely to witness. One of the participants arrived about half an hour late, and while this was acceptable (when you are a single parent with children), prior to her arrival a few phone calls had been made to see that she was OK.

My session was based around healthy relationship practice, how to recognise actions and behaviours early enough in a relationship to make good decisions and choices. These women were well clued in and much of the discussion was based around what they identified as unacceptable given their experiences. One woman was still experiencing domestic violence issues two years after leaving the relationship and moving interstate. Many facets of domestic violence were covered and the topics I discussed engaged the participants in much conversation. There was much laughing, support of each other and even a few tears, which is often expected in these kinds of groups. Again, I left the group feeling uplifted.

I have been asked if I would be willing to return again, probably in November, to talk to the next CSA women's group, so this could be an ongoing thing! I have also had some contact with some of the women attending these groups for further information or to have more private or lengthy conversations around some of the issues they are facing in their lives. I consider this the best form of feedback, that they use the SHine SA service as another resource in their lives, even though they cannot always get to a SHine SA site. I look forward to the ongoing relationship with group participants and hopefully other professionals in the area.

Snapshots from the Disability Fun Day held during the 2008 SHAW campaign at Woodville



IDAHO in the North

Friday is usually a busy afternoon clinic here in the North, so it was perfect that the work day that fell before Saturday 17 May (International Day Against Homophobia – IDAHO) was a Friday. A 'rainbow' afternoon tea was organised for staff and clients which consisted of chocolate chip mini muffins covered (or should I say smothered) in white vanilla flavoured Betty Crocker icing (purchased on the advice of team members Laura and Kathy) and showered in rainbow sprinkles – mmm, so yummy. A rainbow coloured fruit platter finished off the afternoon tea with a healthy choice for all. The waiting area and office displayed IDAHO posters and all clients in the waiting room were engaged in conversation which informed them why we were celebrating the day. Staff from the Playford Community Health Centre joined us and took some posters to display at their site. Next year our aim is to invite all staff from around the Peachey belt, and again hold it during clinic time.

Naomi

Rebecca and Barbara at the launch of Woodville GP Plus, 3 October 2007



Community education

Student placement in the North

I am a student studying the Certificate IV in Youth Work at Regency TAFE SA. Part of my course was a 120 hour work placement with an agency of my choice. I chose SHine SA because I have a great interest in the area of sexual health education and wanted to gain more experience. I was teamed up with Naomi, a community health care worker from the north, and was able to attend and assist in her work. We went out to schools to present STI and contraception workshops, participated in outreach programs, attended meetings, participated in training courses (such as the SE&X course and Working Effectively with CALD Clients), and had some great fun. I have experienced so much and believe that I have grown as a person and a potential worker in the industry.

My student placement with SHine SA was all that I expected and more. The staff were all really supportive and helped me along the way. I have enjoyed every moment of my time here and wish it was longer. Overall it has been a great experience which I will never forget.

Tyson

Rape and sexual assault—two of the most traumatic events in anyone's life—are probably reported less than any other crime.

SHine SA Fact Sheet 10
Sexual violence

Informal client contacts

11 381 informal clients were provided services during 2007–08. The top ten reasons for the informal client contact were:

Sexual health	90.76%
Contraception issue	2.51%
Sexuality/gender issue	1.53%
Pregnancy issue	0.64%
Sexual relationship issue	0.57%
Sexuality issue—other	0.30%
Sexually transmitted infections	0.29%
Respiratory issue	0.27%
Erectile difficulties	0.20%
Physical health issues	0.20%

Bonnie, Desmond and Abby at the launch of Woodville GP Plus, 3 October 2007



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Vince, Jacqueline and Vikki at the launch of Woodville GP Plus, 3 October 2007

Working with CALD communities in the East/West

We have been busy running a number of sexual health programs with various CALD community groups. These were sometimes initiated from requests by community workers and, at other times, by the SHine SA multicultural community health worker. As an example, we have worked with the Chinese Overseas Association in providing information about the importance of women's health check-ups. The participants discussed breast examination, Pap smears and common STIs for women. Lunch was then provided. The participants thoroughly enjoyed the session and there was much interaction with lots of questions asked and answers given. The bi-cultural worker from the Chinese Association assisted with interpreting the information.

We were invited by English Language Services (ELS) at the Adelaide TAFE to participate in an information expo. We took the opportunity to promote SHine SA's services and provide information to attendees. We were also able to arrange appointments at SHine SA clinics for students who are learning English and are experiencing settlement issues. Participants numbered about 500 and came from many parts of the world such as Africa, the Middle East, Eastern Europe, Asia and Latin America. We had many questions regarding our services, clinic locations and health check-ups. We will continue working in collaboration with the ELS at TAFE during the year.

Another initiative that we have become involved in has been working with the African Federation through a grant from the SA Cervix Screening Program. We work with newly arrived women from Sierra Leone, Congo, Liberia and Burundi. The sessions were run to inform participants about the importance of women's check-ups such as breast examination and Pap smears and to highlight SHine SA services. One session was run on a Saturday afternoon at the Australian Refugee Association

and the other, mainly for Liberian women, was run at a participant's home as they usually meet there once a month. This highlights the importance for us to facilitate sessions where women from these communities feel safe and comfortable – generally in their own environment. The sessions involved about 30 participants, some very newly arrived. They gained much knowledge on sexual health, prevention and how the health system works in Australia.

We have also been working with Middle Eastern young mums and mothers from Iraq and Afghanistan, to

Sexual health for newly arrived CALD people often is not an immediate priority and may be a taboo subject.

SHine SA Fact Sheet 16
Sexual health of people from culturally and linguistically diverse (CALD) backgrounds

increase their awareness of sexual health issues such as women's health check-ups, contraception, STIs and SHine SA services. We have identified that this group of young women and mothers has been experiencing isolation, language barriers and settlement issues. We feel that it is important to work

in close collaboration with bi-cultural workers who work with these women to break down their isolation, increase their self-esteem and enhance their confidence to access, with the assistance of interpreters, women's health services.

Networking with workers who work with CALD clients has been one of our key priorities as it enables understanding and identification of the needs of newly arrived communities and promotes the programs that are available to them. We have built relationships with the Multicultural Youth networks and we continue to work closely and collaboratively with many agencies which also share our vision to provide better and more informed services to CALD communities. This will ultimately develop greater confidence for people within these communities to access our services and those of other health-related agencies and improve their overall health and wellbeing.

Jacqueline



Workforce Development & Resources Team

In the engine room

For some time now there has been growing evidence that this state faces a skills shortage in the community services and health sectors. This sector is one of the fastest growing industries nationally and has typically consisted of contract and part-time workers, predominately women, earning low wages. Even more than before there has been a concerted effort to link training to productivity, the need to become more flexible and responsive, together with improved collaboration between government and non-government organisations. The Workforce Development & Resources Team (WDAR) has worked particularly hard this year in consolidating its training across the state, improving access to training, developing a diverse range of training services and products, while building a training culture based on social inclusion and responsibility.

Consolidation

In September 2007 SHine SA was successful in renewing its registration as a Registered Training Organisation (RTO) for an additional five years. WDAR received extremely positive feedback from the auditing team and has since instigated a number of initiatives to improve services to the community. One of these has been the implementation of a new database which allows better tracking of student progress and record keeping.

Improving access to training

As part of its work with schools, WDAR has invested significant resources in increasing access to training, particularly for primary schools, disability units and schools with high Aboriginal student populations. We continue to make connections with teachers requiring specialist support in the area of sexual health and relationships education.

We have also committed resources to adapting the SE&X accredited training course into an online version.

This is currently being trialled and, if successful, will be a launching pad for courses at SHine SA being offered in an e-learning format.

Developing training services and products

All course coordinators have spent time reviewing their course content, delivery and assessment methods. The outcomes have been a greater range of materials and streamlined assessment processes available to participants. It is essential that we continue to upgrade our training services so that we are able to offer participants various opportunities to engage in workforce development without compromising quality and better client outcomes.

Another key function of the WDAR Team is the work it does in developing products used for training. This year major projects have included the production of Aboriginal STI Cards, the re-write of the *Talk it like it is* and *Tell it like it is* resources, the purchase of two new anatomically correct puppets (used predominately in training for disability workers), and the re-design of the SHine SA website.

Social inclusion and responsibility

As the skill shortages in the sector increase so do the demands on training organisations to become more efficient, productive and business-like in nature. To some extent these pressures have contributed to the community services and health sectors focusing on workforce development as it relates purely to the management of chronic disease. It is true that the need for trained and competent health professionals is a major concern for the industry as the ageing population in South Australia continues to grow. Equally important, however, is that SHine SA defines its training and education in terms of its social responsibility to the community. This includes contributing in various ways to developing social inclusion and a just society.

For these reasons the WDAR Team has worked on many projects over the past 12 months which have involved advocacy on a national level. These include:

- advancing the discourse on the use of pornography and its impact on sexual health and wellbeing
- submissions to several national advisory committees working on such issues as the sexualisation of children in the media, the prevention of rape and sexual assault, and Indigenous sexual health
- the HIV/AIDS prevention project in the Solomon Islands (a collaborative initiative with World Vision Australia)

Collaboration with the sector

I continue to represent SHine SA in a number of external forums which inform the work of WDAR. These include participation in the Sexual Health & Family Planning Australia educators forum and representation on the SA Women's Services Network. By far, however, most input this year has been in the coordination of the Addressing Violence Alliance (AVA) inaugural conference.

The conference, titled 'It's time: creating a future free from violence – men's responsibilities', will be held on Friday 22 August at Relationships Australia. This conference is an example of SHine SA's commitment to working in collaboration with agencies regarding social justice issues.

In closing, I'd like to thank the many organisations and individuals that support us in our work. Without such passion and commitment we would not be able to improve and diversify as a training unit. WDAR will continue to strengthen partnerships and collaborate within the sector so that sexual health and wellbeing is seen as a priority in all forms of service delivery. We will continue to increase the capacity of the workforce to respond to those with the greatest needs.

Lucy

The courses we offer

SHine SA offers the following courses for health workers:

- Sexual and reproductive health education for **doctors**
- Sexual health education for **nurses and midwives**
- Workforce development for **disability and mental health workers**
- Relationships and sexual health education course for **teachers**
- Sexual health course for **Youth and Community Workers**
- Women's sexual health course for **Aboriginal and Torres Strait Islander health workers**
- Men's sexual health care: an accredited course for **Aboriginal and Torres Strait Islander health workers**

For further information please contact:

Course Administrator
telephone (08) 8300 5317
SA country callers 1800 188 171
email SHineSACourses@health.sa.gov.au
website www.shinesa.org.au



ATSI women's education

The 2007 accredited course for ATSI women was held in September. Ten women attended from metropolitan, rural and remote areas. To date, four of the ten participants have received their Statement of Attainment.

Neil (ATSI Men's Course coordinator) and I travelled to a rural area to promote and consult about the upcoming course. Feedback received showed that workers would like to explore the impact that drugs and alcohol have on sexual and reproductive health. We will therefore include a session on this topic in the upcoming courses.

Two women's courses were planned for 2008. The first was scheduled for May/June but unfortunately was cancelled due to coinciding with Reconciliation Week. The second course will be held in October.

Why we work with workers...

SHine SA recognises the importance of developing the knowledge, skills and confidence of professional groups around sexual health so they have the capacity to provide good, quality services and programs in their local community.



Participants of the six-day Sexuality, Exploration & Xpression Course

Youth worker education

The six-day SE&X (Sexuality, Exploration & Xpression) Course has been run four times since our last annual report. We have had over 40 participants from a range of organisations, including peer educators, youth workers, community health workers, managers and counsellors. The course has been run for the first time in the new SHine SA Woodville premises.

While the course has maintained its general structure and content since its pilot in 2004 there have been some small changes. The course is now almost always co-presented by Lud and Frances. This gives a unique and deliberate opportunity to approach all issues from a male and female perspective and from an Aboriginal and a western person's perspective – a direct modelling of reconciliation.

Probably the biggest change over time has been the direction toward self-reflection in the course. More and more often participants are being asked "What part do I play in the current culture of sexual health and relationships; what can I do to change the things that I don't agree with in this current culture; and how does this affect the clients that I work with?" As a response to this approach we have had many meaningful and insightful conversations within the group structure of the course. Sometimes these conversations are challenging, sometimes they are heated or hilarious, but always they are rewarding and insightful.

We hope to continue these conversations long into the future.

Participants of the six-day Sexuality, Exploration & Xpression Course



Ros

In addition the SE&X course has been targeted to pilot a fully online version. This means live online classrooms, participation in online forums and everything in between. The pilot will commence in August of 2008 with participants logging in from Ceduna on the West Coast to Mount Gambier in the South-East. Stay tuned for further updates by following the SE&X network blog (www.youthnetwork-lud.blogspot.com).



Course participants' impressions of body images at the SE&X Course

The SE&X network blog is going strong with approximately 400 hits per month. The blog is a way for all people in the SE&X network (over 120 members) to maintain current awareness of issues that affect young people and their sexual health. In the past six months the blog has welcomed two new contributors:

Kelly, a Community Health Nurse from the SHine SA East/West team; and Chris, a Youth Worker from Streaky Bay. While the blog covers many topics and has people logging in from all around the globe the following issues keep coming up:

- pornography
- sexualisation of young girls in the media
- female genital surgery
- body image

Over the next 12 months stay tuned to the network blog to learn about these topics in detail as we invite expert health professionals to make comment on these and other specific issues.

In addition SHine SA continues to offer one-day Youth Worker education workshops to a range of organisations on request.

Lud

Pap smear training

SHine SA's Workforce Development & Resources Team, in conjunction with Cervix Screening SA, has been running a Pap Smear Provider's (PSP) Course for a few years now. The course aims to develop competency in performing cervical smears which detect any abnormal changes in cervical cells, enabling early treatment and prevention of cancer of the cervix.

Several nurses working in General Practices have been through the one-day theory course as well as the clinical training, which usually consists of two or three clinics at various SHine SA clinic sites. Although basic competency is obtained at the end of the training provided by SHine SA, these nurses face the challenges of putting the learning into practice in their work environment.

Cheryl is a Practice Nurse who did the Pap smear training at SHine SA in 2007 and did her practical training at Noarlunga clinic in the SHine SA Southern Team. Cheryl has been working as a Practice Nurse at Wellbeing Mc Laren Vale (a GP practice with one part-time female doctor and two male general practitioners) since February 2007. Practice Nurses have to integrate doing cervical screening alongside a multitude of other activities, so the application of these new skills can be quite challenging. Since doing the PSP course, Cheryl has performed about 60 Pap smears for the practice's clients, initially doing the smears when the female doctor was working, in case she needed assistance. Some of the early skills to master included accurately locating the cervix and obtaining appropriate cervical cells in certain challenging situations.



Cheryl, Practice Nurse at the Wellbeing McLaren Vale practice

Cheryl works in a very supportive team environment and is promoted as a Pap smear provider by the practice. This training has increased her scope of practice and has improved access to cervical screening for clients who would prefer a female Pap smear provider, including some younger clients of the male doctors. Results of the tests are all computerised so Cheryl checks up her clients' results. She notifies clients of normal results and follows up abnormal results with the doctors.

Cheryl has said that she enjoyed the PSP course and was very impressed by the 'gynaecological training assistants'

— women who train the health care providers to perform Pap smears and do examinations on them, step by step, with SHine SA trainers — because they have 'so much insight into their own bodies'. She found that part of the training particularly insightful and helpful when later performing smears on her clients.

Being involved with the education and training of Practice Nurses is a rewarding experience for SHine SA Community Health Nurses as well and is a satisfying way to contribute to increased access to cervical screening in the community.

Stephanie

Disability sector staff development

Last year an increase in the number of workshops on Sexuality and Human Relations for disability workers in South Australia increased and it has increased further over the past 12 months. Requests for tailored training have also increased slightly. There appears to be a growing awareness that this area of client welfare and life skills needs support.

Paradoxically, the Disability And Sexual Health (DASH) Course — which focuses on up-skilling disability workers to integrate sexuality and relationship education and advocacy into their work — has been run only once in the financial year, and only once in 2008, due to increased other demands and lower enrolment rates. The course has been reduced from six to five days and is run across a six-week period to accommodate the needs of busy workers. However, it is clear that there is a need for improved publicity and networking across the state to help generate enthusiasm and awareness of this strategic opportunity.

A roadshow visit to Disability SA offices in Port Augusta, Port Pirie and Whyalla highlighted the need for SHine SA to be increasing its collaborative action in rural areas, particularly in supporting workers to find creative and ethical strategies in working with challenging behaviours of clients in environments of even greater social isolation than experienced in the metropolitan area.

During training sessions, disability workers at all levels of the system indicate great concern for the sexual and relationship rights of people with a disability, but also report struggles and failures in advancing these rights within the scope of their services. This often relates to lack of financial resources to support the work or staff with often heavy caseloads not being able to follow up. Difficulties also relate to lack of clear policy guidelines within agencies — it is clear that Disability Services SA could take some leadership in this area for the benefit of the sector. Other workers encounter resistance in creating change where families and carers may believe that the care needs of their disabled charges are simplified if the sexual health learning and expression is suppressed. Unfortunately, this situation can also contribute to sexual vulnerability of some disabled people and so the discussions often focus on how to help chart through this territory while maintaining morale.

In 2007, SHine SA identified that it needed to invest significant time and resources to upgrading the skills and confidence of its own staff to better respond to the needs of people with a disability and their families, as well as people working in the disability sector. Some staff with long experience had moved on and there was a need for some internal workforce development. Therefore some activities such as disability sector forums on sexuality

issues have been put on hold in 2008 so that SHine SA staff can participate in a series of in-service workshops. Facilitators from Community Living Project, Flinders University, Autism SA, Mental Health Coalition, Disability SA and others within SHine SA have been engaged to run these workshops.

The sexuality and disability newsletter Against the Grain will continue to be produced occasionally and readers can subscribe by sending their name and email address to ralph.brew@health.sa.gov.au

Ralph

Aboriginal teenagers have significantly more medical conditions than non-Aboriginal teenagers, including STIs, anaemia and urinary tract infections.

There are more than twice as many deaths among Aboriginal infants than non-Aboriginal infants in Australia, with no discernible reduction in the number of deaths or the rate of inequality since 1995.

SHine SA Fact Sheet 12

Sexual health and wellbeing of Aboriginal people and communities

www.shinesa.org.au

Aboriginal & Torres Strait Islander Men's Sexual Health Education

The position of Aboriginal & Torres Strait Islander (ATSI) men's education coordinator was taken on by Neil in December 2007. Neil brings with him a passion for people, practical experience and training skills in sexual health developed over his 25 years of work in the community sector.

The main focus of this job is to facilitate the ATSI Men's Sexual Health Course for interested workers and in April/May this year there were six participants for the successful six-day course. Another course is planned for September 2008.

Topics covered included an interactive exploration of attitudes and values relating to sexual health, which then led on to a lively investigation of gender and how individuals express their sexuality. By interacting with guest speakers and presenters, the group learnt about Hepatitis and HIV from different perspectives, as well as how to minimise the spread of those diseases by safer sex practices.

As a result of looking closely at gender, power and relationship issues, participants gained an insight into the challenging topic of sexual assault.

Dr Chris, a GP who works in SHine SA clinics, took participants on an informative journey through men's sexual health which included men's fertility issues and sexually transmitted infections.

Along with information about working with youth and disability information, facts on conducting an education



Participants of the ATSI Men's Sexual Health Course, September 2008

program helped people to start forming their ideas for a training session on a sexual health topic. Each person who wanted accreditation in two units of Certificate IV needed to plan, present and evaluate a training session as their assessment.

Education does not stop at formal courses so making connections with Aboriginal groups, attending significant events, utilising opportunities to promote sexual health and supporting other workers are a significant part of the

work. Professional development activities continue to contribute to and update the skills and knowledge base of the coordinator and this is reflected in the content of learning opportunities presented.

The coming year is expected to be full of more people having fun interactions, great learning and enjoying positive changes in their lives.

Neil

Neil (Course Coordinator, bottom left) and Chris (SHine SA doctor, right) with ATSI Men's Sexual Health Course participants.



Workforce development

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Aboriginal youth education

I have had another fully packed year visiting different communities, working with our young people and the workers. I also worked with the young women from Warriappendi School and with Kumangka Aboriginal Youth Service.

The ATSI team from SHine SA went to Copley and Nepbunna in the Flinders Ranges. I worked alongside Lesley, the Aboriginal youth worker based at Copley. Delvene from Metropolitan Aboriginal Youth Team (MAYT) came along to work with the young women and Che Cockatoo-Collins ran a footy workshop with all the young people from there, as well as young people from Marree. This was run at the oval in Leigh Creek.

Derek (SHine SA Youth Support Worker) and I went to the Point Pearce community and ran some workshops around healthy relationships with the young people.

This year it was the last Croc-fest (and we all had a deadly time). Vibe Alive has taken over where the Croc-fest left off. It will be a little different but I am really looking forward to working there. It will be held at the same time, in September at Port Augusta.

My co-worker Aunty Ros and I presented at a conference in Sydney at the beginning of this year, and from that I was asked to present at a conference in Melbourne about the work we do at SHine SA with ATSI people.

I also co-facilitated the SE&X course with Lud, and supported Aunty Ros in her six-day training for Women Aboriginal Health Workers.

This year I am working one day a week with the Focus Schools Program, targeting the Aboriginal Education Workers. This is really exciting as it will be fantastic to have the AEWs trained about sexual health and relationships.



Frances at Leigh Creek.

Nurse and Midwifery Education

This year has seen a new Nurse and Midwifery Education Coordinator start at SHine SA. Edwina has done a wonderful job of coordinating last year's education while Prue was on leave. As it happens Prue will not be returning to the position and Edwina has gone back to her previous role closer to home. So this is where I come in as the new coordinator! I have recently joined SHine SA, and coming to the end of my orientation I'm now ready to jump, feet first, into all the up-and-coming courses.

Edwina has kept everything moving along beautifully and the many courses that SHine SA offers have been as popular as ever. Here is a brief snapshot of the past year, and what is to come.

Pregnancy Choices Training was a new course introduced last year that proved to be successful. The course is being run in conjunction with the Pregnancy Advisory Centre and is expecting a good number of participants from a variety of organisations.

The **Certificate in Sexual Health** is coming up fast and we have high numbers booked in from across the state. The course was held in August last year with eleven participants, nine of who went on to complete the **Introduction to Sexual Health Counselling**.

The **Pap Smear Provider** courses were run throughout the year with interest from nurses and midwives across the state. Twenty-nine participants completed Pap smear

training, including 19 from Whyalla.

The **Sexual Health Nurses and Midwives Network** continues to meet quarterly and has had interesting topics such as *Sex, bugs, rock and roll* and *Men's health*, with up-and-coming topics including *Vulvodynia* and *Ensuring good specimen collection*. The information sessions are a good networking opportunity for nurses and midwives with an interest in sexual health, they are a social event involving food and company of people with common interests, and the topics are led by guest speakers with expertise in the particular topic. It costs \$50 per annum to become a member, which includes a quarterly newsletter, access to the newly established website with online journals, supper at the meetings and updates throughout the year.

Sexual Health & Family Planning Australia is meeting in September in Perth for the Australasian Sexual Health Conference. This is a wonderful opportunity to network and develop partnerships nationally. Ongoing collaboration is essential to ensure that as a state we are achieving best practice in our delivery of care and education.

Edwina was no doubt involved in many more interesting events and workshops throughout the year gone by. I have noticed that there is never a dull moment sitting in this chair! Hopefully this year will go past without a change in the coordinator role and I will have more interesting courses, events and news to report on next year.

Sonia

A group of Registered Nurses attending the Certificate in Sexual Health Course



Workforce development

Medical Education

2008 has seen further expansion in the medical education program under the guidance of the medical education team of Dr Anne Stephens and Dr Katrina Allen. The ability to meet this increase has been assisted by the willing and expert help of other members of the Workforce Development & Resources team and the experienced primary care clinicians – nurses, doctors and sexual health counsellors – who have contributed so much to the teaching in the courses we run.

Undergraduate training

Medical student teaching for Flinders and Adelaide University Students now includes not just the O&G term but also some integration of sexuality in the pre-clinical years at Adelaide Medical School – a suggestion made by a medical student doing an elective with us.

SHine SA has again been involved in the rural medical students teaching session via satellite link-up through Adelaide University.

Training includes pharmacy student teaching both at the third year undergraduate level and at the pre-registration level.

Some medical students have chosen to do their electives with us; this gives them considerable clinical experience and us the benefit of their enthusiasm and application to projects during their time with us. This year two Swedish students joined us for a five-week elective!

General Practitioner training

The two-day Introductory Course in Sexual and Reproductive Health is delivered to all of the GPs-in-training during their first term of placement in the community. We are very grateful for the expert help from Dr Nicola Chynoweth from Clinic 275 and Dr Leslie Shorne

from SA Cervix Screening.

This year's Certificate in Sexual and Reproductive Health, the extension of the Introductory Course, had 12 participants from a variety of backgrounds including very experienced rural and remote practitioners. The Certificate is enlivened by the input of various experts in the field such as Dr David Munday, O&G specialist, Dr Trish Neumann, physiotherapist, Dr John Bolt, urologist, Dr Mark Fuller, from The Second Story, Dr Priya Selvanagayam, dermatologist and Ms Joy Gailer, pharmacist. SHine SA staff made important contributions to the program and between them Anne and Katrina kept the week on track. This five-day course culminates in an assessment with multiple choice and written papers as well as a newly developed small group assessment. It is a credit to the ingenuity and collaborative skills of the SHine SA staff involved that these exams ran so smoothly this year.

IUD training has continued steadily in both theoretical and practical insertion skills, as has implantable contraception training. We are very grateful for the support our constant training receives from both the clinical staff and our clients.

Education Meetings

This year's education meetings started with a lively presentation on the perimenopause by Dr Jane Wood, gynaecologist from Flinders Medical Centre. In August, Dr Coates will discuss 'Maintaining Bone Health' and in November Dr Penny Roughan returns to address her work with adults who have experienced sexual offences.

In community education, we continue to participate in sessions for inmates of the Adelaide Women's Prison in a team teaching effort with the Hep C Council and Positively

Women Project and Women's Health Statewide.

In November 2007 SHine SA hosted the face-to-face meeting of the national medical committee of family planning organisations (Sexual Health & Family Planning Australia). Our new location in Woodville enabled easy access to the sea and the city and the busy two days were enriched by an evening of strengthening the connections and networks between the state organisations. The national organisation acts as a sounding board for best practice and helps us all to maintain the high standards of teaching and practice expected of the individual state organisations.

This year has been a busy but rewarding year which has seen the medical education team expand its role and consolidate its teaching commitments especially to the medical community.

Katrina

Sexual health information networking & education

Drop-in pregnancy testing

A drop-in pregnancy testing service is available from all Primary Health Care Team bases, Monday to Friday 9 am to 4pm. There is a cost involved which can be reduced or waived if necessary. Please bring an early morning urine sample.

North	8256 0700
South	8325 8164
East/West	8300 5300

Pregnancy Choices Training

In October 2007 SHine SA, in partnership with the Pregnancy Advisory Centre (PAC), offered for the first time an exciting new course for health professionals. This Pregnancy Choices Training was developed collaboratively with workers from SHine SA and the PAC. The course defines and explains all of the options available to women experiencing an unplanned pregnancy through a range of different speakers from various agencies sharing their knowledge and insights. Topics presented include: genetics, abortion, adoption, the socio-political context of pregnancy, pregnancy care, cultural issues and issues for young women. In addition there is a session on application to practice and counselling responses. Since the initial course was offered it has been well attended by a range of workers including teachers, community health workers, social workers and youth workers, with many travelling long distances from the country to attend.

Michel

Sexual health counsellor supporting workforce training

Input into Workforce Development & Resources team courses has increased this year. I have regularly presented at the SE&X course, usually presenting the carousel game and the PLISSIT model of counselling and this year I also presented a session on negotiating relationships. After the first presentation, I am thinking about what I can do differently, or add, take out, etc, so it's a work in progress. I have been asked, along with other SHine SA workers who present in the SE&X course, whether we would be interested in doing cyber-classroom presentations and although I class myself among the computer illiterate, I'm keen to give it a go!

I have continued to be a part of the Pregnancy Choices Training that is being offered by SHine SA as a joint initiative with the Pregnancy Advisory Centre. I have yet to attend the course and hear the range of speakers due to other commitments, but have presented a session with Michel around unplanned pregnancy and disability.

I have also presented at two medical officers courses this year. Although I helped in the presentation of the carousel

and PLISSIT models, it was different from the SE&X course as the participants were medical officers. We worked with a range of case studies and I found it interesting to see how differently the medical officers approach the issues. It was an education for me too!

I also presented a case study around Vaginismus at the medical officers courses, to demonstrate how sexual health counselling can offer support and assistance in overcoming sexual health issues. This was a highlight for me.

In April I assisted the Coordinator, Disability Worker Education in presenting to a group of TAFE students in Berri. I helped present around disability and sexual health. It was a good experience to see someone present who not only knows their topic, but has an obvious passion for it too.

I have enjoyed being involved in workforce training and hope to continue in the future.

Abby

Teacher education

Relationships and sexual health education courses over two days continue to be run during school holidays. They are always popular and attract teachers from a range of school settings. Teachers from country schools use the opportunity to come to Adelaide, and we also regularly get many teachers from metropolitan primary and secondary schools.

We support teachers in a variety of other ways, including resource development, resource advice, consultations with individual schools and one-off teacher workshops.

Preservice Teacher Training courses at both the University of South Australia and Flinders University have for many years involved SHine SA in sessions and courses on relationships and sexual health. The aim is primarily to raise the students' awareness about the importance of relationships and sexual health education, effective methodology for teaching in this area and information about how SHine SA can support them once they are placed in schools.

In early 2008, the completed Child Protection Curriculum materials finally were printed and delivered to schools, comprising five teacher resource books called *Keeping Safe: Child Protection Curriculum*. The books cover the five stages of a student's education: Early Years (students aged 3–5 in Child Care settings); Early Years (students in Years Reception to Year 2); Primary Years (students in Years 3–5); Middle Years (students in Years 6–9); and Senior Years (students in Years 10–12). All schools are expected to deliver the curriculum in 2008 to all students. Schools and teachers have been provided with teacher training throughout 2006 and 2007. SHine SA has copies of these books in the library. Teaching the child protection curriculum is closely linked to, or a part of, teaching comprehensive relationships and sexual health education. The program addresses four overarching themes: The right to be safe; Relationships; Recognising and reporting abuse; and Protective strategies.

Over the last six years the teacher training program and resource development has mainly focused on supporting Year 8–10 teachers. We continue to have many primary teachers attend courses and requests to support primary schools. Recently we have developed a support package, with a list of online resources, books and a curriculum outline for teachers who teach students in Years 5–7. This material will continue to be updated as we work more closely with some primary schools and get feedback from teachers about what they find useful and appropriate. Many of the schools we are now working with are R–12 schools so there is a need for these schools to have a seamless curriculum linking education in the primary through to the middle years.

SHine SA continues to get many requests from schools for support on sexuality issues for students with disabilities. We recently offered a one-day course for teachers who teach students with special needs, with eight teachers attending. The course addressed why comprehensive

relationships and sexual health education is so important for students with special needs, what this education might look like, and the resources that are available to support teachers. Teachers found the day very useful. SHine SA will be working over the next six months, in consultation with a small group of Special Education teachers, on completing a resource, *Making Choices: A relationships and sexual health education package for educators working with students with an intellectual disability*, that is currently in draft form. We intend to continue offering this course in future school holiday periods.

The teacher network has now grown to include almost 200 members. It provides members with regular emails with information about new resources, interesting and relevant journal articles, appropriate internal and external training opportunities, updates of sexual health information and discussion of emerging issues. A forum for the network is run each term out of school hours. So far the topics that we have covered are STIs, Hep C and contraception updates, the impact of the social construction of gender and the place of considering pleasure in sexual health education. Most recently we ran a workshop on *Pornography and the sexualisation of girls in popular media: developing critical media literacy skills*. This workshop generated a lot of interest, with 20 teachers attending. Teachers found the session interesting, thought-provoking and addressed issues they are concerned about in relation to the safety of their students. Teachers indicated that they would like a follow-up session to continue exploration of the topic.

There is an increased concern with the sexualisation of children in contemporary media as a result of the Australian Parliamentary Senate Inquiry and widespread release of the report of the American Psychological Association Task Force on the sexualisation of girls. We are now considering developing some activities and resources around the development of critical literacy and analysis skills in relation to popular media for the Year 10 curriculum.



Teacher education continues to be dynamic and exciting at SHine SA as we work to ensure we are providing relationships and sexual health education support for teachers who work with the diversity of students in our schools.

If interested in becoming a member of the teacher network email the Coordinator of Teacher Education on jane.flentje@health.sa.gov.au

Jane

Cross-cultural workshop

This two-day workshop took place in October 2007 at the Tauondi Aboriginal College and involved a mixed group of community workers including teachers, counsellors, youth workers, doctors and bi-cultural workers. The workshop was run by SHine SA – Jacqueline from the East/West Team and Lud from the Workforce Development & Resources Team. Some of the topics included settlement issues experienced by migrants and refugees, how to access and use interpreters effectively, and sexual health issues that impact on newly arrived migrants and refugees. In addition, we also held panels of CALD consumers who talked about their experiences in settling in a new country while workers talked about their knowledge of how they work with CALD clients. We also discussed other topics such as safer sex issues, values clarification, and workers and consumer participation. We also had a number of guest speakers that addressed issues and enhanced learning experiences for participants.

The feedback from participants was very positive. They stated that they now had a better understanding of settlement experiences, as well as having been provided with a broader range of skills and knowledge to improve their services and support to CALD communities.

Jacqueline

Y@ members and SHine SA staff participating in the Pride March 2007

Emerging issues

Sexualisation of girls in the media

There is increased community interest and concern about the sexualisation of girls in popular media raised by the widespread release of the report of the American Psychological Association Task Force on the sexualisation of girls, and the Australian Parliamentary Senate Inquiry into the sexualisation of children in the contemporary media. SHine SA submitted a paper to the Senate Inquiry.

SHine SA has been increasingly concerned about the issue and the impact this has on the health, safety and wellbeing of young people. The SHine SA submission was based on research and the organisation's experience of working with individuals, the community and other service providers. Currently there have been over 160 papers submitted.

The Standing Committee on Environment, Communications and the Arts recently released its report, *Sexualisation of children in the contemporary media*. It noted that 'The committee considers that the inappropriate sexualisation of children in Australia is of increasing concern.'² It was fantastic to see that recommendation 13 stated that 'the committee recommends that state and territory governments, which have the responsibility for education, consider the introduction into all Australian schools of comprehensive sexual health and relationships education programs which are inclusive of both young people and parents, adopting a consistent national approach to the question.'² The committee believes that preventing the premature sexualisation of children is a significant cultural challenge. The other recommendations relate to a demand for action by society. 'In particular, the onus is on broadcasters, publishers, advertisers, retailers and manufacturers to take account of these community concerns.'² For example, recommendation 4 states 'that broadcasters review their classification of music videos specifically with regard to sexualising imagery.'² And recommendation 12 states that 'the Advertising Standards

Board rigorously apply standards for billboards and outdoor advertising to more closely reflect community concern about the appropriateness of sexually explicit material and the inability of parents to restrict exposure of children to such material.'² Every media form contains plenty of evidence of the sexualisation of women, including television, music videos, music lyrics, movies, magazines, sports media, video games, the Internet, and advertising.

'In study after study, findings have indicated that women more often than men are portrayed in a sexual manner (e.g. dressed in revealing clothing, with bodily postures or facial expressions that imply sexual readiness) and are objectified (e.g. used as a decorative object, or as body parts rather than a whole person). In addition, a narrow (and unrealistic) standard of physical beauty is heavily emphasized. These are the models of femininity presented for young girls to study and emulate.'¹

'The sexualization of girls can also have a negative impact on other groups (i.e. boys, men, and adult women) and on society more broadly. Exposure to narrow ideals of female sexual attractiveness may make it difficult for some men to find an "acceptable" partner or to fully enjoy intimacy with a female partner.'¹

Parents and the school communities can reinforce or attempt to counter sexualised societal messages. Research and available resources indicate that interventions can reduce the negative effects of sexualisation and promote healthy, respectful relationships. The recommended strategies are:

- comprehensive age-appropriate relationships and sexual health education programs in schools beginning in early Primary years and delivered by trusted and trained teachers
- school-based media literacy programs that teach critical/analytical skills in viewing and consuming

media

- parent education about the impacts of sexualisation and about relationships and sexual health
- action by parents, community groups and organisations to counter sexualisation, model alternative values and ways of being, and focus on people's abilities and character rather than on their appearance
- alternative media that encourage and support people to build social connections, speak out and develop their own healthy ways of being

The sexualisation of women in popular media was the topic at the June Teacher Network forum. We looked at samples of media that young people access, the research and viewed a DVD called 'Sexy Inc' (available from the SHine SA Resource Centre). Teachers found the session interesting and want to have further sessions to discuss and develop classroom strategies. We want to create activities that will support the development of critical analysis skills, enabling young people to explore the potential harmful impact of the sexualised images that are so prevalent in their lives and counter them with more realistic images and build positive self images. The impact on young people is so important that the issue needs to be addressed in school curriculum.

Jane

References

1. APA Task Force on the Sexualization of Girls, *Executive Summary: Report of the Task Force on the Sexualization of Girls 2007*, American Psychological Association Public Interest Directorate, Women's Programs: Washington DC. p. www.apa.org/pi/wpo/sexualizationsum.html.
2. The Senate Standing Committee on Environment, Communications and the Arts, *Sexualisation of children in the contemporary media*, June 2008, Commonwealth of Australia 2008

That sexual health is not a comfortable topic is reflected in the silence around sex and sexuality in the delivery of many health and support services. Many politicians and other community leaders prefer that these issues remain invisible and off the public agenda.

At the same time, all forms of media—television, Internet, radio, music videos, music lyrics, movies, magazines, sports media, video games and advertising—increasingly use sexualised images.

Females—more often than males—are portrayed in these images in a sexual manner and objectified in ways that promote narrow and out-of-reach 'standards' of physical beauty and sexual interest; that is, they are shown as decorative objects or body parts.

SHine SA Fact Sheet 5

Social attitudes to relationships and sexuality

Lud

Workforce development

Pornography and 'The Porn Report'

Over the past 12 months SHine SA has received an increase in queries and requests from schools, parents and youth organisations regarding young people accessing pornography and what could be an appropriate response.

To start with we discovered that the word pornography carries with it many value-laden beliefs and assumptions; so before we could suggest any consistent approach we needed to investigate what is meant by 'pornography', what our beliefs (both personally and as an organisation) about this issue are and how prevalent the use of pornography is in our community. To make this task easier SHine SA has convened a multi-disciplinary group to research this area.

Luckily, at approximately the same time as SHine SA convened this group a ground-breaking piece of research was released as a book called *The Porn Report*, by Alan McKee, Kath Albury and Catharine Lumby. *The Porn Report* identifies and debunks many myths and misconceptions about porn consumers, producers and the industry at large. The authors also discuss feminist responses to pornography and provide alternative ways to view the issues. If you want to read this publication a copy is available from the SHine SA Library.

Currently the SHine SA working group is investigating the issues around pornography and sexual health. Over the next 12 months we should develop some recommendations.



Clinic reception at the SHine SA Woodville site

East/West

Woodville and Gilles Plains

Clients seen at the Woodville site, which offers seven clinical sessions per week, numbered 2038, which amounts to 41.2% of all SHine SA's clients.

Gilles Plains Women's Health Clinic runs a weekly service on Thursday afternoons at Gilles Plains Community Campus, particularly for local ATSI women, newly arrived women and women with disabilities. This clinic saw over 200 clients.

Generally, most clients attended clinical services for:

- sexual health assessment and screening
- sexual health care and treatment
- sexuality issues
- reproduction and pregnancy issues
- sexually transmitted infection issues
- female genital/pelvic issues
- breast health

We offered clinical placement for many participants of SHine SA's Workforce Development courses:

- Pap Smear Provider Registered Nurses/Midwives: 25 (2007), 14 (2008)
- Registered Nurses/Midwives, Certificate in Reproductive and Sexual Health, Clinical Component: 2 (2007)
- General Practitioners, Clinical Placements: 12 (2007), 1 (2008)
- Medical students: 3

Highlights and significant achievements

We were fortunate this year to have three new staff members join our team. Maznah works part-time on Main Reception, Pam works part-time on Main Reception and Clinic Reception, and we acknowledge the support of Jodi, Rebecca and Sharon who all helped to transition us through a time of limited staffing numbers.

Sonia resigned from SHine SA after a phenomenal stint of 32 years service! Her extensive sexual health knowledge and expertise has been sorely missed. Kellie was successful in gaining a three-year contract as our new Level 2 Community Health Nurse.

Gillian, Shelley and Dennise continue to offer friendly and

North

The Northern clinical team continues to provide professional, friendly and confidential sexual health care to clients in the northern area, with many accessing our service from as far away as the Yorke Peninsula, Barossa/Clare Valley and the Riverland. We provide 8 clinical sessions each week at 5 different sites, answer calls on the Sexual Healthline twice a week and provide 2 clinicians for the Ceduna Women's Clinic twice a year. This work is done by a team consisting of 3 nurses, 7 doctors and 3 reception staff. This year the Northern Team has had 2 new staff members: Dr Wye Hee Herbert is doing some casual sessions with us, and clients and staff especially like her friendly and positive attitude; another important new member is Rachel providing clinical reception and clerical support to our grateful team.

Clinical services continue to be well utilised at northern sites. The Davoren Park site has clinics 4 days a week staffed by a Medical Officer and Community Health Nurse. The Modbury clinic is held weekly on Monday afternoons at the Central Northern Primary Health Care site, also with a Medical Officer and Community Health Nurse. The Salisbury Shopfront Clinic is a youth-specific clinic on Thursday afternoons staffed by 2 Medical Officers. The nurse-led clinic at Lyell McEwin Health Service continues on Tuesday evenings in the Family Clinic Outpatients.

The Northfield Women's Prison clinic on Friday mornings is in its fifth year, staffed by a Medical Officer and Community Health Nurse, and is fully utilised by the women. Working in partnership with prison staff we are facilitating the training of 2 nurses in the Certificate in Sexual Health to enable more sexual health care within the prison service.

We continue to train fifth year medical students 4 times a year, and precept/train Medical Officers and nurses in clinical placements.

The Ceduna/Koonibba Women's Health Clinic continues into its seventeenth year. The service, based in the Ceduna/Koonibba Aboriginal Health Service and with funding from the SA Cervix Screening Program, is provided 4 times a year for 3–4 days each time, and continues to be well utilised by non-Aboriginal and Aboriginal women. Harriet, the Aboriginal Health Worker, organises all aspects of each visit, including advertising the service which is provided in partnership with SHine SA staff. Harriet also oversees the promotion, administration and follow-up of the clinics within the community. Anywhere between 100 and 120 women access the service each visit. Many second and third generation women of the same family are attending and older women encourage and support the younger women to attend the program.

Our doctors Jane and Anna have continued at Ceduna in 2008 and clients and staff alike have enjoyed their expertise and skill.

Sue

Annette

www.shinesa.org.au

East/West Medical Officer

This last year I have been getting accustomed to my role as Medical Advisory Committee (MAC) representative in the East/West Team, with some regular non-clinical time amounting to 7.5 hours a fortnight, to follow-up various clinical developments and agenda items resulting from MAC meetings. Much of my work involves liaising with a variety of professional people in order to assist in implementing best practice principles at SHine SA, as well as assisting in developing resources for clinical staff. For example, I liaised with the Western Division of GPs Psychologists to clarify how we could tap into free services being offered to patients for generic counselling.

The inclusion of Gardasil on the free National Immunisation Program Schedule for 12–26 year old females involved us developing a range of resources to facilitate implementation of the program at SHine SA. A Standing Drug Order needed to be developed to enable our nurses to carry out vaccination.

SHine SA was also recruited for involvement in the National WHINURS – Women Human Papilloma Virus (HPV) genotype prevalence, Indigenous, Non-Indigenous,



Teresa, Silvana and Gay at the Woodville clinic.

South

The Southern Primary Health Care Team provides clinical services at Flinders Medical Centre and Noarlunga Health Village. There have been some exciting changes at our Noarlunga clinic this year. The clinic is now collocated with Noarlunga's Aboriginal Family Clinic and each agency provides clinical services on two separate days to the community. The clinic has been fully refurbished and it is very satisfying for both clients and staff to provide a service in a more comfortable and welcoming environment. Both agencies have worked closely during this transition and we look forward to an ongoing collaborative working relationship.

Appointments at both the Flinders Medical Centre and Noarlunga clinics continue to be in high demand, particularly for IUD procedures. Clients can self-refer for IUD appointments or may be assessed by their GP and then referred to SHine SA for an IUD insertion. The waiting list for IUD procedures is growing and we are struggling to meet the demand for these appointments. This suggests that the profile of SHine SA continues to grow in the community and we need to work strategically with partner agencies to help make sure that clients have good access to the sexual health services they want and need.

Both of the clinics that we run also provide excellent

www.shinesa.org.au



Members of the East/West clinical services team, from front left Dennise, Gay, Maznah, Pam. Back left - Kellie, Janet and Sue.

Urban, Rural Study. This study researched the incidence of HPV in women prior to widespread vaccination, to assist with future planning of the vaccine and to give an Australian perspective. Our involvement came about after making contact with the principal investigator, Professor Susan Garland, Head of Clinical Microbiology and Infectious Diseases from Royal Women's Hospital, Melbourne. I had been asking for clinical advice regarding the pertinence of routine pre-testing and treatment for bacteria prior to IUD insertion. She was keen to enlist SHine SA's involvement in the study, as there had not been any SA representation prior to this time.

MAC has recently decided to trial a different local anaesthetic cream, Angel, used pre-IUD insertion, following information I was able to provide on its improved cost efficiency. This involved researching the advantages that Angel cream had over what was already in use, and looking at its availability and shelf life.

I also had the good fortune of being a medical/GP

advisor for the Pregnancy Choices Training group in the latter stages of development of the training package. This was primarily to give the GP perspective in order to better cater for their needs. I was then able to promote the education package through the various Divisions of General Practice by making contact and subsequently forwarding the flier to some 14 Divisions, including both urban and rural branches.

I sent a letter to all Coordinators of Emergency Departments of our public hospitals, to address the inappropriate referrals that SHine SA had been receiving for acute assessment of women. This involved updating them on the services that SHine SA offers, and informing them of the staffing and nature of our clinics. Pamphlets detailing the location and contact details for the clinics, as well as a copy of the GP letter sent to women post-IUD insertion, was included as a resource for emergency staff.

I am now also responsible for generating the MEDS (Medical Education Data Sheet) newsletters, and the May 2008 edition has been circulated.

Silvana

clinical training opportunities for nurses, doctors, Pap smear providers and medical, nursing and midwifery students, all of whom request training and support opportunities from SHine SA. This helps improve the capacity of other care providers in the south to offer sexual health services. Southern clinical staff have also provided education on contraception and unplanned pregnancy to Flinders University medical students.

The Southern Team's clinical staff are planning a review of our clinical services later this year, in preparation for a future relocation of our office space in the south and in response to the strategic directions of the wider organisation.



Annie and Stephanie refreshing their CPR skills at Woodcroft

Annie

Noarlunga clinic reception area



Medical Advisory Committee

The Medical Advisory Committee (MAC), comprising a doctor from each Primary Health Care team, Workforce Development & Resources (WDAR) team and a management team representative, meets on a quarterly basis and has oversight of the medical and clinical activities at SHine SA. This year our members are Dr Chris Hinton (Southern), Dr Silvana Mazzaro (East/West), Dr Anusha Visvanathan (Northern), Dr Katrina Allen (WDAR) and Ms Anne Nixon (management).

MAC reviews issues relating to clinical practice, professional education of doctors, research and SHine SA public information such as leaflets. This year we have continued the combined meeting with the Nursing Advisory Committee for the second half of our meeting. This has been very successful in enabling more streamlined discussion and action particularly on clinical issues that concern both disciplines.

The main activities undertaken by MAC this year have been:

- reflection of the impact on the practice and organisation of SHine SA clinics of any critical

- incidents which have occurred in the clinics
- continuation of a peer review and education process for SHine SA doctors that complies with the continuing professional education requirements of the Royal Australian College of General Practitioners
- overview of the training needs of the medical community and support of the appropriate response to these needs by SHine SA
- work with Nursing Advisory Committee and management to complete research projects such as the WHINURS study (Women's HPV Indigenous Urban Rural Study)
- continually checking and discussing the clinical and teaching standards and practice expected of SHine SA in the area of sexual and reproductive health

Through MAC, we are hoping to expand the oversight and participation of the primary health care teams and possibly become part of a rotating sexual health post for junior hospital doctors. MAC works to maintain SHine SA's excellence in the area of sexual and reproductive health service standards and education.

Dr Katrina Allen

Nursing Advisory Committee

The Nursing Advisory Committee (NAC), comprises the Level 3 Nurses from each team within SHine SA and a management representative. Meetings are held quarterly with each nursing member of the committee taking a lead role in one of the four key areas of work:

- standards of clinical practice
- development of SHine SA nursing staff
- clinical research
- quality assurance

While the main focus of NAC is clinical risk management, a role it shares with the Medical Advisory Committee (MAC), as the representative group for nurses in the organisation it often takes on other briefs.

SHine SA's approach to clinical risk management is a proactive and preventive one reflected in the key work of the committee. This past year NAC has been responsible for:

- continuing with a rewrite of the Clinic Procedure Manual
- development of a database for recording and following up abnormal Pap smear results

- providing input into DNA (did not attend) research project to improve appointment take-up rates
- developing additional procedures and training to expand the scope of nursing practice in SHine SA
- reviewing and recommending cost effective, quality equivalent products to ensure our clients receive excellent products at the most affordable price
- monitoring and evaluating the nurse peer review process and its associated mandatory training topics
- reviewing and updating emergency procedures, standing drug orders and introducing opportunistic chlamydia testing as advocated by contemporary research
- networking with the National Nurses Professional Group to facilitate current awareness of sexual health nursing at the national level
- identifying areas for professional development and providing the opportunity for in-service education for all SHine SA nurses
- supporting the SHine SA statewide Sexual Health Nurses & Midwives Network

Kaisu



Clinical services

Sexual Health Counselling

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

- Sexual difficulties
- Sexual effects of assault/abuse
- Living with sexually transmitted infections
- Unplanned pregnancy
- Post abortion counselling
- Concerns about same-sex attraction/sexual identity
- Concerns related to your sexual health or sexual relationships.

You can make an appointment at your nearest SHine SA Primary Health Care Team:

North	8256 0700
South	8325 8164
East/West	8300 5300



Clinical services statistics

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

During 2007–08, 30 046 clinical services were provided from 12 319 clinic visits to 4949 unique clinic clients, an increase of 2.4% from the previous year. Of these:

- 97% of clients were women, 2% were men
- 12% were under 19 years of age
- 27.3% were 20 to 29 years of age
- 4% identified as Aboriginal
- 6% identified themselves as having a disability
- 23% identified as culturally diverse
- 2% identified as being gay, lesbian, bisexual or transgender
- 3.5% chose to use an interpreter
- Clients came from 108 different countries of birth, identifying with 89 different ethnicities and speaking 38 different languages!

The top four services provided were:

- screening and assessment, including cervical smears, breast checks, STI screening, HIV screening, pregnancy tests
- care and treatment, including provision of contraception (oral contraception, EC, diaphragms, condoms, IUD, implant and injectable contraception)
- education and information including provision of contraceptive choices, prevention of STIs, safer sex information
- other services provided



Counselling services

Sexual Health Counsellor Advisory Committee

The Sexual Health Counsellor Advisory Committee continues to meet four times a year to provide professional support, to address training and development needs, standards of practice and quality assurance processes. The Sexual Health Counsellors at SHine SA continue to receive external professional supervision to support them in their work.

Over the past year this group has had a big focus on quality assurance initiatives, including:

- ongoing relevant updating of the Sexual Health Counsellor Manual to reflect changes in practice and document best practice approaches
- reviewing results of a client survey
- planning for the next audit of client casenotes
- developing a peer review process and trialling some elements of this

SHine SA's Sexual Health Counsellors respond to a broad range of requests and issues from the community and individual clients and regularly pursue ongoing training to be able to best respond to emerging issues. A recent area of interest is training in the area of working with clients who experience sex addiction.

South

Sexual health counselling in all the teams continues to be busy and the Southern Team is no exception. With a large number of requests for sexual and reproductive counselling, it keeps us all juggling our workload and meeting the needs of the community. Generally clients have only a week or so wait, which is a little different than other services which provide counselling in the southern area.

The main issue areas for which clients request counselling include: painful sex, sexual desire issues within their relationships, unplanned pregnancy, sexual identity and dealing with sexually transmitted infections. As it is difficult to find STI support groups, our role is about support and giving accurate information, especially when

individuals are in crisis. In the south, SHine SA continues to support the Prostate Cancer Support group, working alongside the Southern Primary Health service. This is a group of men and their partners and friends which explores issues concerning the impact of prostate cancer on physical and sexual relationships in a supportive environment.

Counselling referrals come from local GP services, community organisations, SHine SA clinics and SHine SA's Sexual Healthline. As GPs and external organisations become more aware of the unique counselling role SHine SA provides, we are receiving more appropriate referrals, which helps to reduce waiting times. The past year has seen a decrease in requests for counselling via email, but telephone counselling requests remain constant and provide an accessible form of counselling to clients, especially those from regional areas of the state.

All of SHine SA's teams now have finished their Mandatory Reporting requirements training update, facilitated by the sexual health counsellors. This training explores the realities of child abuse and clarifies notification guidelines and can be emotional and confronting. As facilitators we try to make the session as informative and supportive as possible.

The sexual health counsellors are supported by a process of professional supervision, which provides opportunities for peer debriefing, professional development and skills sharing. We also have quality assurance processes in place that include an annual audit of our casenotes and a survey of client experiences with our service. The feedback from these processes helps us reflect on and improve the service we provide. As a counselling team we continue to stay current with international research and evidence for the best practice approaches to counselling in the field of sexual health and sexuality.

Anne

Abby

East/West

In late 2007 Michel returned again to SHine SA while Jo went on leave. The counselling service has continued to be busy here in Woodville with many new referrals. These have come from a range of sources including the Sexual Healthline, GPs and community services, while some people have heard about SHine SA through word of mouth and are comfortable to make direct contact to discuss their sexual concerns.

The range of issues we see continues to vary with couples and individuals coming to discuss desire discrepancy and sexual functioning issues such as vaginismus and erectile problems. Other issues have included concerns about internet porn addiction, gender identity, sexuality, unplanned pregnancy and negotiating safe sex.

We have had several calls from people living in rural, regional and remote places. Some travel large distances to Adelaide for appointments as they have not felt comfortable to access services in their community due to issues of confidentiality and lack of appropriate services. In this instance the sexual health counsellor has been able to offer phone support to people in between appointments as necessary. Some counselling appointments have also been offered alongside the Gilles Plains SHine SA clinic.

Michel also attended a session with the female international students at the University of SA to discuss the importance of sexual health, some of the laws around this in SA and some common issues that people come to discuss at SHine SA. This session resulted in a number of young women, who had only just recently arrived in Adelaide, accessing the counsellor for one-to-one support, information and referral.

Lyn

Michel

Therapeutic counselling statistics

There were 253 therapeutic counselling clients who received 558 services for the 2007–08 period. 73% of clients were women and 26% were men.

Top three reasons for attendance were:

- Sexual relationship (18%)
- Low sexual desire (14%)
- Abortion (14%)

Clients identified with the following community of interest:

- young adults 20–29 (34%)
- disability (16%)
- young people 13–19 (12%)
- gay, lesbian, bisexual, transgender (5%)
- Aboriginal & Torres Strait Islander (1%)





Visitors to SHine SA's new library at Woodville

Library and Resource Centre

The library provides a broad selection of items on sexual health and relationships. The collection consists of books, journals, reports and a DVD/video collection. Books and videos may be borrowed for a two-week period. Journals are not to be borrowed but can be photocopied.

teaching resources available for loan to organisations and individuals in South Australia who have paid an annual membership fee. There have been 2093 loans processed and we have added over 39 new resources this financial year.

There have been over 268 new library borrowers registered this year. We have added 181 new items to the library collection and processed over 1273 loans. The free access to the Internet in the library has proved popular with 314 sessions in the last financial year.



Free internet access at SHine SA's Library at Woodville

Volunteers are important to the smooth running of the library and their contribution is greatly appreciated. We thank Noel for his tireless work on a variety of tasks this year.

The Resource Centre has a large selection of videos and

SHine SA also has two smaller libraries located at the Primary Health Care Team bases at Woodcroft and Davoren Park. All the libraries have free membership and the public are welcome to come in to browse or borrow.

The Woodville library is open 9.30am to 4.30pm Monday to Friday. For

more information please contact the Coordinator, Library & Resource Centre on (08) 8300 5312 or email SHineSALibrary@health.sa.gov.au.

Sharon

Library

contact details

Open 9 am to 5 pm

Monday to Friday

(closed from 1pm - 1.30 pm)

tel (08) 8300 5312

1800 188 171 country callers

email

SHineSALibrary@health.sa.gov.au

SHine SA also offers **FREE** internet access for Library members at the SHine SA Library at Woodville.

Members can have up to 2 hours access.

Library membership is free for South Australians.



Throughout 2007–08 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.

Pamphlets and other resources are available to download from the website, or can be ordered from SHine SA.

The total number of resources distributed in 2007–08 was 161 630.

The resources most commonly ordered this year were:

SHine SA youth card.....	16 967
Sex after you've had a baby	13 642
Youth online sticker.....	7628
Choices in contraception.....	7246
SHAW condom pack.....	7240
SHine SA clinics.....	5996
Tell it like it is.....	5666
Friendship and dating information.....	5656
Sexual health services at SHine SA.....	4555
Sexually transmitted infections.....	4215

Resource Centre

A selection of video tapes, DVDs and teaching resources is available for loan by organisations and individuals who have a paid subscription. Catalogues of video holdings and teaching resources describe each available item and the suggested target audience. Material is available on topics including:

Aboriginal health, reproduction, gay, lesbian, bisexual and transgender issues, contraception, foetal development, birth, infertility, relationships, sexually transmitted infections, sexual concerns, adolescent health, disability and sexuality, men's health, multicultural issues, safer sex, women's health.

To search the online resource catalogue go to <http://db.dircsa.org.au/dbw/shineresqbe.htm>

New resources

Sexual Health Fact Sheets

SHine SA has developed the following series of fact sheets for professionals and other interested community members, presenting a range of social, statistical and demographic information about sexual health and relationships.

Fact Sheet 1	Definitions of sexual health and sexual rights
Fact Sheet 2	Improving relationships and sexual health in South Australia
Fact Sheet 3	What causes sexual health and 'ill-health'?
Fact Sheet 4	Different approaches to sexual health and wellbeing
Fact Sheet 5	Social attitudes to relationships and sexuality
Fact Sheet 6	Sexual knowledge and behaviours
Fact Sheet 7	Pregnancy and parenting at a young age
Fact Sheet 8	Unplanned and unwanted pregnancy
Fact Sheet 9	Sexually transmitted infections (STIs)
Fact Sheet 10	Sexual violence
Fact Sheet 11	Poorer and inequitable sexual health outcomes for some populations
Fact Sheet 12	Sexual health and wellbeing of Aboriginal people and communities
Fact Sheet 13	Sexual health of people living in country South Australia
Fact Sheet 14	Sexual health and relationships among disabled and chronically ill people
Fact Sheet 15	Sexual health of young people
Fact Sheet 16	Sexual health of people from culturally and linguistically diverse (CALD) backgrounds
Fact Sheet 17	Sexual health of people of diverse gender and sexuality

The fact sheets can be viewed and downloaded from the SHine SA website at www.shinesa.org.au.

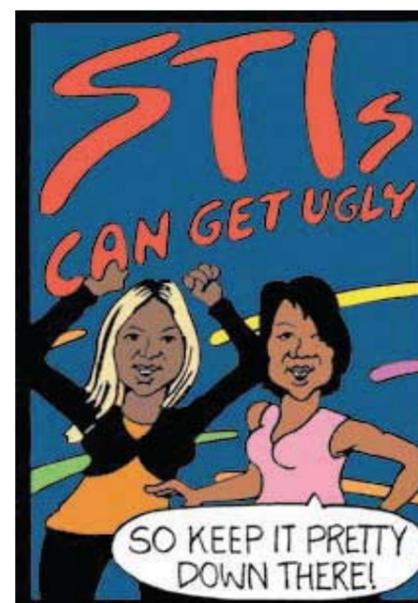
Aboriginal STI resources

SHine SA has produced two new resources for young Aboriginal males and females: *STIs can get ugly – Keep it pretty down there* (females) and *Keep it palya down there* (males). The fold-out cards, initially developed for distribution at Croc-fest, reinforce practising safer sex and having STI checks. The cards are available for free from SHine SA.

Danny



Aboriginal STI resources



Aboriginal STI resources



Sexual Health Fact Sheets

Australia is ambivalent about sex—it is everywhere you look, it permeates every aspect of contemporary popular culture. Yet, of our own experiences, most of us are routinely silent.

SHine SA Fact Sheet 5
Social attitudes to relationships and sexuality

Sexual Healthline

tel **1300 883 793**

9 am to 1 pm Monday - Friday

email Sexualhealthhotline@health.sa.gov.au

1800 188 171
country callers

(08) 8300 5300
TTY

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





A SHine SA registered nurse working on the Sexual Healthline

Sexual Healthline

The Sexual Healthline operates between 9am and 1pm Monday to Friday excluding public holidays. Country callers are able to use the toll free line and the hearing impaired community can use the TTY (telephone typewriter). We connect with the Translating & Interpreting Service if callers can tell us their phone number and their preferred language.

A telephone service for the purpose of sexual health enables the caller to ask questions about an area of their life that they may have been too embarrassed to ask anyone before. In the private world of sexual relationships, the only gauge we get of 'normal' is from the media, which often means that there can be unreal expectations. A diagnosis of herpes can seem devastating when first diagnosed but talking to one of the sexual health nurses can put it into perspective and assist the caller to cope with this news.

The nurses who operate this service have a vast knowledge of 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 and unplanned), sexual difficulties, sexual preference, puberty and menopause.

Sexual health email queries (sent to sexualhealthhotline@health.sa.gov.au) are also responded to during this daily session. Many of these queries come from people using our website at www.shinesa.org.au.

This year has been a big learning curve for me in my new role of Community Health Nurse, and working on the Sexual Healthline has helped to consolidate my skills and gain valuable experience.

The Sexual Healthline is valued by the community with many callers expressing their relief that they have been able to discuss their questions with a qualified health professional. This service also receives many calls from doctors, nurses and other workers.

Kellie

Giving a face-lift to a great resource

For the last 12 months a small group of Youth Advisory Team (Y@) members, Multicultural Peer Educators and workers have met to develop a new resource for SHine SA's Resource Centre. The group consists of Jacqueline (CALD Community Health Worker), Rob (Community Health Worker/Y@ leader), three Multicultural Peer Educators (Huria, Khadija and Ali) and two Y@ members (Veronica and myself).

The 'What do you reckon?' game is a resource which has been around SHine SA for quite some time now. It is used when working with groups and consists of a large number of 'thought provoking' cards. These are shown to the group to get them thinking of the scenario written and illustrated on the card and then to decide if it is 'safe, unsafe or safe only if' in terms of potential harm.

As a group we found that this resource worked really well but thought it could use some updating to be more relevant for use with other groups. The resource we have now developed is designed to be targeted at people with

different cultural and disability backgrounds but also can be used in the mainstream setting.

We got together and brainstormed what we thought needed to be added. This brought up some great discussions within the group. Once we had our list of additions we needed to find illustrations to make the new cards. We used magazines and the internet for this. We also needed to add and update our new cards to the 'notes for the facilitator' which provides possible questions and answers to support whoever is using the resource.

We have yet to come up with a fresh name for our resource but be sure to keep an eye out for it around SHine SA in the near future.

Nick



Bianca and Nick at the Disability Fun Day

Clinic locations and services

Doctors and nurses provide confidential sexual health services for both women and men. A fee of \$20 is payable each year. Concessions are available.

Northern clinics

Telephone **(08) 8256 0700** for details on days/times and appointments

- Davoren Park • Salisbury Shopfront [Appt 8281 1775]
- Modbury [Tea Tree Gully Community Health Service]
- Lyell McEwin Health Service (evening clinic/nurses only)

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) 8300 5301** for details on days/times and appointments

- Woodville GP Plus Health Care Centre • Gilles Plains Women's Health Clinic

Youth clinics

Salisbury Shopfront

Thursday pm
Shop 4/ 72 John Street, Salisbury
Appointment recommended:
(08) 8256 0700

SHine SA

Tuesday and Friday pm
Woodville GP Plus Health Care Centre
64c Woodville Road, Woodville
(08) 8300 5301 or drop in



Strong evidence suggests that sexual health can be achieved only with a comprehensive primary health care approach.

SHine SA Fact Sheet 4
Different approaches to sexual health and wellbeing

Sexual Healthline statistics

In 2007–08, 2227 clients contacted the Sexual Healthline.

Mode of contact

Telephone	87%
Written/Fax	2%
Face-to-Face	0.76%
Electronic (email, internet)	9%

Type of clients

Male	17%
Female	81%
Professionals	11%

Top 10 reasons

Contraception issue	41.67%
Sexual health	11.85%
Pregnancy issue	6.33%
Sexually transmitted infection	4.36%
Herpes	2.83%
Erectile difficulties	2.25%
Menopause	1.62%
Genital warts	1.53%
Male genital/pelvic issue	1.53%
Abortion/termination of pregnancy	1.48%

Website statistics

There were 603 121 sessions accessed on our website from 1 July 2007 to 30 June 2008

Top 10 areas accessed on the website:

Youth online	24%
Welcome	21%
Select a topic	14%
Courses and Workshops	12%
Special projects	5%
Publications	3%
SHine SA services	3%
Disability Work	3%
GLBTIQ community	2%
Teachers	2%

Top 10 resources downloaded from the website:

Clinic locations (PDF)	5.10%
The Pill (PDF)	2.14%
Choices in contraception (PDF)	1.93%
Contraceptive implant (PDF)	1.57%
Sex dictionary (PDF)	1.48%
Intra-uterine device (PDF)	1.45%
Sexual health statistics	1.27%
MEDS (March 2006) (PDF)	1.24%
What do you reckon? (PDF)	1.20%
Emergency contraception (PDF)	1.15%

before it gets too hard...

...think about protection and get tested for infection.

Be prepared. Sexually transmitted infections (STIs) are more common than you might think. Take chlamydia – the most common notifiable sexually transmitted infection in South Australia. The number of people infected is increasing and people under 30 years most at risk.

Why? Well, often there aren't any symptoms, so how do you know if you have it? You might be infecting your partners without knowing. Or they could be infecting you. Chlamydia is something you can't see.

Left untreated chlamydia can lead to testicular infection, pelvic inflammatory disease, and can even lead to infertility.

So protect yourself – if you are sexually active, always practice safer sex and roll on a condom.

Testing's simple. Often all you need is a urine test. And most STIs, like chlamydia, are easily treated. So there's no excuse – if you're sexually active, look after your health by having regular STI checks – see your GP or a doctor at:

SHine SA clinics
East/West (08) 8300 5301
North (08) 8256 0700
South (08) 8325 8164

Second Story Youth Health Services
Central (08) 8232 0233
North (08) 8255 3477
South (08) 8326 6053
West (08) 8268 1225
Youth Healthline 1300 13 17 19

Clinic 275 (08) 8226 6025

For more info on STIs go to www.shinesa.org.au or contact:
SHine SA's Sexual Healthline
9am – 1pm Monday to Friday
Telephone: 1300 883 793
Toll free 1800 188 171

Condoms reduce the risk of STIs and pregnancy as long as they are used correctly. They won't protect against STIs if the infection is on other parts of the body and skin to skin contact occurs.

AT SHINE SA THEY TELL IT LIKE IT IS.

HAVE YOU CHECKED OUT THE WEBSITE?

www.shinesa.org.au

email: info@shinesa.org.au

IDAHO (International Day Against Homophobia) 2008

☀ May 17 was chosen as the date to celebrate IDAHO as that was the day that the World Health Organization removed homosexuality from its list of mental illnesses... in 1990 – that's only 18 years ago!

IDAHO came to South Australia in 2006 when a group of workers in the northern suburbs, called Northern Voices, started an email campaign to raise awareness of IDAHO and raise homophobia as an issue for everyone. 2007 saw a wider campaign, with workers from a range of agencies across Adelaide getting together to celebrate IDAHO.

In 2008, we re-vamped last year's poster and postcard and created a new pamphlet that explained what homophobia is, what IDAHO is and what supports are available in the community. This year IDAHO went 'tech' – Facebook and Myspace sites were added to the growing list of resources that we use to advertise and celebrate IDAHO each year.

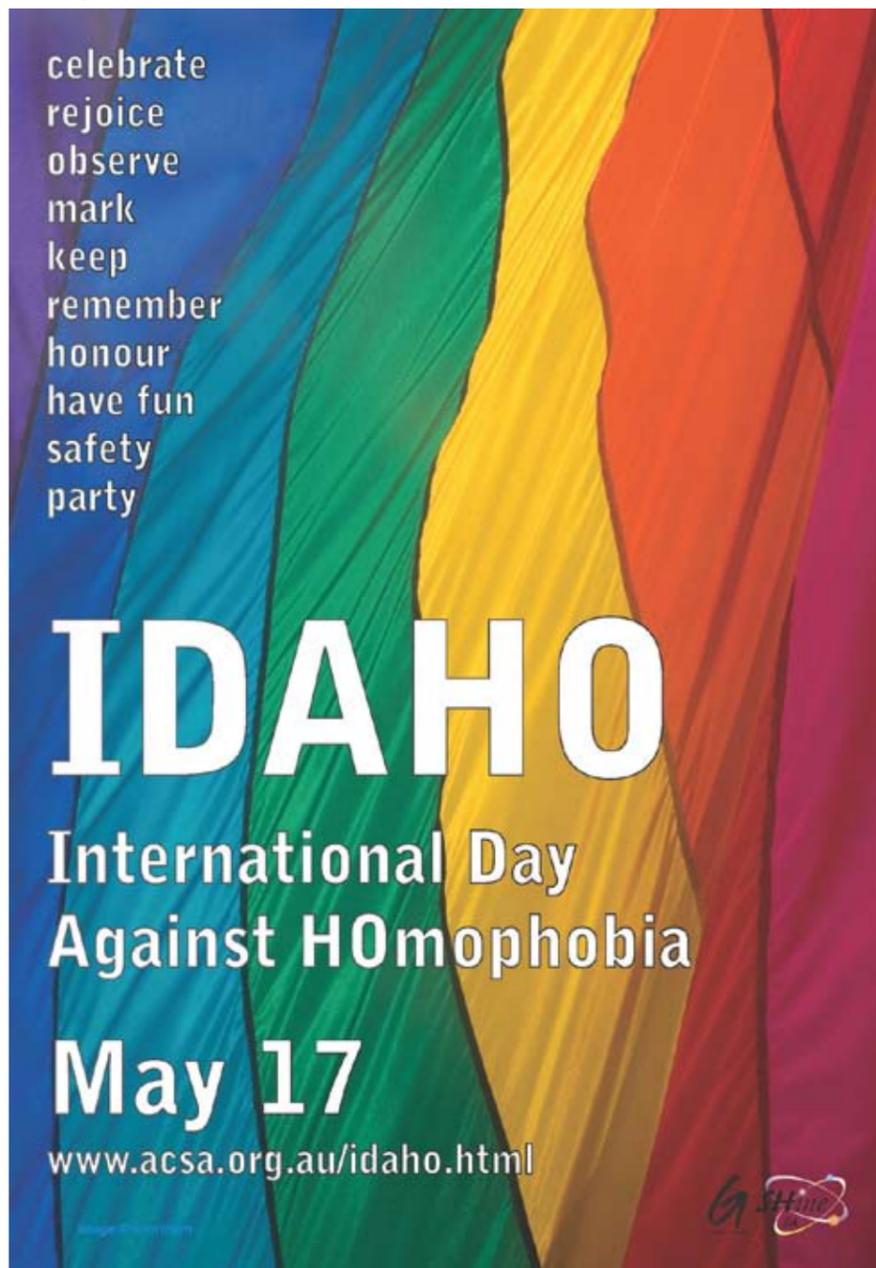
The AIDS Council of South Australia arranged a special edition IDAHO condom pack, as well as contributing work from their brilliant designer, who was responsible for these vibrant designs.

Promotion of IDAHO popped up in unexpected places. During an event in Mount Gambier, an audience member attending a play that touched on the issue of homophobia let everyone know about IDAHO. If you went to either the Equal Opportunity or Southern Division of General Practice websites, you'd find a range of information on IDAHO, which was another first for 2008. We achieved a broader promotional spread this year, thanks to the efforts of the planning committee and in particular Hugh, a student on placement at Gay Men's Health. IDAHO packs went to over 150 health agencies across the state!

This year's theme was addressing healthcare: providing health services free of discrimination. Gay & Lesbian Health Victoria (GLHV) gave us permission to adapt their health services audit and we distributed this to health care agencies throughout the state, together with a few suggestions for implementing the audit and where to go for support to make services more accessible. The audit was also available online and we encouraged community members to assess the agencies that they attended.

SHine SA teams used the audit to self-assess our services and the outcomes will inform staff training that is planned for 2009. (You can still access the audit via www.acsa.org.au/idoaho.html – you don't have to wait until next May 17!)

IDAHO 2008 was launched on 17 May, a FREEZING, wet and windy Friday morning, at the Nexus arts space in the city. About 40 hardy souls braved the weather to see Linda Mathews (Equal Opportunity Commissioner), Daniel Clarke (Feast Artistic Director) and Vicki Bennett (Doctor) launch IDAHO 2008 and share in the delicious IDAHO cake. It was great to see a diverse mix of people



– for me it highlighted the fact that homophobia affects everyone.

A range of IDAHO activities took place around the state. People gathered together for morning or afternoon teas. Some held stalls at local shopping centres. IDAHO committee members spoke on local radio stations. There were video screenings and discussions and a picnic was planned in the southern suburbs of Adelaide. This is what it's all about – coming together to challenge homophobia. And it was so good that we're going to do it again next year!!

The theme for IDAHO 2009 is to combat homophobia within cultural communities, to raise awareness among

the newly arrived and to support gays and lesbians from these communities. Together with the Department of Education, we're currently exploring opportunities for celebrating IDAHO in schools. Stay tuned! We've started planning already but there are plenty of ways to be part of IDAHO. If you'd like to be involved contact Craig at SHine SA's Southern Team.

For more information on IDAHO:

- in South Australia: www.acsa.org.au/idoaho.html
- internationally: www.homophobiaday.org

Craig

Shaping the Future: Third Regional Multicultural Conference

☀ In September 2007, Jacqueline (Community Health Worker, multicultural focus, SHine SA East/West Team) and I (SHine SA Southern Team) travelled to Mount Gambier to attend the third Regional Multicultural Conference. The conference was organised jointly by the Migrant Resource Centre, Regional Multicultural Communities Council and Limestone Coast Multicultural Network.

As members of the Culturally & Linguistically Diverse Portfolio at SHine SA, both Jacqueline and I were interested in networking and meeting with workers and community groups with the view to return and run workshops and education sessions for community members and workers. Representing the Southern Team, I was keen to establish contacts in the south-east rural region.

The conference program offered a variety of speakers from academic, health and community project backgrounds with the focus being on cultural, economic, and social aspects of the regional settlement of immigrants and refugee communities. There were some insightful speakers who emphasised issues of social capital and inclusion and the need for increased cultural awareness in regional communities, as well as increased services and affirmative strategies, in order for effective settlement to occur.

Jacqueline and I set up a display of SHine SA leaflets and resources among the other stalls for the duration of the conference. We met local workers such as TAFE SA staff who teach English as a Second Language, the coordinator of Lifeline's Welcome Program for Skilled Migrants, and the Program Administrator for the Flinders University Rural Clinical School. We called into the Mount Gambier Community Health Service, met with the Women's Health Nurse and provided her with SHine SA leaflets and resources.

All of these workers seemed very keen for us to organise a return trip in order to provide sexual health awareness sessions for the culturally and linguistically diverse communities in the region, such as the Burmese and Chinese communities. There was also interest from local health care professionals to have sexual health update sessions. We are currently making plans for this return trip.

In addition to enjoying the conference sessions, successful networking and connections, there was wonderful entertainment, which included African dancing groups and local school choirs. Our only disappointment was not seeing the brilliant blue of the Lake!

Stephanie



SHine SA staff participating in the Pride March 2007

Pride March 2007

☀ SHine SA has been involved in every Adelaide Pride March so far, so once again we dusted off the marching boots and hit the streets... we also commissioned a new banner and had a few planning meetings first!

SHine SA's Youth Advisory Teams (Y@s) provided lots of energy and ideas. Since they've been involved, it's definitely been a louder, more colourful SHine SA presence.

Due to frequent requests to include family and friends within our SHine SA group in the march, we decided to host an information night where staff could invite their loved ones to a session to prepare for the march. We discussed safety issues, the history and meaning of the Pride March and its impact on sexual health... as well as practising these cool chants: (feel free to chant along)

- Hatred's the perversity! Celebrate diversity! (clap clap – clap clap)
- 2, 4, 6, 8! Feast is here, let's celebrate! (clap clap – clap clap)
- We are people, we are free! Celebrate diversity! (clap clap – clap clap)

- We've all got whistles and we've all got drums! We've all got nipples and we've all got bums! Unite! (clap clap) Unite! (clap clap)

The theme of this year's march was 'love', so we got out the scissors and cut out hundreds of red hearts which we decorated with 'love' or 'I love you' in different languages. It didn't matter what language it was, they all looked right at home on a big red heart. And they looked right at home on our hardcore marching team!

Those who went along might not have seen us over the crowd but they certainly would have heard us. A huge wine barrel that had been converted to a drum kept us in time, the whistles kept up our energy and the Y@s chanting on the megaphone reminded us of why we were there. As usual, there were plenty of happy, smiling faces.

The march ended at Adelaide University, where the crowd continued the party for the FEAST festival opening night. Plans are already underway for Pride March 2008 – we hope to see you there!

For more info on Pride go to www.prideadelaide.org

Craig



SHine SA staff participating in the Pride March 2007



SHine SA Y@ member and staff participating in the Pride March 2007

Southern Voices

Southern Voices is a new forum to talk about issues facing the gay, lesbian, bisexual, transgender, intersex and queer communities, south of the city. The forum welcomes people from the community as well as allies (friends, family workers). It's open to anyone who wants to work together to challenge heterosexism and homophobia and to make our community safer for everyone regardless of how they identify.

Southern Voices provides a place to find out what services and supports are available, as well as an opportunity to talk directly to agencies that provide some of these services. For workers, it can be a valuable forum to make sure they're meeting community needs and to check in with other people doing similar work.

We currently meet four times a year but there's always the opportunity of meeting in between for special events. It's still very early stages but there's a core bunch of folks that are committed to working together and we're exploring how best to make it happen – why not join us for the ride?!

For more information about Southern Voices, contact Craig at SHine SA's Southern Team.

Craig

Diversity in Health Conference

This year SHine SA presented a workshop at the Diversity in Health Conference in Sydney (10–12 March) that brought together a number of eminent Australian and international leaders in the area of diversity and health practices. The conference provided an excellent opportunity for attendees to engage in discussions in various health priority areas such as physical, mental, social and emotional wellbeing of individuals, communities and society.

Our topic, 'Cross Cultural & Sexuality Workshop – Working with Migrants and Refugees', was presented by Jacqueline and Lud. The purpose of the workshop was to provide an overview of the two-day Cross Cultural & Sexuality Program that SHine SA offers here in Adelaide for health professionals and to give participants an opportunity to experience and share in some of the activities that we facilitate during that program. We also aimed for participants to expand their knowledge and share their skills in the cross-cultural and sexuality areas, and to familiarise them with activities that they could use when working with migrants and refugees.

We discussed topics such as values exploration, cultural diversity, settlement experiences, use of interpreter services, STIs and contraception.

The participants' feedback acknowledged that there was

a need for workers to have the opportunity to be trained in this area and to develop their confidence, to reinforce and to expand their practices in working with migrant and refugee communities.

Jacqueline

Cheryl and Naomi at the 2008 SHAW Campaign launch held at the Northern Sound System



Talking Queer Straight Alliance Forum

SHine SA, in particular the East/West Youth Advisory Team, participated in an interagency event for FEAST 2007 – an event for the queer community.

With the East/West Team moving into the GP Plus building at Woodville, collocated agencies with youth participation as part of their practice worked closely together to improve services available in the west. As part of this initiative the youth advisory and peer educator teams from a range of services came together to look at the possibility of creating a space which would support same-sex attracted young people and their allies. Considering creating a mutual safe space which combined same-sex attracted people and their friends who are not same-sex attracted is not new. From an international perspective this has been done in various countries for many years, but never formally in Australia.

The young people who were connected to this short-term project posed a number of questions relating to the notion of Queer Straight Alliances: Do Queer Straight Alliances exist in Australia? If they do not exist, why? Would a Queer Straight Alliance work in Australia and specifically in Adelaide?

Each year the FEAST Festival creates the opportunity for organisations and individuals to conduct a number of professional and community-based forums covering a broad range of issues. SHine SA, The Second Story's Inside Out and Evolve projects, Dale Street Women's Health and The Parks Community Health Service combined to facilitate a forum during FEAST 2007. The forum was very well supported and attended by both queer and wider community members.

Young people from each agency co-hosted the event and a panel of guests worked with them to answer a range of questions posed by the audience and the panel. The conversation generated was both spirited and passionate. Some panel members recounted what it was like to grow up same-sex attracted, struggling and unsupported, and one parent spoke of the struggles facing their same-sex attracted teenage child.

The notion of a space for young, same-sex attracted people and their supporters in school settings, religious institutions and the wider community was raised and debated. Panel members supporting this were from SA Police, who highlighted the Gay and Lesbian Liaison Officers in each local service area, and the Community Health sector, who also raised issues of equity and access to health and allied services. Two queer-friendly, religious ministers discussed the dichotomy that exists for some people being queer and wanting to experience their faith.

The peer educators and youth advisory team members did a fabulous job, driving the discussion towards a natural conclusion. A commitment to support such a space in the near future was unanimous, and as an outcome of the forum this is a work in progress for the western region.

Rob

Time To Delight

I loved a woman but I ended up dating her brother
fell for a woman who was out and strong
and then another
this is not a disease
and it's nothing to do with my mother
some women turn me on

I loved a man who was not in love
with the sound of his own voice
fled from a different man
who tried to take away my choice
lived to love another day
and to rejoice
that some men turn me on

I love a woman, I would never try
to possess her
I love a woman, never need to lie
to impress her
loves to laugh, knows how to cry
relishes pleasure
this woman turns me on

I'm taking the time to delight
in the way that I feel
trying to please everyone
finally lost its appeal

I loved a woman but I ended up dating her brother
fell for a woman who was out and strong
and then another then another then another
this is not a disease
and it's nothing to do with my mother

some women turn me on
some people turn me on
this woman turns me on

I'm taking the time to delight
in the way that I feel

lyrics/music © vicki bennett 2008

Thanks to Vicki Bennett for allowing us to reprint her work. You can download *Time to Delight* for free at www.thestandarddeviations.com

Call to Action

- National Sexual and Reproductive Health Strategy

SHine SA supports the Call to Action for a National Sexual and Reproductive Health Strategy, which was launched by the Parliamentary Group on Population and Development at Parliament House, Canberra, on 26 June 2008. SHine SA has played a significant part in the development and advocacy for this strategy through the national peak body Sexual Health and Family Planning Australia, working in partnership with the Public Health Association of Australia and the Australian Reproductive Health Alliance.

Kaisu

Working and advocating for people living with disability in the East/West

One-to-one disability work in the East/West region

There has been a steady flow of requests for services for people in the East/West region. Many of the enquiries have been for services in one-to-one education or a combination of counselling and education, or education of a client about what to expect from a clinical service prior to a clinical appointment.

There has been an increase in the number of clients who have required someone to be an advocate for them. Sometimes a client will have a worker, parent or carer to do this and other times part of our work is to support them (parent, worker or carer) to advocate more effectively for their client. One example required intervention for a client in pain, where no-one in his network had picked up on the need for a comprehensive, medical assessment. Another example was to stop long-term familial abuse from continuing. Sometimes the intervention or service takes many forms in order to reach client outcomes.

Another component of the work is the need for advocacy and or referral to other agencies and organisations. This occurs when the person making the inquiry for a service considers SHine SA the best agency to meet the needs of their client, where in fact the issue may not be related specifically to sexual health. There is a huge deficit in the number of agencies delivering comprehensive and affordable services to clients, so SHine SA is contacted with the hope of gaining some form of support or assistance. Respectfully supporting the client, carer or family member to find the right service to fit their need can be a large component of the intake and assessment process.



With nurse Sonia taking extended leave the East/West Team has been without a female staff member to pick up the one-to-one education with female clients. This has meant that our male team member has worked alongside the parents, carers or workers to support the educational needs of the clients. We look forward to additional workers taking on this important work now that they have participated in the Disability and Sexual Health Course.

The nature of requests for one-to-one education programs from disability support services, self-referral, family and carers include:

- **public and private spaces** – learning what is appropriate and inappropriate sexual and non-sexual behaviour in each setting
- **protective behaviours** – gaining an understanding of parts of the body and what is public and private; learning personal boundaries and saying NO and saying YES; identifying feelings associated with unwanted touch; mapping who to tell or ask for help if needed
- **puberty issues** – physical and emotional developmental changes; menstrual management; masturbation; contraception options; understanding friendships and relationships; physical and sexual safety and sexual assault issues
- **social isolation** – gaining an understanding of how people communicate with each other in social settings; where people meet other people; how to structure a conversation... past hello; working towards connecting the client with social groups; promoting and advocating for inclusion of young people with a disability in social networks in their local region
- working with workers, carers and/or family members in the disability sector to better support young people with a disability by acknowledging and supporting the need for healthy communication about relationships and sexual health

Group work

Education sessions for groups have continued throughout the year and have been provided at a range of organisations and agencies across the central region.

Disability Expo

This major exhibition is the highlight of the year as agencies and organisations throughout the metropolitan and country sector promote their services to people living with a disability. SHine SA participated in the Expo and received many favourable comments from people looking for information and advice about friendships/relationships and broader sexual health issues. It was also a great place to network with workers from within the sector and learn what services are currently available in South Australia for people living with a disability.

Rob



Risk management

Risks are those things that may threaten the achievement of SHine SA's Strategic Directions. At SHine SA, risk management is about sound management to avoid adverse effects while taking advantage of development opportunities. Risks are inherent in everything we do and, in order to reduce the likelihood of adverse effects, risks need to be managed continuously and systematically. We take a preventive and proactive approach.

Risk management is based on the generic *Australian/New Zealand Standards for Risk Management (AS/NZS 4360:1999)* and assessed against these standards.

SHine SA has five Advisory Committees that provide a governance structure for specific areas of operations including clinical services, therapeutic counselling, community and professional capacity building and Occupational Health and Safety, including client safety. There is representation from each team and management. The committees report to the Council through the CEO. The Council plays an active role with management to monitor the organisation's financial, legal and political risks.

Outcomes for 2007–08:

- There were no WorkCover claims.
- There was one property damage claim related to a break-in.
- There were no public liability claims.
- There were no medical negligence claims.
- A balanced end of year financial position was achieved.

Anne

Kaisu

'Very relevant, challenging and thought provoking.'

As a whole organisation we have discussed how we can take these issues forward and contribute to the project of reconciliation. Each SHine SA team has also taken this work back to their region.

The Hon Mr John Hill, Minister for Health and Mr Richard Bruggemann, SHine SA Council, at the launch of Woodville GP Plus building, 3 October 2007



Aboriginal Cultural Awareness

During this past year all SHine SA staff had the opportunity to participate in a two-day program of Aboriginal Cultural Awareness. The recommendation that this be provided to staff emerged from the work of the ATSI Portfolio Group.

The first day was in December 2007 and the second in May 2008, allowing time for us to reflect and integrate concepts between the sessions. Also during this time we experienced the Prime Minister's Apology to the Stolen Generations, which felt very powerful in the context of what we were exploring together.

The program was delivered by Jo and Pamela of the Australian Institute of Social Relations within Relationships Australia SA. The facilitators used videos, games, activities and discussion sessions to examine the history and the effects of colonisation on Aboriginal people, how these have benefited non-Indigenous Australians and the continuing consequences of this today. While the program was sometimes confronting, SHine SA staff overwhelmingly rated the training as good or excellent and had the following comments:

'More awareness – an understanding of what I can do.'

'A new revitalisation of energy to fight racism.'

'Reflective challenge of inner beliefs and attitudes.'

'A lot to take in, very thought provoking. Gave me more knowledge to challenge others.'

'Now I have greater knowledge of Aboriginal history over the last 200 years and a desire to make a difference, however small.'

'I learned about a part of history that's very rarely taught.'

Occupational Health & Safety Committee

As Chairperson of the Occupational Health & Safety Committee at SHine SA, I would like to thank the hard work of all committee members for their commitment and contributions this year.

The committee has continued its aim to make SHine SA a safe and environmentally aware workplace. Along with our annual workplace audits and updating of Material Safety Data Sheets, there have been new and innovative initiatives to promoting the health and wellness of SHine SA employees.

Revisiting earlier organisational initiatives into SHine SA being a Health Promoting Health Service, committee members wrote a Wellness Proposal to put to management. Suggestions were made around healthy eating policies, smoking cessation programs, fitness programs and Wellness days where staff would be able to use up to 3 days of their sick leave as paid leave to do self-care, have screening or other health activities to promote physical and emotional health.

A Food and Catering Policy was developed and circulated to staff and management, proposing healthier food, sourced locally, when catering for groups and course participants undertaking training at SHine SA sites. This

will be followed up in the 2008–09 financial year.

will be followed up in the 2008–09 financial year.

In supporting a greener workplace, the committee welcomed the Green Watch at SHine SA initiative in 2008. An initial workshop for about 16 SHine SA staff was facilitated by a New South Wales consultancy group, Footprint Directions. We looked at ways in which SHine SA could reduce its carbon footprint and incorporate more environmentally sound practices. We currently spend a considerable amount of time travelling to internal meetings between regions, adding to carbon emissions and affecting work/life balance and wellness of staff. A working party will develop a survey about travelling time and distances for all SHine SA staff to complete.

The committee developed a Staff Satisfaction Survey which 51 SHine SA staff completed in June 2008. The results will be analysed and reported on in the next month or so. Regular Health and Safety Newsletters have kept staff informed about various issues such as reporting accidents, giving up smoking, eye safety, ergonomics and flu vaccines.

The committee wishes to thank SHine SA staff for their role in maintaining a healthy and safe work environment.

Stephanie



SHine SA staff presentations @ conferences

Women's health issues in general practice

Rural Docs Workshop
Sebel Playford Hotel, Adelaide
10 November 2007

Dr Katrina Allen
Medical Education Coordinator

Contraception today

Royal Australian College of Physicians Annual Conference
Adelaide Convention Centre
13 May 2008

Dr Katrina Allen
Medical Education Coordinator

Contraception update

Women's and Children's Health Education Day
Basil Hetzel Lecture Theatre, UniSA
17 May 2008

Dr Katrina Allen
Medical Education Coordinator

Update in contraception and women's health

Locum Upskilling Day
Meridien Hotel, North Adelaide
26 June 2008

Dr Katrina Allen
Medical Education Coordinator

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 and 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 PO Box 76 Woodville SA 5011 or email: info@shinesa.org.au

Comments and feedback

The members of the Annual Report Committee (ARC) hope you find this report 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
PO Box 76 Woodville SA 5011
tel: (08) 8300 5345 fax: (08) 8300 5399
email kaisu.vartto@health.sa.gov.au

Annual Report Committee

This year's Annual Report has been organised, coordinated and edited by Kaisu, Helen, Kathy, Kelly, Désirée and Danny, who together formed the Annual Report Committee. The Committee would also like to thank SHine SA staff for their timely contributions.

Solomon Islands HIV Project

Ralph and Jane were appointed as the project workers to this project in late October 2007. SHine SA is working in partnership with World Vision on this project. The stated outcomes for our component of the project are two-fold:

1. Review existing culturally appropriate HIV resource materials and in consultation with target groups in the Solomon Islands produce new resources.
2. Develop and deliver a four-day train-the-trainer workshop using the new resources.

The project involves the project workers travelling to the Solomon Islands twice, firstly for the consultation late November 2007 and the second time for the training course, planned at this stage for late August or early September 2008. The main focus of the activity is the large island of Malaita, about a half hour flight from the capital Honiara.

Several drafts of the booklet and posters have been done and currently Solomon Islands workers are modifying these latest materials based on our feedback. The resources are a story book that includes eight posters. The concepts were developed in consultation with the Solomon Islands project workers during the week-long November 2007 trip. The story involves eight characters who talk about HIV/AIDS and engage with the important issues around transmission, protection, social context of the disease, testing and care. The purpose of the story book is to support the posters by providing further information, and presenting relevant issues and situations that can stimulate discussion. It is designed for use in a range of settings (e.g. schools, health care centres, community peer education and community groups).

The training program is now being developed for the next visit. The aims for the training are to introduce and promote the new materials, improve basic HIV-related knowledge, facilitate learning about issues of gender and power in sexual transactions, and assess as successful at least 6 of the 30 participants who attend the training so they can facilitate further training throughout Malaita and another island, Gizo.

A booklet of training notes will accompany the story book to explore the issues, develop skills and provide additional relevant information.

It is hoped that the resources will also be taken up and used throughout the nation by World Vision and the Solomon Islands Ministry of Health.

Jane & Ralph

Asia Pacific Conference on Reproductive and Sexual Health

During October 2007, in my capacity as Youth Advisory Team member/peer educator at SHine SA, I had the opportunity to be a Youth Delegate for the International Planned Parenthood Federation (IPPF).

I attended the 4th Asia Pacific Conference on Reproductive and Sexual Health held at the Hyderabad International Convention Centre in the city of Hyderabad, India. During the three-day youth forum we discussed issues covering a wide range of topics including:

- reproductive rights of young people
- inadequate health services
- power displacement
- culture and religion
- teen pregnancy
- sexually transmitted infections and HIV/AIDS
- contraception
- men who have sex with men
- queer community

During the youth forum we identified five main issues, then split into groups and were asked to consider a range of ways to support, manage or deal with that particular issue. We then presented back to the main group a list of possible solutions. Working through each of the topics in this process was amazing.

Each youth representative brought to the table a different understanding or approach to the issue based on their country/regional perspective. Listening to the major themes of the conference, I shared with my fellow youth delegates that we need to teach our children to love and respect themselves, before they love others. For me, this was the underpinning foundation for all sexual and reproductive health issues discussed at the conference.



I was excited to be able to attend an international conference and as a young woman represent Australia on sexual and reproductive health issues. It was a privilege to be able to pass on what knowledge I have gained in my time as a peer educator and Youth Advisory Team member at SHine SA to other young people internationally and also to learn from the other delegates.

I would like to thank SHine SA for supporting me to attend this conference.

Skye



Skye (second from right) with other participants of the Asia Pacific Conference on Reproductive and Sexual Health, Hyderabad, India

The sky is the limit!

I have been lucky enough in the last few months to have been nominated by SHine SA and SHFPA (Sexual Health & Family Planning Australia) to represent them as the Youth Delegate at two international events in Kuala Lumpur, Malaysia and New York, USA for the International Planned Parenthood Federation (IPPF).

The first was an international meeting in New York last December at the United Nations (UN). The IPPF Western Hemisphere Region took youth delegates from each of the six global regions of the world and provided us with training in lobbying and advocacy and how the UN operates and works before we all joined forces with the International Women's Health Coalition to form the International Sexual and Reproductive Health Coalition. Here we actively lobbied governments at the United Nations Commemorative High-Level Plenary Meeting Devoted to the Follow-Up to the Outcome of the Twenty-Seventh Special Session on Children. We lobbied and advocated for comprehensive sexuality education and sexual reproductive health issues to be recognised and put onto the agenda, along with ensuring that the rights and views of young people, children and adolescents were well reflected in the draft declaration.

The second international event took place in Kuala Lumpur, Malaysia. On 23–24 July the East South East Asia Oceania Region of IPPF had their annual meeting of Regional Council and Executive Directors from the region, at which was also held their three-year election. I took part in a two-day Regional Youth Forum of the ESEAOR representing SHFPA. The meeting provided a platform for young people from 28 countries to share different experiences and successes in relation to sexual reproductive health, advocacy and youth participation. Out of the meeting came a three-year strategic plan that all countries agreed upon. The main aim of the plan, through various objectives, strategies and activities, is to work towards 'ensuring that all adolescents and young people are aware of their Sexual Reproductive Rights and are empowered to make informed choices and act on their Sexual Reproductive Health'. Also to come out of the meeting was the election of seven Youth Delegates who have voting rights, elected by their peers to the Regional Council for the next three years.

Overall the experiences have provided me with lifelong captivating lessons on both a personal and professional level. I would like to take the opportunity to thank SHine SA and SHFPA for allowing and supporting me to participate in both these international forums. I now look forward to the future and hope to be able to work in collaboration with all stakeholders in achieving some of the goals set forth in the strategic plan from the 2008 IPPF Regional Youth Forum, along with sharing lessons and experiences learnt from the international events and working towards ensuring that the views of young people, children and adolescents are constantly being heard and considered. After all, the sky is the limit!

Luke



Snapshots from Luke's Kuala Lumpur (top) and New York trips

President and Council

SHine SA is the predominant South Australian agency in the field of sexual health in service provision, advocacy, research, community development, resources and policy development for the benefit of the people of South Australia. SHine SA has also provided leadership for sexual health in the national and international arena.

I offer my initial report as President following the resignation of Allison Willis, who served Council over a considerable period of time and presided over many significant achievements. She reported last year on the shift to SHine SA's new premises, subsequently officially opened by the Hon John Hill, Minister for Health as the Woodville GP Plus Health Care Centre. The Centre provides an excellent example of government, private and non-government organisations joining together to improve primary health care services in areas of need by delivering integrated and responsive services.

As Allison reported, the building was completed in April 2007, with SHine SA and partner agencies providing arguably Adelaide's most comprehensive linked health services: GP Connect (after hours emergency medical service); Drug & Alcohol Services SA; Adelaide Western General Practice Network (Psychologists); The Second Story Youth Health Service; Child & Adolescent Mental Health Service; and Central Northern Adelaide Health Service.

The construction and fit out budget for the project was \$5 million (\$2 million from SHine SA through sale of the Kensington property and a \$3 million grant from the government). In accepting the grant, SHine SA also accepted that organisations would not be paying rent. The services provided from the Centre have been well utilised in the last 12 months with some 4800 clients seen by the after hours medical service, 900 clients seen by psychologists and drug and alcohol counsellors, 5200 SHine SA clinic and counselling clients, 12 000 participants in community education, and 3906 participants in workforce development programs. The Library and Resource Centre has provided lending and internet services for the community.

The relocation of SHine SA services and staff from Kensington to Woodville has represented a major commitment to social justice. The decision is based on clear evidence of need; many of SHine SA's main communities of interest are over-represented in the population of the western metropolitan region, an area of Adelaide that is recognised as having a comparatively high density of people with multiple disadvantage and poor social health.

The value of our Youth Advisory Teams (Y@S) and the enthusiastic young people who are involved once again came to the fore with two young Y@ members being nominated as Australia's youth representatives at United Nations and International Planned Parenthood conventions in New York, India and Malaysia. Their reports are included in this annual report. Two of our staff members have been involved in a sexual health



The President, Grant Gilbert with Kaisu Värttö, Chief Executive Officer and Mr Richard Bruggemann, SHine SA Council

and HIV project in the Solomon Islands in partnership with World Vision.

At a national level SHine SA has contributed to a 'call to action' for a national sexual and reproductive health strategy working with Sexual Health & Family Planning Australia, the Public Health Association of Australia and Australian Reproductive Health Alliance. Further information is available elsewhere in this report.

In the past 12 months SHine SA has continued to be at the forefront of initiatives aimed at addressing the social determinants of sexual health by providing programs and services that address sexual health literacy in the community. Nowhere is this more obvious than in the Focus Schools Program. The program began as the *share* program in 2003 with 15 state secondary schools (Years 8, 9, 10). Following a successful three-year pilot, it became the Focus Schools Program and in 2006 and 2007 an additional 29 schools elected to be a part of the program. In recognition of the success of the program, SA Health requested a proposal from SHine SA for expansion of the program across selected country and metropolitan locations. An additional \$240 000 per annum was confirmed in November 2007 which has allowed SHine SA to employ an additional three staff members. Twenty-two new schools have been targeted for the expansion in 2008, and an additional seven schools which requested involvement have also been included. The aim is to reach 60% of the state secondary schools by the end of the 2008 school year. To June 2008 some 1500 teachers have attended teacher training in delivery of the relationships and sexual health education curriculum to students. My own contact with a small representative number of enthusiastic teachers has left me totally convinced of the unique and significant value of SHine SA's Focus Schools Program and the professionalism of our staff responsible for its implementation. I remain bewildered by the generations it has taken to achieve a comfortable acceptance of an enlightened sexual health education program at a level where it is most needed! Congratulations to all who have been on the journey!

The Focus Schools Program is an excellent example of a highly functioning partnership between the Department of Education & Children's Services, individual school communities, SA Health and SHine SA.

Kaisu Vartto's dedication and entrepreneurial skill at the rudder of SHine SA has successfully navigated the 2007–08 reporting year with only slight adverse weather conditions! She has enjoyed a crew of most capable men and women, both staff and voluntary community members, with a potpourri of skills which, glued together, make SHine SA the unique organisation it is.

Honorary members of Council have overseen the governance role in regular meetings and support the work of SHine SA staff and community members. I am most grateful to them, and staff for assisting me in what is a steep learning curve!

Grant Gilbert

Health and wellbeing is affected by the start people have in life and their everyday life experiences from pre-birth on.

SHine SA Fact Sheet 3
What causes sexual health and 'ill-health'?

Lucy and Chris at the launch of Woodville GP Plus, 3 October 2007



The Hon Mr John Hill, Minister for Health with Agatha, Anthony and Nick, SHine SA Youth Advisory Team members, at the launch of Woodville GP Plus building, 3 October 2007

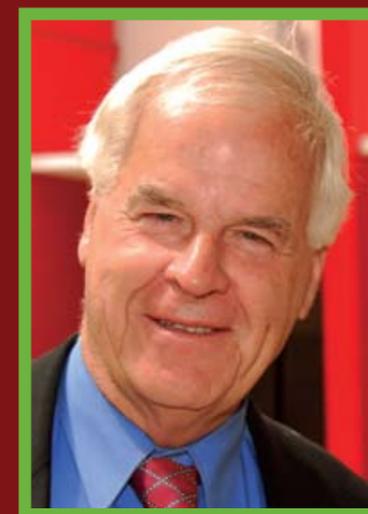
SHine SA says thanks!

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

- The Hon Mr John Hill, Minister for Health
- Dr Tony Sherbon, Chief Executive, Department of Health
- Dr David Panter, Executive Director—Statewide Service Strategy and staff of the Department of Health
- Management and staff of the Department of Health and Ageing
- 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



Sarah, Eddie, Cherie and Jo at the launch of Woodville GP Plus, 3 October 2007



Mr Grant Gilbert

President - SHine SA Council

Council members 2007–08

Grant Gilbert

President and Organisational portfolio

Dr Kylie O'Connell

Ministerial nominee and Deputy-president
Gay, lesbian, bisexual, transgender, intersex, queer, same-sex attracted portfolio

Dr Christine Putland

Young people 19 years and under portfolio

Richard Bruggemann

Disability portfolio

Allison Willis

Regional, rural and remote portfolio

Meg Lewis

Culturally & linguistically diverse portfolio

Dr Jenny Baker

Aboriginal & Torres Strait Islander portfolio

Professor Bruce Johnson

Workforce development

Anna Kennett

Young adults 20 to 30 years portfolio

Kathy Edwards

Staff nominee

Across

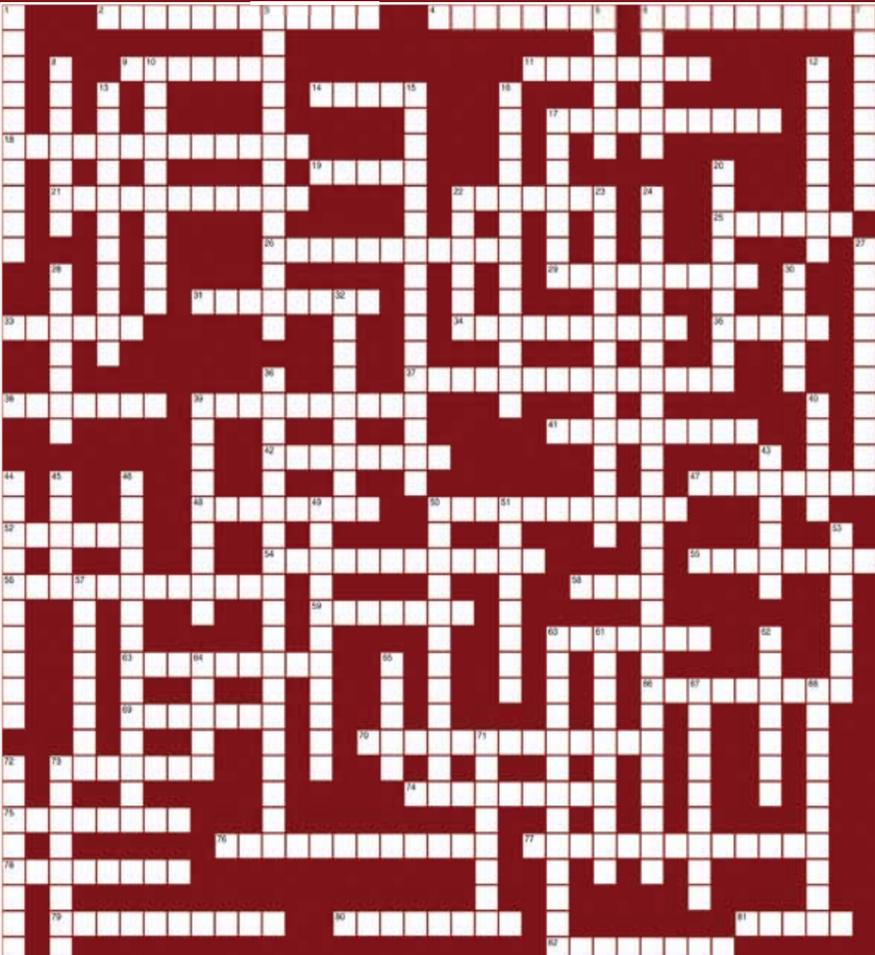
- 2 The virus that causes acquired immune deficiency syndrome (AIDS); it replicates in and kills the helper T cells (3,9)
- 4 Someone with no housing (8)
- 6 A common venereal disease which symptoms are painful urination and pain around the urethra (10)
- 9 The condition of being free; the power to act or speak or think without externally imposed restraints (7)
- 11 An act of aggression (as one against a person who resists) (8)
- 14 A precautionary measure warding off impending danger or damage or injury etc. (5)
- 17 Existing by consent (10)
- 18 Sexual intercourse before a marriage (10,3)
- 19 Having undesirable or negative qualities (5)
- 21 Readiness to embark on bold new ventures (11)
- 22 Concerned with work or important matters rather than play or trivialities (7)
- 25 Cut down on; make a reduction in (6)
- 26 A not uncommon congenital defect in which a vertebra is malformed; unless several vertebrae are affected or there is myelomeningocele there are few symptoms; can be diagnosed by amniocentesis (5,6)
- 29 Providing protective supervision; watching over or safeguarding (9)
- 31 One who lives through affliction (8)
- 33 Process or result of distributing or extending over a wide expanse of space (6)
- 34 Capable of being attained or accomplished (10)
- 35 An important question that is in dispute and must be settled (5)
- 37 An expected time to live as calculated on the basis of statistical probabilities (4,10)
- 38 Being of the age 13 through 19 (7)
- 39 The accumulation of knowledge or skill that results from direct participation in events or activities (10)
- 41 Having knowledge of (9)
- 42 Ideas or actions intended to deal with a problem or situation (8)
- 47 An exile who flees for safety (8)
- 48 Close or warm friendship (8)
- 50 Emotionally unstable and having difficulty coping with personal relationships (11)
- 52 The right to obtain or make use of or take advantage of something (6)

- 54 The act of intervening (12)
- 55 A determination of the place where something is (8)
- 56 A natural loss of the products of conception (12)
- 58 A substance that is used as a medicine or narcotic (4)
- 59 Of extreme importance; vital to the resolution of a crisis (7)
- 60 A formal association of people with similar interests (7)
- 63 Produce or try to produce a vivid impression of (9)
- 66 Moral soundness (9)
- 69 Expressing offensive reproach (7)
- 70 Accomplished by collaboration (13)
- 73 A vague unpleasant emotion that is experienced in anticipation of some (7)
- 74 A service involving care for other people's children (9)
- 75 Characteristic of a mother (8)
- 76 Characteristic of the present (12)
- 77 Mental or emotional as opposed to physical in nature (13)
- 78 One having both male and female sexual characteristics and organs; at birth an unambiguous assignment of male or female cannot be made (8)
- 79 Serving an aesthetic rather than a useful purpose (10)
- 80 A systematic means of communicating by the use of sounds or conventional symbols (8)
- 81 Possession of controlling influence (5)
- 82 Hinder or prevent (the efforts, plans, or desires) of (8)

Down

- 1 Widely circulated or diffused (10)
- 3 Including all or everything (13)
- 5 Failing to speak or communicate etc when expected to (6)
- 6 The properties that distinguish organisms on the basis of their reproductive roles (6)
- 7 Conforming exactly or almost exactly to fact or to a standard or performing with total accuracy (8)
- 8 Tending to occur among members of a family usually by heredity (7)
- 10 A person who gets something (10)

★ ★ Crossword



- 12 Your basis for belief or disbelief; knowledge on which to base belief (8)
- 13 Consisting of or derived from tradition (11)
- 15 Violence or physical abuse directed toward your spouse or domestic partner; usually violence by men against women (8,8)
- 16 An abnormal condition (13)
- 17 Being long-lasting and recurrent or characterized by long suffering (7)
- 20 The ratio of deaths in an area to the population of that area; expressed per 1000 per year (9)
- 22 A symbol of disgrace or infamy (6)
- 23 Excessive use of drugs (9,5)
- 24 An educational institution (6-5,5,7,4)
- 27 A number or ratio (a value on a scale of measurement) derived from a series of observed facts; can reveal relative changes as a function of time (10)
- 28 Any condition that makes it difficult to make progress or to achieve an objective (7)
- 30 Having or experiencing a rapid onset and short but severe course (5)
- 32 Of or relating to or used in or practising obstetrics (9)
- 36 Inflammation of the liver caused by a virus or a toxin (9,1,9)
- 39 Determined or actuated by emotion rather than reason (9)
- 40 Term for an openly homosexual man (5)
- 43 Common to or shared by two or more parties (6)
- 44 A retail shop where medicine and other articles are sold (10)
- 45 The concentration of attention or energy on something (5)
- 46 Unfair treatment of a person or group on the basis of prejudice (14)
- 49 A preceding occurrence or cause or event (11)
- 50 The psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment (6,9)
- 51 A legal proceeding that creates a parent-child relation between persons not related by blood (8)

Answers
 1 Widely, 2 HIV, 3 Including, 4 Homeless, 5 Silent, 6 Gender, 7 Accurate, 8 Partner, 9 Risky, 10 Bullying, 11 Tradition, 12 Basis, 13 Custom, 14 Prejudice, 15 Abuse, 16 Condition, 17 Recurrent, 18 Myelomeningocele, 19 Negative, 20 Mortality, 21 Ventures, 22 Matters, 23 Drugs, 24 School, 25 Reduce, 26 Defect, 27 Ratio, 28 Significance, 29 Supervision, 30 Course, 31 Affliction, 32 Obstetrics, 33 Distribution, 34 Accomplished, 35 Question, 36 Infamy, 37 Age, 38 Exile, 39 Knowledge, 40 Queer, 41 Knowledge, 42 Ideas, 43 Gay, 44 Mutual, 45 Parties, 46 Prejudice, 47 Exile, 48 Friendship, 49 Narcotic, 50 Unstable, 51 Proceeding, 52 Actions, 53 Probabilities, 54 Intervene, 55 Place, 56 Conception, 57 Offspring, 58 Substance, 59 Importance, 60 Association, 61 Offence, 62 Partner, 63 Produce, 64 Danger, 65 Inhibition, 66 Soundness, 67 Move, 68 Trivial, 69 Reproach, 70 Collaboration, 71 Anticipation, 72 Advantage, 73 Collaboration, 74 Childcare, 75 Maternal, 76 Contemporary, 77 Psychological, 78 Intersperse, 79 Aesthetic, 80 Symbols, 81 Influence, 82 Prevent.

★ ★ Your Relationships by the Stars

Aries

21 March – 20 April

As the pioneer of the zodiac, you have strong leadership skills, initiative and a great sense of daring. You don't like others breathing down your neck or being told what to do, and generally think that your way is best. You can shock with your behaviour as you're decisive and know exactly what you want. You're energetic, adventurous and spontaneous and love a challenge although you lose interest quickly and become easily bored. With your enthusiastic, sociable and charismatic personality, you make a great entrepreneur.



Best mates:

Aries, Taurus and Leo.

Taurus

21 April – 21 May

You love being loved, will give a lot in return and you don't at all mind a spot of public canoodling. Honest, determined and infinitely patient, Taureans are the quiet achievers and can come off as boring. You make great friends and give good advice although you can be prone to having ferocious temper-tantrums. Your eye for beauty and methodical approach to your endeavours make you a born artist and craftsman.



Best mates:

Cancer, Sagittarius, Scorpio, and Leo.

Gemini

22 May – 21 June

Gemini is blessed with a bubbly nature. You're predictably unpredictable, even to those who are closest to you. You are smart, witty, outgoing and very chatty. Your curiosity fuels your pursuit to expand your horizons and can also be responsible for landing you in hot water. Geminis make great teachers and lecturers. Your communicative and lively personality makes you also ideally suited to media.



Best mates:

Leo, Scorpio, Aquarius, Libra, and Aries.

Cancer

22 June – 22 July

Sensitive and caring, Cancers are the kindest people but heaven help anyone who stirs up their other side. You can be moody, emotional and may be shy. You are described as the homeliest sign due to your loving and caring nature but you show incredible tenacity and business acumen. You are thorough and methodical and possess leadership qualities making you ideally suited to running your own business.



Best mates:

Taurus, Leo, Virgo, Scorpio, and Pisces.

Leo

23 July – 22 August

Like the proud and noble beast which represents you, Leos are playful, confident and self possessed. You need order in your life and like being in control. Nothing slays you more than the thought of being ordinary. You like to help others but you have a tendency to take over everything. Doing the right thing is important to Leos and if generosity isn't reciprocated things can get ugly. Your confidence and poise make you well suited to managerial positions.



Best mates:

Aries, Libra, Scorpio, Sagittarius.

Virgo

23 August – 23 September

Virgos are the perfectionists of the zodiac. You are more concerned with analysis, logic and problem solving than you are communicating with and meeting new people. Down to earth sensibilities and a no nonsense attitude are often perceived as iciness. Virgos dislike noise and chaos, are easy to talk to but hard to please and they have a tendency to hold grudges. You are capable of succeeding in any chosen vocation although you like variety and the opportunity to exercise your organisation skills, proficiency and attention to detail. You are an excellent team player and are well suited to systems analyst, researcher, personal assistant or events coordinator.



Best mates:

Gemini, Cancer and Aquarius.

Libra

24 September – 23 October

Librans love to surround themselves with as many gorgeous objects as possible. They are nice to everyone they meet and have their own unique appeal although can be very gullible and procrastinators. You are gentle and laid-back, blessed with charm, warmth and a cheerful disposition. Librans hate to be alone, are very social, creative and energetic. You need a career that nurtures your talents by giving you artistic freedom and satisfying your urge to bring beauty, harmony and justice into the world. You are ideally suited to a career in fashion or due to your diplomacy Librans make good lawyers, ambassadors and politicians.



Best mates:

Aries, Gemini, Leo, Scorpio, Sagittarius, and Aquarius.

Scorpio

24 October – 22 November

Scorpios are famed for their sexual prowess, endorsed by the charisma they exude but also have the award for bearing a grudge, giving others the silent treatment for days, weeks or months. You can be very jealous or possessive. Scorpios are very intelligent, hardworking, energetic, talkative and determined. You are generally responsible and highly resourceful. Your love of probing into things leads to a career as a criminologist or into the fields of science, medicine or due to your understanding about sexuality as a sex therapist.



Best mates:

Gemini, Cancer, Scorpio, Pisces.

Sagittarius

23 November – 21 December

You see each day as an adventure brimming with possibilities. Some people may say that you suffer Peter Pan syndrome and just don't want to grow up. You rarely mince your words, blurting out what others are thinking but afraid to say, yet you are not lacking in compassion, you are a generous and supportive friend with little tolerance for whingers. You are sometimes impatient and don't like rules. Your fondness for new places and experiences make you ideally suited to a career involving travel, from flight attendant to foreign correspondent.



Best mates:

Leo, Libra and Aquarius.

Capricorn

22 December – 20 January

Capricorns are intelligent, sexy, irresistible, great talkers, extremely fun and love to joke. You are extremely reliable, mature, modest and diligent. Hardworking and highly organised, you don't believe in free rides. You are honest, tactful with a dry and deviant sense of humour. You're extremely competent at what you do, qualities that make your employer feel that they can trust you implicitly. You are ideally suited to a career as a CEO or a personal assistant.



Best mates:

Taurus, Scorpio and Pisces.

Aquarius

21 January – 19 February

Everything you say has depth and friends can expect nothing but total honesty from you. You're rather partial to ruffling feathers with your controversial, jaw-dropping opinions. You like to bend rules and stretch guidelines way beyond recognition. Although you accept other people's lifestyles and decisions, you do not suffer fools. You will display integrity, stand up for a friend or cause even if it is not a popular move. Your intensiveness and originality are assets in the field of electronics and gadgetry.



Best mates:

Aries, Gemini, Libra, Sagittarius and Aquarius.

Pisces

20 February – 20 March

Pisceans are both spiritual and enigmatic, a good judge of character, caring, thoughtful and kind. You enjoy being the centre of attention, fun to be around, have high appeal and like to have the last word. Your dreamy nature and vivid imagination often manage to bring a touch of magic into the lives of others. You may not be born with a lot of business sense, but you can surprise yourself by just how quickly you learn. Most Pisceans have a natural talent for astrology, psychic reading, palmistry and tarot. Your compassion to others makes you ideally suited to a career in nursing or counselling.



Best mates:

Cancer, Scorpio, Capricorn, Pisces.



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