

# SHine SA

## Annual Report

2008–2009



# About SHine SA

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

SHine SA is funded primarily by the South Australian Government through the Department of Health and by the Commonwealth Government through the Public Health Outcomes Funding Agreement. Government financial support represents 95% of SHine SA's total income with 5% being raised by the organisation through its service provision. The annual operating budget is \$4.7 million (2008–09). We provide:

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

## 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

# Sexual and reproductive health rights for some but not for others?

All South Australians should be able to enjoy good sexual and reproductive health. However, sexual and reproductive health outcomes, like other indicators of health, are unequally distributed between and within population groups. In general, the higher the level of an individual's socio-economic status, the more resources and opportunities they have to control their sexual and reproductive lives and enjoy their sexuality.

The highest burden of sexual and reproductive ill-health in Australia and South Australia is borne by:

- people with low socio-economic status
- Aboriginal and Torres Strait Islander people
- people from rural and remote areas
- young people (13–19 years)
- young adults (20–29 years)
- people with disabilities
- people from culturally and linguistically diverse backgrounds
- people who have experienced child sexual abuse
- gay, lesbian, bisexual, transgender, intersex and queer people

The last 12 months has seen the release of an unprecedented number of national inquiries, consultations and reports about a range of issues that impact upon and influence the advocacy, policy and service provision role of SHine SA. We have responded to these initiatives, which included:

- consultation into men's and women's health policies
- Primary Health Care Taskforce
- Respectful relationships to reduce violence against women and children
- National Human Rights consultation into a charter for Australia
- Senate Inquiry into Men's Health
- Senate Inquiry into Sexualisation of Children in the Contemporary Media
- Call to Action for a National Sexual and Reproductive Health Strategy for Australia

The overwhelming thread of similarity in the recommendations is the focus on rights, respect, relationships, equity and primary prevention.

In the work we do, we find that not all people are treated as equal and not all people have their sexual and reproductive health rights respected and protected. We are strong advocates for those who do not have equal rights, but are not always supported in our role. This is particularly the case in our work with people with disabilities. Sexual health, along with physical, mental, social and environmental health, is important in achieving healthy individuals, communities and populations. Sexual health is fundamental to individual identity and social relationships and is significant because of its reproductive outcomes and because healthy, stable relationships are a valued social goal. Poor sexual health has consequences not only for individuals and their relationships but also for the whole community and the health system in terms of accumulating, but preventable, burden of disease.

People who are at risk of poor sexual and reproductive health outcomes are also at risk of a range of other poor outcomes. For example, teenagers from low income families, with low educational achievement and with low self-esteem are more likely to become young mothers. Teen mothers experience social discrimination and are more likely to give birth to low birth weight babies, partner with men who are poorly qualified and/or unemployed and are less likely to complete secondary education.

The factors influencing sexual health and wellbeing are those that affect the overall health and wellbeing of a population. However, there is a specific and unique context for sexual health which arises from community and societal attitudes. These attitudes are reflected in popular culture and in laws, policy and programs which address sexual health issues.

Community attitudes and expectations are diverse and play an important role in shaping the sorts of relationships and behaviours which are considered acceptable. One example is the differences in attitudes to sex before marriage which exist among different religious and cultural communities. There is an important link between community attitudes and laws and legal practices, including those relating to age of consent, homosexuality and same-sex relationships, abortion, prostitution, and sexual assault.

The evidence from countries with the best sexual health outcomes shows that the achievement of sexual health depends on a sexual ideology which is egalitarian – that is, does not discriminate on the basis of gender, sexual orientation, class, age, disability and which recognises the impact of unequal power/resources and lack of respect.

Countries with the best sexual health outcomes have provided comprehensive and balanced sexual health and relationships education, improved access to contraception and built incentives to avoid early parenthood. There is good evidence that effective interventions to prevent unintended pregnancy and STIs depend on the accessibility and acceptability of sexual health services and the extent to which services are shaped by the interests and preferences of particular communities of interest. Conveniently located services, access to same-sex and young practitioners, being assured of confidentiality, and the attitudes and outlook of service providers, are particularly important to young people.

There is much talk about rights and the abuse of rights these days, particularly through the stories reported in the media about child sexual abuse. At SHine SA individual rights are the daily topic of conversation with our clients. Rights are articulated into our policies, procedures, practices and plans. It is the organisation's way of ensuring that people understand what they are entitled to and their responsibilities. However, we have discovered through our work with young people particularly, that few know about their rights and responsibilities around sexual health and relationships. We believe that Australia does need an instrument to promote and protect the human rights of all its citizens.

The *Universal Declaration of Human Rights* was agreed to by the General Assembly of the United Nations in 1948, with Australia a signatory among some 150 nations. The United Nations was established in 1945 by like-minded countries to secure peace and reaffirm fundamental human rights based on the dignity and worth of each individual person. In 1966 the *Universal Declaration of Human Rights* was further strengthened by the development of two legally binding treaties, the *International Covenant on Civil and Political Rights* and the *International Covenant on Economic, Cultural and Social Rights*. Collectively these two documents are known as the *Bill of Rights*.

While Australia has agreed to protect and promote the rights described in the Declaration (which includes the right to be free from discrimination on the basis of sex, race, religion, disability, age, sexuality and political association), Australia herself does not have a bill of rights enacted in law.

The United Nations *Convention on the Rights of the Child* (CRC) was declared in 1989, Australia becoming a signatory in 1991. One hundred and ninety-two world governments are signatories to the CRC. The CRC is a set of legal rules, with 54 different 'articles' which focus on the rights of young people below the age of 18. Some of the rights specifically apply to the sexual and reproductive health rights of young people. These rights define what young people are free to do, as well as the supports and services they are entitled to in a civilised society.

Major advances in the scope of sexual health rights were achieved at the International Conference on Population and Development in Cairo in 1994 and the 4th World Conference on Women in Beijing in 1995. Beijing was particularly significant as it marked the first international consensus on the principles of sexual rights. Very little has happened to strategically advance improvements in sexual health rights at a national level in Australia for all population groups, but young people particularly. The International Planned Parenthood Federation, of which SHine SA is a member, is currently calling for all world governments to implement relationships and sexual health education programs in schools.

Following on from Cairo and Beijing, the Nordic countries (Sweden, Finland, Iceland, Denmark and Norway) developed the *Nordic Resolution on Adolescent Sexual Health and Rights*. Their experience demonstrates that with commitment to the rights of young people, acknowledgement of young people as sexual beings, access to education, information and services, and developing the confidence and skills of parents and carers, many of the sexual health issues faced by young people can be solved.

Through the provision of comprehensive and age-appropriate sexual health and relationships education at school before young people become sexually active, confidential and accessible sexual health services including contraception, availability of condoms, and information for responsible decision-making, these countries can boast having among the best adolescent sexual health indicators in the world. They have some of the lowest teenage pregnancy rates (half to a quarter of that in Australia), delayed first sexual intercourse (17 to 18 years of age compared to 16 in Australia), high use of condoms and contraception among young people, low

rates of sexually transmitted infections and blood-borne viruses including HIV/AIDS, reduced sexual violence, and much more inclusive and aware societies unafraid to talk openly and honestly about adolescent sexuality.

The Nordic countries are pioneers in providing youth with rights, information, education, communication and services in sexual health. These indicators clearly show that it is possible to solve the issues related to adolescent sexual health by accepting the fact that young people are sexually active and by making a serious commitment to address their needs, placing great emphasis on early intervention, prevention and education. SHine SA shares this commitment.

### Sexual and reproductive health as a priority

No jurisdiction in Australia has adopted a comprehensive approach to population sexual and reproductive health. Our involvement in the Call to Action for a National Sexual and Reproductive Health Strategy was to inform this process. There is ample evidence available elsewhere that sexual and reproductive health is a national priority.

The South Australian community is diverse, both in terms of values and attitudes to sex and sexuality and also sexual and reproductive health knowledge and experiences. While the majority of South Australians enjoy good sexual health, increasing rates of STIs and infertility, high rates of unplanned and inadequately supported teenage pregnancy compared to best performing countries, and interpersonal and sexual violence, are concerning and largely preventable. There is clear evidence related to the significant cost implications of poor sexual health and the value of investment in prevention. Importantly, many of these sexual health issues have common antecedents and are interrelated.

The capacity of individuals to make positive sexual health choices and to self-manage their sexual health and wellbeing is linked to unequal social power relations and the effects of inequalities in access to resources. There is strong evidence to show that individual characteristics and risk behaviours explain only modest variance in the incidence of numerous problems and diseases. Without changes in the conditions which produce or support poor health experiences and persistent social health inequalities, sustained improvements in individual and population health will not occur.

The challenge to improve sexual health is not simply one for the health sector alone. The education sector, for example, has a key role in providing access to education programs, particularly for young people before they become sexually active. This is the aim of the relationships and sexual health education *Focus Schools Program*. The promotion of relationships based on 'healthy respect' is fundamental to social inclusion and to other South Australian Government initiatives including women's and community safety and child protection reform.

Poor sexual and reproductive health not only has consequences for individuals. The health and wellbeing of children, families and whole communities can be affected. Low birth weight, for example, is an important indicator of chronic health problems in later life. Witnessing violence and other adverse behaviours can have detrimental impacts on children and on generalised levels of trust and safety in communities.

Sexual and reproductive health is a high priority. The



**Ms Kaisu Värttö**  
**Chief Executive Officer**  
**SHine SA**

highest burden of sexual and reproductive ill-health in Australia and South Australia is borne by the most disadvantaged in our community. Sexual and reproductive ill-health is largely preventable, it is just going to take time to convince others that this is the case.

## Contents

Chief Executive Officer's report	2
Youth participation/peer education	4
Work with schools	10
Community education/development	15
Workforce development	28
Clinical services	36
Counselling services	39
Information and resources	41
Advocacy	45
Organisational development	48
International work	50
President and Council	52
Crossword	54
Relationships horoscope	55

This publication, together with the 2008–2009 audited financial report, constitutes the 2008–2009 Annual Report for SHine SA.

# Youth participation and peer education



he lth We were lucky enough to spend three d ys together exploring issues like safer sex, relationships, gender and power. We had a cool bunch of guest speakers that provided the Y@s with a greater understanding of the impact of sexual health on people's lives. From the feedback and the MySpace activity over the next couple of days we could see that the training was a success.

In March we attended a Fringe festival production called Party House. The play revolved around a party and looked at issues such as peer pressure, alcohol abuse and violence, including sexual assault. The actors took us through a series of skits, then re-did each skit, this time asking the audience to interrupt the action and take the part of one of the actors. One of our Y@s, Bianca, took a major role in providing an alternative script. It was great to see her in action as she provided great strategies for young people to challenge peer pressure without alienating their friends (often the people providing the pressure).

As the Southern Primary Health Care Team is relocating our office, there will be a lot of opportunities for Y@s to get out there and promote SHine SA's new southern home – to our new neighbours as well as to the usual suspects (youth and health organisations).

For the last year or so the different Y@s have been getting together every three months. We're planning to produce a combined resource that will get the teams working together on a particular sexual health issue. Another goal for the Y@s and Shine SA is to get up to speed with social networking opportunities – to promote SHine SA as well as create a space for Y@s to communicate with each other outside of the monthly meetings.

So there's plenty of work to keep us busy over the next 12 months, a new office, a mostly new team, lots of new energy – let's see where it takes us.

Craig

## Southern Y@ – some old faces, and a bunch of new ones



I'm back! After taking a break from Youth Action Teams (Y@s) for a couple of years, I returned to coordinate the Southern Y@ at the end of 2008... it's good to be back!

Having some time away from the role of Y@ coordinator gave me some perspective – it gave me an insight into how hard the Y@ coordinator role is, as well as how hard it can be to keep contact with the Y@s when you're not directly working with them each month. It can still be a challenge to integrate Y@s into all of our work with young people.

Y@ work has been pretty slow while we've recruited and trained some new Y@s – we've got five new members. Having said that we've still managed to be involved in some consultations with the Department of Health, taken part in health promotions for Sexual Health Awareness Week (afternoon tea for workers at Woodcroft Community Centre – where the Y@s did an impromptu education session for the guests, another Drive Thru promotion at the Seaford Hotel and participating in the Fringe Launch Parade) as well as the Pride March (to help celebrate the opening of this year's FEAST festival), and even fit in some team building.

As numbers were low across the teams, we decided to use the local Messenger press to advertise for new Y@s. This had varying results. In the south we were flooded with interest, which meant we had a good pool of folks

to choose from. It would have been great to take on all of the applicants as they were all suitable for the role. It just goes to prove that there's a heap of young people in the community that are willing to stand up and discuss sexual health.

After recruiting a new crew it was time to do some training – this provided us with a chance to get together with the other Y@s and get back to the basics of sexual



# East/West Y@ 2009 reflections

2008–09 can be summed up as a year where the East/West Y@ sat in contemplation and reflected on the direction and best use of young people in supporting Shine SA and its work with the community.

One of the changes the young people asked for was a change of name for the teams across the organisation. So, after much consultation and deliberation, we changed from Youth Advisory Team to Youth Action Team to best reflect the type of work the young people wanted to be involved in.

To accommodate this we re-jigged the training provided to new Youth Action Team (Y@) members, to reflect a peer education approach — a determined shift from the youth ‘advisory’ training previously offered. This meant that young people were not only able to offer advice to Shine SA on its services to young people, but also support the delivery of peer-based education within their respective communities.

This change of focus supported the revitalisation of the Y@s, with the advisory model, now seven years on, having fulfilled the original intent and function for Shine SA.

Y@ members continue to provide feedback on a number of new resources including the update of our website and information brochures. Additionally, health promotion



is still an important aspect of the role of Y@ members, and as such, opportunities to provide information in the community were supported.

The team continues to evolve and grow with young people moving in and out of the Y@ as their personal and professional lives progress.

## SHAW in the East/West

Sexual Health Awareness Week (SHAW) was a busy and successful health promotion event within the East/West region. Many multicultural agencies applied for and secured SHAW grants to provide health promotion or education programs for their communities. All of the East/West Team participated in making SHAW a huge success, distributing posters throughout their networks and staffing two TAFE campus events.

The team supported the students of Regency and Port Adelaide TAFE colleges by conducting a health promotion event at each campus. The promotion at Port Adelaide TAFE was held in their student cafeteria. Many of the Community Services and English Language students were particularly interested in this promotion. At Regency TAFE there was a plethora of the various trade certificates, international cooking school and recreation and sport studies students. This was a very busy health promotion event with more than 6000 students milling through the canteen over the three days. The SHAW drink holders and condom packs were particularly popular with the young people.

Rob

Rob



*A South Australian study found that gay and other homosexually active men had a higher prevalence of depression, and there was a link between unprotected anal intercourse and long-term low-level depression. These men also were more likely to have experienced suicidal ideation and to have attempted suicide.*

Shine SA Fact Sheet 17  
**Sexual health of people of  
diverse gender and sexuality**

# Introducing a 'nearly new' trainee



Hello, my name is Anthony and I am a Trainee Youth Support Worker for the East/West Team. I was a trainee at SHine SA last year completing my Certificate 2 in Community Services Work. Previous to this I had been a peer educator for the Rape and Sexual Assault Program, as well as a Youth Advisory Team member. Both those programs have helped me on my way to work with SHine SA's various communities of interest. This phase of my traineeship will continue until 2010, by which time I hope to have completed my Certificate 3 and be working towards my Certificate 4.

I will be helping to plan, develop and facilitate a range of programs for young people from CALD backgrounds to Aboriginal and Torres Strait Islander people. In my time here I would like to work more with young people under the Guardianship of the Minister and to help strengthen and make their voices heard. I also look forward to working with other SHine SA workers and their varied clients.

Anthony



## SHAW in the North



The Northern Primary Health Care Team organised a variety of events during Sexual Health Awareness Week (SHAW) 2009.

Workers from Aussie Fare Caterers wore promotional shirts while giving away SHine SA resources advertising the theme of **Safety, Pleasure, Respect – Now I get it!** throughout their store.

SHine SA staff members, together with the Northern Youth Action Team, organised a *Safety, Pleasure, Respect* display in the car park of Elizabeth Shopping Centre. The display had many visitors, all intrigued to find out what we were about. Parents, groups of youth, young mums, and even grandparents came to answer sexual health questions and receive prizes.


Even the local police were curious!

Anna



Caption to be added

# Port Victoria young Indigenous men's health camp

 The purpose of this camp was to work and network with Indigenous young men from urban Adelaide communities. The workers attending the camp were Uncle Brian and Kenneth, both senior youth Streetlink workers from Kumangka Youth Service, and myself as an Indigenous youth support worker from SHine SA.

My main role in this camp was to support Uncle Brian and Kenny to work with the young men who came from a range of backgrounds. Most had some family connections to the Yorke Peninsula area through the Point Pearce Aboriginal Mission.

The group talk at the barbeque was a great opportunity to interact with the young men. I spoke to them about the issues important to them, such as drugs and alcohol, staying in school and who they looked up to in the community. Some of the young men spoke about home life and how drugs and alcohol had affected them and their families. Some of the young men were saying 'no' to things like drugs and alcohol, were staying in school and were keeping a positive attitude in their lives. They knew how to avoid situations where there might be pressure placed on them.

From my observation, those young men that had made positive choices looked healthy and fit but still understood that good and bad things happened in the community. The young men that didn't have good role models often don't make positive choices in their lives. I could see this is not always their fault. It was good to have a yarn with those less confident young brothers and help them decide to make healthier life choices, let them know they were not alone and help guide them in life.

On reflection, the young men were relaxed and happy to get out of the city for two days. Everyone respected the group norms and for two days there were no dramas. Swimming and jetty jumping were very popular and beach cricket was a good way to pass the time. As a group we decided what we would do each day and then had a good group yarn after tea. The camp was a positive experience for all involved.

Derek



## Northern Y@



Another exciting year has passed, and with it a name change. Our Y@s, formerly known as Youth Advisory Teams, are now known as Youth Action Teams. This year the Y@s were involved in various events for our different communities of interest. They marched in the annual Gay and Lesbian FEAST festival's Pride March, which again was a great afternoon full of lots of Y@ influenced chants, loud voices and huge drums. For SHAW (Sexual Health Awareness Week) the Y@s marched in the Fringe Parade, in costumes of beautiful blue silk gowns provided by the Fringe crew, while holding mirror balls. Over the year, the Y@s attended a range of community events, some more successful than others, but all providing a good opportunity to promote SHine SA, our services and positive messages of sexual health.

A highlight this year was the Y@ 'Mini' Youth Worker training, which consisted of three full days of relationships and sexual health professional development for all Y@s. All three teams got to know each other, and looked at all the ways SHine SA Community Health Workers deliver information to the community. Various guest speakers ran sessions over the three days, consisting of both workers and community members, which helped reinforce the reasons that specific communities of interest are a focus for SHine SA and the importance of comprehensive sexual health and relationships education. The Y@s greatly increased their understanding of how and why we do the work that we do, and provided great feedback after the training.

Naomi

*Aboriginal communities living in and around large regional centres have more access to general practitioners but barriers to getting access to these included:*

- insensitivity or lack of cultural knowledge on the part of medical staff
- lack of female doctors
- long waits to get appointments

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



# Youth participation

# Sexual Health Awareness Week 2009



Sexual Health Awareness Week (SHAW) has run every year since 2002, from 14–21 February, with the goal of encouraging young adults to consider the social, cultural and behavioural factors that can influence their own relationships and sexual health.

For 2009 our theme was **Safety, Pleasure, Respect – Now I get it!** This year we re-focused on our target group of young adults aged 18–30, a demographic that needs to be engaged with in creative ways, as they typically may not have regular encounters with health services.

The focus of SHAW activities is on encouraging individuals, groups and communities to talk more honestly and openly about sexual health and wellbeing, about making healthy choices, and taking control of decisions affecting their sexual health and relationships.

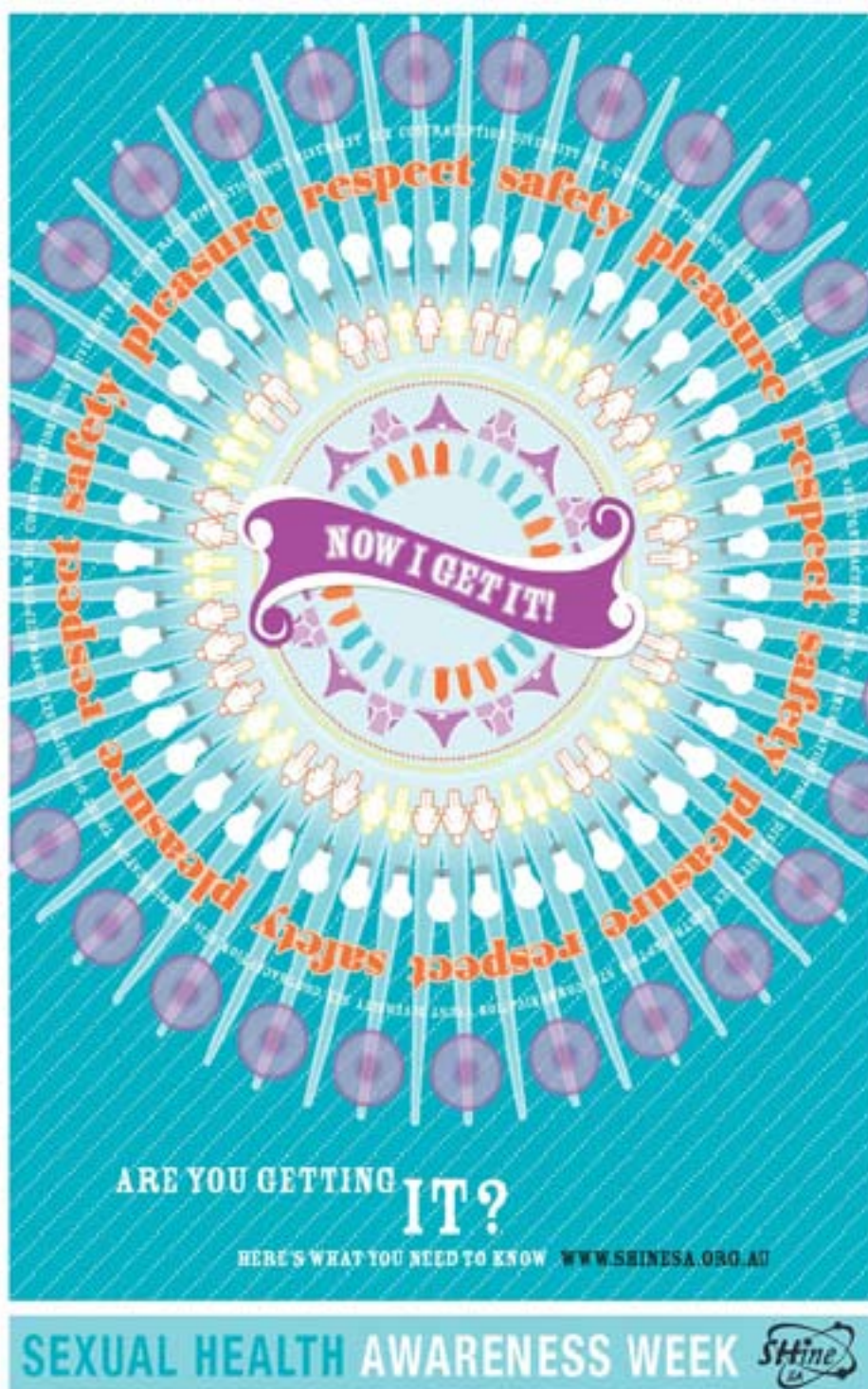
We had a particularly successful grants program this year that helped fund events across the state. SHine SA provided resources, support and access to accurate knowledge to help agencies run events and programs. This year more than 50% of grant recipients were new to the SHAW campaign.

The resources developed for the campaign included drink holders, fridge magnets, T-shirts, posters and condom packs, and all were extremely popular. Regional activities ranged from a film screening in Port Augusta to a fishing competition in the Riverland, tied in with information sharing and workshoping. A large 'Close the Gap' event was held in Mt Gambier, which SHine SA staff supported by running workshops and providing resources as well as networking with agencies in the region.

SHine SA regional teams' activities included working with van drivers of lunch trucks targeting workplaces, holding sessions at TAFE's, providing posters and resources to adult shops, marching in the Fringe Launch Parade and holding an information workshop for healthcare providers.

SHAW included a media campaign on Fresh FM for two weeks, and several radio interviews were conducted. There was also extensive media coverage of regional events. Coinciding with SHAW this year was the launch of our newly designed website and this was incorporated into SHAW promotion. MySpace and Facebook web pages were designed and set up to promote SHAW as well. Feedback for SHAW 2009 was very positive from the agencies and stakeholders who participated.

Kathy





# Youth participation

# Work with schools

## Focus Schools Program



Relationships and sexual health education  
health, respect & life

This past year has been extremely busy but successful and rewarding. The **Focus Schools Team** has evolved into a very cohesive, professional and productive unit with the Schools Coordinators developing excellent partnerships with their **focus schools**.

### New schools

We have continued to support all schools including the **share** schools and the **focus** schools that completed their three-year period of support in 2008. As part of our expansion last year, certain schools were identified in clusters within areas with indicators of relative socio-economic disadvantage, high teenage pregnancy rates, where there were high rates of schools card holders and/or enrolment by Aboriginal and migrant/refugee students. These schools were invited to become part of the **Focus Schools Program**. Since July 2008, 13 of these schools have received Governing Council and Principal endorsement and are well underway. Additionally, five other schools (Adelaide, Pasadena, Kapunda and Reynella East High Schools and Eudunda Area School) have applied and been accepted as **focus schools**.

We have also acknowledged that a number of schools, particularly in areas of disadvantage, had completed their period of intensive support but had experienced a significant staff turnover affecting the continuity of delivery of their relationships and sexual health (R&SH) education program. As a result, we offered to extend our agreement of partnership and nine schools have re-engaged for an additional three years of intensive support.

### Teacher training

As in previous years, the **Focus Schools Program** model of support builds on the success of the **share** Project. It contains all of the key elements such as professional development, resources, curriculum, and personnel support to assist school communities to develop a comprehensive, whole-of-school approach in the area of R&SH. The timing of the 15 hours of free professional development is very flexible and is planned in consultation with each school. All teachers and counsellors delivering the curriculum are supported to attend and invitations are extended to all interested staff and community members who have a supporting role within the school. We also advertise the trainings, particularly when held within rural or regional areas, to other schools including the feeder primary schools. For the last year, July 2008 to end June 2009, 351 teachers have received this training. 52% of teachers trained this year reported, before training, that

they were confident or very confident to teach R&SH. After training was completed this increased to 86%!

### Curricula and resources

At the start of the year the curriculum and supporting resources were reviewed taking into account teacher and student feedback and emerging issues. A number of new activities were written and resources updated with teacher year level books and resource packs produced externally for the first time. In addition to our set Years 8–10 curriculum, our R–7 curriculum outline allows for a sequential and comprehensive program through the upper primary and into the secondary years, thus supporting Area and Primary schools. These curricula comply with the requirements of the SA Curriculum Standards and Accountability Framework and have considerable synergy with the Child Protection Curriculum. We have mapped this overlap to assist schools. The secure website, which allows all schools to remain connected with the program's developments and relevant materials, was consequently updated to reflect the above changes and faculty updates occurred in most schools to inform staff and to highlight new resources. This financial year 189 teachers have participated in these update sessions. SHine SA was asked by La Trobe University to distribute to all secondary schools their DVD, *Chlamydia – the secret is out*. We have included this wonderful resource in a Year 9 activity addressing sexually transmitted infections. Another significant development this year has been SHine SA's inclusion as part of the DECS Courier system. This will allow all schools to easily access our resources without constraints of distance, postage costs or time.

### Achievements

The School Coordinators have supported schools in a number of ways. Many schools invite our Coordinators to talk to various year levels, often at the conclusion of their course, to highlight the services that SHine SA provides. The Coordinators have used this opportunity, at times, to gather student feedback on the program. They have also participated in various Youth Expos and Open Days around the state (e.g. Mount Barker, Hallett Cove, Reynella East



and Marden), often with other health and community agencies and as part of the schools' focus on student health and wellbeing.

We have supported schools to conduct special events to celebrate or highlight a particular focus. These include: sessions with Years 8 and 9 students at Swan Reach Area as part of their health and wellbeing week; talks with Year 12 students at Ross Smith Secondary for their Social Studies 'safer sex' campaign; R&SH Day for Year 9 students at Underdale High; talks with senior students at Golden Grove, Salisbury East, Findon, Woodville and Le Fevre High Schools; and an excursion into the city by Year 9 students from Hamilton Secondary College to introduce them to various health agencies.

Students from **focus schools** often contact us for information to assist them in their studies. Two Year 12 students from Mitcham Girls High School visited the Woodville site and attended the Teachers Network meeting addressing relationship violence. They then presented information to their health class about this topic and the services that SHine SA provides. Their visit to SHine SA resulted in both young women becoming members of the East/West Youth Action Team. Additionally, five Year 12 students from John Pirie Secondary School visited our Davoren Park site and Shopfront as part of their Health Studies. The Southern Team was also fortunate to host work experience students from Reynella East and Wirreanda High Schools.

As in previous years, we continue to offer to present and support schools to deliver information sessions to Governing Councils, staff and parent groups. Information nights were held at Tintinara and Quorn Area Schools with great interest and we participated in a parent group meeting at Kaurana Plains School.

One other notable achievement arose from a request from Smithfield Plains High to present information to all staff on 'Responding to disclosure of sexual assault'. The session looked at strategies for individual teachers and

Parafield Gardens High School - participants of the two day **Focus Schools** teachers program.



whole-of-site approaches. Roles and responsibilities of each were discussed and teachers were provided with information on support agencies in the community. We congratulate Smithfield Plains High for supporting staff in this difficult area.

### Safety in our schools – responding to homophobia

Mount Compass Area School conducted 'Safety in our schools – responding to homophobia' workshops for all of their Year 10 students, followed by a two-hour session for all of the staff. Renmark High School also offered a workshop for staff in late 2008. The programs for these sessions presented the findings from *Writing themselves in again* – national research on the health and wellbeing of same-sex attracted young people in Australia. Participants were given the opportunity to reflect on this research, and again after viewing a number of DVDs such as *Out in the Bush*, *Butterfly Stories* and *It's Elementary*. A number of activities such as 'Stepping Out' developed empathy for same-sex attracted students and the scenarios that were presented provided opportunities for discussion, consideration of how these applied to their situation and the development of an action plan, involving the whole school, to address the issues. Feedback from these sessions was positive with comments indicating that the participants valued the time to consider the issues and, more importantly, agree on strategies that they could implement to make a positive difference for students in their school. One other notable outcome was the establishment of a staff wellbeing group at Mount Compass Area School that is focusing on homophobia in their school.

### Support for Aboriginal students

It is pleasing that we are able to develop partnerships with a number of schools that have a high enrolment of Aboriginal students such as Kurna Plains, Warriappendi, Leigh Creek Area, Port Augusta High, Stuart High Schools, to name a few. We are hopeful, particularly with the strong relationships that Frances is able to foster, of working in collaboration with staff, students and families to create more culturally appropriate teaching resources over time. Additionally we have identified the need to offer dedicated training to Aboriginal Education Community Officers throughout the state to build on their knowledge, confidence and ability to support Aboriginal students in the area of R&SH. This is one area we will be addressing in the future.

### Focus newsletter

Early in 2009 we were pleased to produce and distribute our first **Focus newsletter** to all DECS and Independent schools with a secondary component. We plan for this to become an annual publication. The newsletter highlights the achievements of the schools involved in the **Focus Schools Program**, explores emerging issues relevant for young people and provides details of new resources, information and ideas to assist schools. The newsletter is also available on our website along with further information about relationships and sexual health education, the **Focus Schools Program** and other resources for young people, parents and teachers.

Helen



## Sexualisation in the media



Sexualised images of girls, and boys, in popular media and advertising is generating increased interest and concern within the community and particularly with educators. 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. Shine SA has been increasingly concerned about the issue and the impact this has on the health, safety and wellbeing of young people. A Federal Inquiry into 'Sexualisation of children in the contemporary media' resulted in a series of recommendations. Recommendation 13 suggested the introduction into all Australian schools of comprehensive sexual health and relationships education programs, which are inclusive of both young people and parents, that incorporate a consistent national approach to addressing sexualisation in the media.

The SHine SA staff supporting schools have been working on ideas for lessons that will assist students to develop analytical and critical skills when consuming popular media.

We have developed several lessons for students that explore the narrow views of masculinity and femininity presented in most popular media and allow students to consider and question who is benefiting from the use of such images.

SHine SA has been given permission to modify a PowerPoint presentation called *Sex, Stereotypes and Beauty: The ABCs and Ds of commercial images of women*, created for the NOW Foundation's 'Love your body' campaign. This has been developed into a DVD for use in the classroom with year 10 students to stimulate discussion about how young men and women are portrayed. The range of diversity of young people in Australia is huge and yet the images presented in most popular media shows only a very narrow segment of the range. Students are encouraged to look at how advertising in the current media affects both males and females and the impact this has on young people's sense of themselves and their relationships with others.

Jane



# Focus Schools Team



We are pleased to report that the additional funding provided by SA Health this financial year has expanded the **Focus Schools Program** and increased the number of staff supporting schools to deliver a comprehensive relationships and sexual health curriculum across the state.

The **Focus Schools Team** now comprises six FTE positions. Helen has taken on the role of Coordinator of the **Focus Schools Program** and provides general leadership in all aspects of the program and is responsible for reporting to the Reference Group, SA Health, DECS and SHine SA Management. The other positions are based in the Davoren Park, Woodville and Christies Beach sites, with two Regional Schools Coordinator positions being allocated to the Davoren Park office in recognition of the high level of disadvantage for young people in this area.

Frances, who is based at Woodville but provides a statewide service, brings her knowledge and expertise of working with Aboriginal schools and communities and aims to increase the program's ability to meet the needs of Aboriginal students and staff from mainstream and specialist schools. This role will also be pivotal in strengthening partnerships with Aboriginal Community Education Officers and increasing their capacity to meet the relationships and sexual health needs of their students.

Jane, also based at Woodville, remains an integral member of the **Focus Schools Team** and continues to deliver high quality professional development and develop curriculum resources underpinning and giving direction to the **Focus Schools Program**.



Natalya

Members of the  
Focus Schools Team



## Suneden Special School



Disability issues are always a focus for SHine SA, and working at local schools is a satisfying and rewarding part of our work. This year we worked at several schools including Suneden Special School, located at Mitchell Park. The school had been involved with SHine SA a few years ago, but a new worker to the school was very interested in having us return. Students were very keen on the information we provided and some of the Year 12 students asked lots of fantastic questions. The program covered information including feelings, private and public places and body awareness. The topics of safer sex practices and the *What do you reckon?* game stimulated conversations and fun during the session. The program was a great opportunity to meet some wonderful young people who had a willingness to learn and gain skills in a range of sexual health areas.

It was very encouraging to see that the teachers seemed to feel a lot more confident and excited in presenting sexual health and relationship information during the session, with our support, than in previous years. As in other years, some of the students have already received some education, which indicates that parents, workers or even friends have provided sexual health information. The ongoing reinforcement of this information with students is the key to a successful program outcome, and this is where the teachers' roles are so important.

## Girlz Talk



This six-week program was established in partnership with a worker from Northern Headspace to promote the Paralowie Well Being Hub to students. It was identified that many of the students at Paralowie High School were not familiar with the Hub and were not utilising its services. This program is a way for students to get to know the workers, find out about the services and utilise their Hub more.

The program is offered to girls who have been identified by teachers and school counsellors as at risk and in need of extra support. So far the program has been offered to Year 6/7 and 8/9 girls and could be adapted to other age groups. The program provides a safe space for the girls to explore a range of relationships and sexual health topics. Specifically they have looked at how women are portrayed in the media, the pressure on girls to be or look a certain way, how power can be used and abused, and how to have healthy relationships with peers, as well as romantic ones. We want the participants to understand and be reminded of the relationship between good mental and sexual health, and the importance of maintaining them. The program is successful as it provides a space for the students to ask and discuss all 'those' types of questions they don't often get to ask and helps to reduce the large amounts of misinformation they have.

Lyn

Naomi

# Northern Alliance Against Homophobia in Schools



In 2008, SHine SA, The Second Story Youth Health Service and Shopfront Youth Health & Information Service came together through the identification of a consistent local trend of homophobia and discrimination against same-sex attracted young people within school environments. From this interagency networking the Northern Alliance Against Homophobia in Schools (NAAHS) has been formed. The Alliance aims to prevent homophobia in schools and the wider community through a consistent, strategic and collaborative approach, and to promote positive attitudes to sexual diversity. The Department of Education & Children's Services and South Australia Police have now joined NAAHS.

State and commonwealth anti-discrimination laws clearly outline that discrimination on the basis of gender or sexuality is against the law. The National Safe Schools Framework affirms that 'Promoting and providing a supportive learning environment in which all students can expect to feel safe is an essential function of all schools'. Same-sex attracted students are often the victims of bullying and harassment, as are students who present non-heterosexual ideals. This harassment is too often ignored with devastating consequences.

Extensive research has shown that same-sex attracted young people are at increased risk due to the effects of homophobia. This includes greater risks of suicide, isolation, verbal and physical violence, depression, homelessness, sexually transmitted infections, drug and alcohol abuse, bullying, rejection from family, community and peers, depression and other mental health issues.

The *Writing Themselves In Again* report conducted by La Trobe University, Melbourne in 2005 found that young people who identified as lesbian, gay or bisexual felt that they were most unsafe and at risk at school. Despite the growing body of evidence, the full extent and impact of homophobia is not known due to the hidden nature of the issue and the pressure to remain silent.

Homophobia is part of a wider community attitude that promotes heterosexual stereotypes. At a time when students yearn to belong and 'fit in', there is great pressure to adopt dominant ideals which insist on attraction to the opposite sex. The social pressure to conform to these norms can have implications for all students. However, same-sex attracted young people will bear the greatest burden of this dominant ideology.



Health services, education institutions and the wider community have an opportunity and an obligation to ensure young people are safe and supported irrespective of sexuality or their sexual identity. NAAHS is committed to identifying how schools can provide a safe and accepting space for young people that celebrates all identities.

Teachers have a high impact in the lives of students and their views can carry much authority. They are in a position of power and can respond to negative actions toward same-sex attracted students. School staff can counter homophobic attitudes through positive role modelling and inclusive practice. Teachers clearly have a role to play in creating safe and supportive learning environments for same-sex attracted students and promoting acceptance of sexual diversity within school communities.

NAAHS believes schools can implement many strategies to create safe and supportive environments for all students regardless of their gender and sexual orientation. A 'whole school approach' supported by strong leadership and whole of staff commitment is the best practice approach to achieve positive outcomes.

SHine SA, with support from NAAHS and many community agencies, was successful in gaining a grant from the SA Government Crime Prevention and Community Safety Grants Program for a 12-month project called *Safe and Free to be Me* commencing in July 2009 in the northern suburbs. The project aims to prevent homophobia and related violence in school communities through:

- the development and provision of a comprehensive package of resources and training to participating schools, which will be supported by local services and programs to address the issue of homophobia and homophobic violence in northern schools
- strong collaboration and integration with projects and resources currently existing in the local area (e.g. **Focus Schools Program**, peer education programs), enabling a prevention focus to be incorporated and further consolidating the work of projects/programs and service delivery currently addressing homophobia in school communities less specifically

For more information contact Sue Arwen on (08) 8256 0700.

Sue



## Work with schools

# Focus Schools and the Child Protection Curriculum

The new Child Protection Curriculum called *Keeping Safe* was introduced to all schools in 2006 and 2007 and should now be embedded into all schools' overall curricula.

'It is DECS' responsibility under the Children's Protection Act 1993 and its Child Protection Policy (1998) to ensure that effective abuse prevention programs are implemented in schools and other education settings. Implicit in this is the need to develop a curriculum that addresses issues of child protection for all children and young people and a need to provide professional learning for educators responsible for its delivery.' *Keeping Safe, Child Protection Curriculum, Government of South Australia, DECS, 2008.*

A comprehensive relationships and sexual health program covers the overarching themes of the Child Protection Curriculum, which are the right to be safe, relationships,

recognising and reporting abuse and protective strategies. Schools can cover much of the mandated Child Protection Curriculum by teaching the puberty, relationships, decision making, developing a network, harassment/power and gender stereotypes sections of the **focus schools** curriculum.

The **Focus Schools Team** has developed mapping documents that clearly show where our curriculum overlaps the Child Protection Curriculum. One document maps Years 8, 9 and 10 with the Middle Years Band and the other maps Year 10 with the Senior Years Band. This makes it easier for schools to develop their own program outline to integrate both areas and highlights how the **Focus Schools Program** complements the Child Protection Curriculum. Together they provide young people with knowledge, skills and the opportunity to clarify their values around ethical relationships.



# Paralowie Well Being Hub



Paralowie High School is one of only two South Australian schools that currently have a Well Being Hub located within their school grounds. The Hub consists of a number of agencies including Headspace, The Second Story Youth Health Service, Shopfront Youth Health & Information Service and Anglicare, who all provide a range of services to the students. SHine SA has been providing weekly outreach to the students over the past year, once a week for three hours.

Extensive promotion of the service has occurred through parent nights, school assemblies and classroom visits to get the students and the school community familiar with the outreach worker and what services are available. A steady stream of students are now making appointments, or just dropping in to ask a range of different questions, and talk about a variety of topics, such as: 'What's happening to my body?', 'How do I break up with my boyfriend/girlfriend?', 'What's The Pill?', 'How do I tell my parents?', and much, much more. One notable observation from providing 12 months continuous weekly outreach has been the number of students (particularly the young ones) who present with a large amount of misinformation, and a lack of knowledge of their bodies. This has only fuelled my assertion of the importance of getting comprehensive sexual health and relationships education early into schools.

Mel



# Northern Community Health Workers supporting schools

Three Community Health Workers in the north support local and regional schools in a range of ways. A number of comprehensive programs with at-risk students have been delivered over the year, and our workers continue to respond to requests from other agencies to present sessions as part of their ongoing, comprehensive programs.

Many requests come from other youth workers running programs within schools for students who have been identified as being at risk of leaving school by their teachers, school counsellors or other support staff. These students are in need of additional support and have been referred to participate in the various programs to increase their skill levels and keep them engaged in education.

This year many relationships and sexual health education sessions have been delivered, usually in the form of one or two sessions as part of a larger program. Some of the schools which have been supported in this way include Craigmare High School with their Aboriginal male students, Parafield Gardens, Modbury and Paralowie High Schools. Other requests received have been in relation to specific issues such as homophobia with a number of awareness workshops being held at Salisbury East High School. Working with at-risk students and supporting other agencies will continue to be an important role for our Community Health Workers in the north.

Naomi

# Aboriginal young men's group



The Northern Team facilitated a session as part of a new eight-week program for young Aboriginal men at Fremont-Elizabeth City High School. The young men, aged 12–16, had been meeting regularly to discuss issues around relationships, drugs, alcohol and other life skill related topics.

The session commenced with some get to know you games that the students enjoyed, followed by a discussion around SHine SA and the services offered to young people. We continued on with an STI presentation and involved the group with conversations on the various types, how they are transmitted, safer sex and available treatment options. The students appeared to find this extremely interesting and participated well. Further on we ran some exercises that explored societal expectations around 'being a man' and how this reflected on them.

Brad



# Community education and development

## Point Pearce men's health camp



Participants of the three-day men's camp held at Stenhouse Bay.



In February 2009 a three-day men's camp was held at Stenhouse Bay, in the heart of the spectacular Innes National Park. The camp was coordinated and planned by Point Pearce Gayinbara Burgyara Yarnli Yugu Manggwidja Men's Group and sponsored by the Aboriginal Health Division.

SHine SA workers Derek (Youth Worker, East/West Team), Brad (Young Dads Project Worker) and Neil (ATSI Men's Education Coordinator) were invited to take part in the camp along with other agencies including Aboriginal Drug & Alcohol Council, Moonta Health, Alzheimer's Australia and Office of Recreation & Sport.

It took a convoy of six vehicles, some with trailers, to get everyone and their gear from Point Pearce to the self-contained camp site. Mr Fred 'Tonga' Graham Senior, as the Elder of the group, acknowledged the Narungga Nation as the traditional owners of Yorke Peninsula and welcomed everyone to the camp.

The SHine SA workers took part in all the camp activities, including working out the camp rules, fishing, cooking for the group, snorkeling, cleaning duties and sightseeing. Each of them had chances to yarn on a range of topics with different groups (e.g. Derek would stay up late with the young men, Brad connected with adult men and Neil spent time with the older men). This way they started to get to know people before presenting Sexually Transmitted Infections information in a formal session.

Some of the feedback about the camp included:

- 'Liked the fact that everyone respected each other and no one argued. Going fishing. Workshops – good to know. Food was excellent.'
- 'Everyone got along. Workshops were good – sexual health, learning about STDs, I didn't know there were

so many!

- 'Weather was lovely and hot. Movies. Good to know that stuff about sexual health.'
- 'Enjoyed fishing, heaps of food, knowledgeable workshops.'


In this relaxed setting, the men had a chance to get to know what other groups were doing, experience the cooperation and interaction of men working together, learn some new information and make plans for future action for the Point Pearce Men's Group.

The SHine SA workers were satisfied that they were able to make connections with Point Pearce men, learn more about Aboriginal men's needs, establish themselves as active and worthwhile contributors to this and future events, and actively network with the other participating agencies.

SHine SA ATSI workers



## Canteen Young Men's Secret Business Camp

The Canteen Young Men's Secret Business Camp was held from 1–3 October at Yookamurra campsite, two hours north of Adelaide. The camp is an annual event for young men suffering from cancer or affected by a family member's cancer. 

The camp enabled young men from around the state to come together and spend time sharing stories of survival, grief and loss, coping methods and what it is like to be a young person with cancer.

Natalya and I ran a fun session on positive relationships, where we discussed with the young men the benefits of positive relationships and heard how important positive relationships were to them over the course of their cancer journey.

Canteen provided a healing environment for the young men, which made the three days an enjoyable experience.

Vince

*Men—and particularly young men—are sporadic and infrequent users of services, lack engagement with health material, and tend to delay when faced with health problems of concern.*

SHine SA Fact Sheet 15  
**Sexual health of young people**

*There is strong evidence that a significant proportion of adults who experienced childhood sexual abuse will experience social, emotional and psychological problems of a serious and disruptive nature in their adult lives.*

*There are a number of mental health outcomes for adults believed to be directly related to childhood experiences of sexual abuse, including borderline personality disorder, eating disorders, multiple personality disorder, somatisation disorder and alcohol and/or substance abuse*

SHine SA Fact Sheet 15  
**Sexual health of young people**

## 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.

## The Woolshed

The Woolshed is a therapeutic community for people working through their drug and alcohol issues. For the last year a Community Health Worker and a Community Health Nurse from the SHine SA Southern Team have been providing a sexual health workshop each month.

The Woolshed is housed at a beautiful property located in the Adelaide Hills, so the drive, though not the highlight, has provided a great opportunity to take in the scenery and de-brief and evaluate the session on the way home.

What has been a highlight has been the willingness of the community members to allow us into their lives. It's been a privilege to work with a great bunch of people committed to the healing process — workers and community members alike. Being allowed into a healing place like The Woolshed has definitely had an effect on both SHine SA workers. We always leave feeling calmer and often find it hard to leave!

Community members take part in a range of group work activities so they're already used to the process of getting together to talk about 'stuff'. Their willingness to talk about sexual health issues has allowed us to talk about issues at a level that usually takes a lot longer to get to with other groups we work with.

Turnover within the group is unpredictable, as members come and go in terms of the variable amount of time they spend at The Woolshed, so we're always prepared

to continue on from our last visit or go right back to the basics. This keeps us on our toes!

Sometimes you can 'do a group' and not really see the impact or the importance of sexual health education, but the conversations we have had and the feedback from community members makes it really clear — sexual health and relationships education are life skills that aren't always available to everyone.

It has been a learning experience for all involved. After getting lost a couple of times, it's now on our internal radar — and we'll be up again soon.

*(More information on The Woolshed is available on the Drug & Alcohol Services SA website [www.dassa.sa.gov.au](http://www.dassa.sa.gov.au)).*

Craig



# Programs for international students

Over the past year SHine SA has been involved with many programs to support people coming from overseas to work, study or live. Many of our relationships and sexual health programs have focused on the international students enrolled in tertiary institutions in the East/West region, including Adelaide University City West Campus, Port Adelaide TAFE, English Language Services and Le Cordon Bleu School at Regency TAFE.

All of these programs have intentionally been planned as separate sessions for males and females to be respectful of different cultures. Many of the students we have supported have come from South East Asia, the Middle East, South America, South Africa, India, the USA and New Zealand.

SHine SA has received increasing requests to work with international students. Educational institutions see the

need for these students to be prepared for life in a new country, in particular to be informed about issues such as unplanned pregnancy, sexually transmitted infections and personal safety. Our program covers the following topics:

- sex rules and the laws as they apply in Australia/South Australia
- contraception (different methods, availability and costs)
- homophobia and relevant laws
- violence (gender/power)
- relationships in Australia (both heterosexual and gay/lesbian)
- negotiating for safer sex
- effective condom use

Rob & Anthony

# Friendships and Dating DVD

Since the production of our extremely popular booklet *Friendships and Dating* in 2006, members of our Disability Portfolio Group have been scheming to find a way to produce a DVD to accompany the booklet. The goal was to create an additional resource to reinforce learning, including where literacy is a problem, for use by parents, carers, teachers and workers, as well as with SHine SA clients in one-to-one disability education. In 2008 we made a successful application to the Community Benefit SA grant scheme. We received funds early in 2009 and production got underway.

For this project we have worked with filmmaker Ashley Starkey and also with the No Strings Attached Theatre of Disability. The DVD will be around 15–20 minutes in duration and uses a combination of interviews, voice-overs and short scripted scenarios, performed by six actors from No Strings Attached, to explain and reinforce the education messages outlined in the booklet.

The experiences being represented by the scenarios include first dates, travelling to a date, going to the movies and going out for a coffee. The actors have all had extensive experience with the theatre group and we worked with them to create the stories they felt comfortable with. It has been a pleasure to experience their enthusiasm for this project and to be able to provide a creative opportunity that also enabled us to pay them for their time and skills.

A number of SHine SA staff from our different regions have also participated, doing voice-overs or as interviewees being filmed about contraceptive choices and about healthy and unhealthy relationships. Ashley's skills and creative experience have tied this all together beautifully and made the whole process fun and relatively painless! It has gone remarkably smoothly and the project is now at the final editing phase, due for release later in 2009!

Lyn



# Making connections with young mums

SHine SA's Southern Team is looking at ways of making better connections with young mums in the south through building better relationships with organisations that provide services to these clients. There are a number of regional organisations that provide a range of supports to young mums, including supporting them to continue and complete education, providing residential care, and providing one-to-one support and group work.

Young women who participate in these programs have a wide variety of experiences and frequently have many unanswered questions about sexual health and relationships. Some have few personal supports and these groups extend their networks and provide opportunities to make long-lasting friendships.

Working with partner agencies, I have been involved in providing group sessions, sharing information on safer sex, protection against sexually transmitted infections and contraception options. The more challenging and complicated conversations are those about relationships, as a number of young mothers have experienced unhealthy relationships. Common questions revolve around their self-worth, trying to keep their family together, how to 'fix' their relationship and when to leave.

These can be very hard conversations to have but through sharing these topics, the group participants are able to see that they are not alone in this journey and that they can support each other. This work provides them with a starting point to look at the healthy relationship they want and deserve for themselves and their children.

As a worker being a part of these programs I'm reminded of the importance of providing a safe place to talk; how important it is to be able to talk about the rollercoaster that relationships are, that relationships don't stay the same; that we can learn from them, we can give and take from them and that we all deserve to have a healthy one.

Kelly

*Access to accurate information about sexual health issues and services and skills to negotiate respectful relationships is vital for every young person.*

SHine SA Fact Sheet 15  
**Sexual health of young people**

# Community education



## Rainbow Family stories



During 2008–09 SHine SA commissioned Sonja Vivienne of Incite Stories to design and facilitate two Digital Storytelling workshops.

Over several weeks participants develop a short true-life story about their personal experiences of gender, sexual identity and/or homophobia. They gather together photos, artworks, images, music and sound effects. They write (and then re-write!) a short 'script' of about 250 words and then record their script as narration.

The resulting stories, mostly two to three minutes long, will be put together on a DVD and packaged with a facilitator's guide to be used as an educational resource for schools, workplaces and social service providers.

The first workshop took place in April/May (supported via an online forum) and was a resounding success! The stories are all very different from one another and cover a wide range of issues from many diverse perspectives – being the child of gay or lesbian parents; being queer and Aboriginal; being queer and disabled; hearing (and responding to) 'That's so Gay!'; finding allies on life-long transgender journeys. A second workshop (conducted entirely online) will take place in August/September this year.

The SHine SA *Rainbow Family* stories will be launched at a screening at the Mercury Cinema during FEAST in November this year and will also be hosted on an interactive storytelling website being developed by Incite Stories.

**Enquiries: Sonja Vivienne**  
([sonja@incitestories.com.au](mailto:sonja@incitestories.com.au))

## Just Chillin'



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 that 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 generally find that the majority of young women have similar suggestions and that they 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 about 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**

## Cavan Youth Training Centre



Over the last year, staff from SHine SA have facilitated several five-week programs on sexual health and relationships with young men at the Cavan Youth Training Centre. The program covers relationships, safer sex, contraception, STIs, reproductive body parts, and sexual functioning. The groups critiqued stereotypes around what it is to be a man, how and where they learn about these dominant social ideals, the way women are portrayed in the media and expectations from society. Throughout the program participants were given the opportunity to examine their values, where they come from, and how they impact on their relationships with others and themselves.

As workers we have felt honoured to be a part of what

have often been some sacred conversations. It is often obvious that many of the participants have never had the chance or space to have such open dialogue about these issues. Many times we have left the group feeling amazed and happy that we get the privilege of being in the position to have these experiences. We continue to learn so much from the participants. We are continuing to receive excellent feedback from both the participants and workers who have been involved in the sessions, and are currently in discussion with the project coordinator about running a more intensive 10-week program which will allow us to delve even deeper into some of these very important issues.

**Naomi**

## Paralowie House young men's program



A nine-week program for young men was held at Paralowie Youth Service, in partnership with Uniting Care Wesley Port Adelaide, during Term 2 2009.

The program was for young men attending the Flexible Learning Options program. They met every week to discuss issues that affected them on a daily basis. Activities and topics covered during the half-day sessions included graffiti aerosol art, anger management, positive relationships, sexual health, V8 Dads presentation, safe driving, safe partying, alcohol and other drugs.

The program concluded with a BBQ put on by Adelaide Crows players and a visit to the Elizabeth Shopping Centre for an hour lock-in at a video game arcade which was enjoyed by all.

**Vince**

## Disability work in the South

Requests for one-to-one disability education and group work about sexual health issues continue to be a core part of our work in the Southern Team. It can be difficult to balance the large number of requests with the availability of workers. This past year we said goodbye to one of our community health workers, increasing the pressure on remaining workers to respond to new education requests.

The Disability Expo in September 2008, where SHine SA had a table, was an opportunity to network and meet a range of workers in the field as well as to provide information to the community and clients. The new venue at the Wayville Showground was great, with everything on one level, making it easily accessible for clients. It is a regular catch-up for workers in the disability field and a number of requests were followed up by team members.

I attended the ASSID (Australasian Society for the Study of Intellectual Disability) conference in Melbourne with my colleague Ralph. This opportunity for interstate networking was just wonderful. The conference had a huge number of individual workshops available to attend and we spent time talking with Family Planning staff from Victoria and New South Wales about the valuable work we all do in the area of disability education. One of the

workshops that I enjoyed the most gave the evidence about best practice approaches in Special Education. Students with disabilities either attend special schools or are integrated into regular schools. The research indicated that a safe and caring environment with adequate teacher training in the area of sexual health is vital. It is important to plan for each student and to work in conjunction with a student's learning goals to achieve the best outcomes.

The Southern Team offered a mobile sexual health four-week program in Mt Barker earlier this year. My colleague Craig and I enjoyed preparing and gathering resources for this program, focusing on friendship, healthy and unhealthy relationships, keeping safe, safer sex and how to use condoms. The group of eight men gave feedback that they found the information very useful and that a lot of the information was new to them. While some participants were a bit embarrassed, we know this is common in the area of sexual health.

This year I have been less involved in worker training and have had the opportunity to concentrate on a special project of creating a DVD of our *Friendships and Dating* booklet. This has been a good learning opportunity and has broadened my skill base.



## Pap Smear Awareness Week in the North



The Northern Team participated in three community events during Pap Smear Awareness Week from 3–9 May 2009. Clinics were busy with clients booked in for their routine Pap smears during the week, which continued throughout the following weeks.

Paralowie House Youth Service asked SHine SA to facilitate an information session about Pap smears and Gardasil (cervical cancer vaccine) for some of their Flexible Learning Options program participants. The session was held at the Salisbury Shopfront Youth Health & Information Service with the help of one of their social workers. All of the girls were aged between 15 and 26, were keen to participate and asked many questions. Seven girls indicated that they were interested in commencing a course of the Gardasil vaccine.

Adelaide Northern Division of General Practice invited SHine SA to participate in running a stall at the Elizabeth Shopping Centre, with the aim of promoting Pap smears and Gardasil to the community. The stall was very popular, with many women of all ages freely engaging with the SHine SA workers and 150 Goodie bags handed out.

SHine SA gave an information session at the Elizabeth Grove Primary School 'Women's Wellbeing Group' for mums. The aim of this session was to promote Pap smears and SHine SA's services to the women. A large group of around 20 women of varying ages and cultural backgrounds participated in the group session, which was followed by a pampering afternoon.

Lyn

## Working across many cultures



Our work with people from different parts of the world has been very rewarding and diverse. We have been working with refugees, migrants, asylum seekers, skilled migrants and international students including men, women and young people. Most of these groups have similar experiences, needing education and information regarding sexual health issues such as relationship issues, safer sex, STIs, contraception, pregnancy issues and health check-ups.

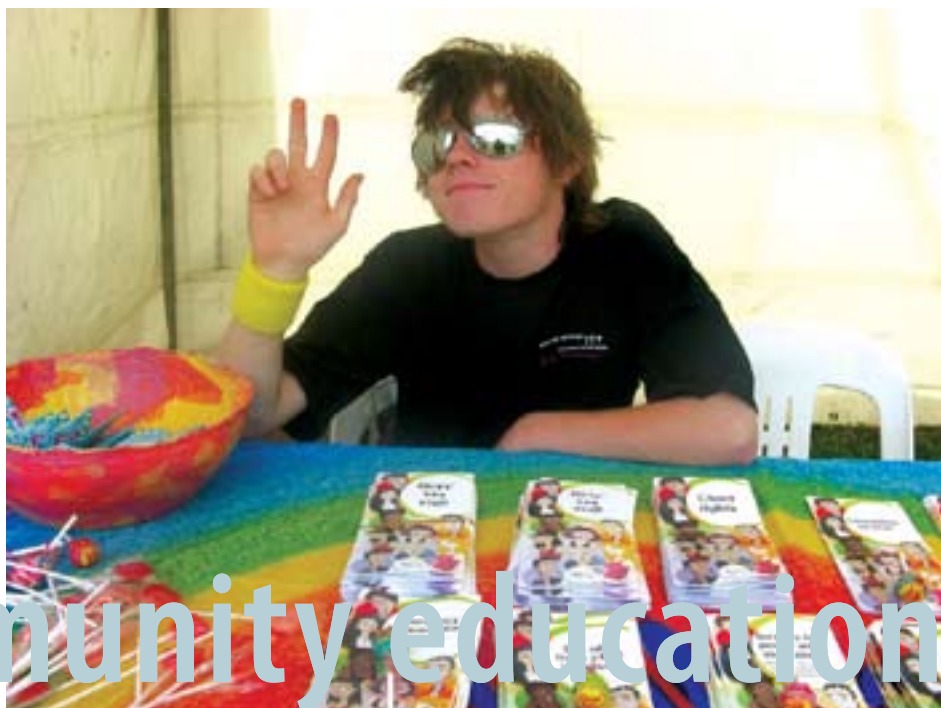
We have been very busy working in collaboration with other bi-cultural and mainstream workers from such organisations as TAFE Colleges, high schools, universities, youth agencies, Australian Refugee Association, Migrant Resource Centre, Uniting Care Wesley, Lutheran Community Care, African Community Council, African Women's Federation, Chinese Overseas Association, and other government and non-government organisations that work with CALD families. Working together we have presented a number of very useful sessions which have addressed general health issues including sexual and reproductive health. We have also actively participated in conferences, both locally and interstate, that have identified and catered for the needs of newly-arrived communities.

One major outcome of our work has been our ability to better address the gaps that are present and assist

in the empowerment of CALD communities to make their new life in Australia a more enjoyable one. This has been particularly encouraging and rewarding when we have seen CALD women, men and young people more confidently accessing the many services we offer such as the SHine SA library, clinics and the educational programs offered throughout the year. It has indeed been a busy and rewarding year!

Jacqueline

Laura



# Community education



SHine SA ATSI workers with participants at Vibe Alive

## Multicultural Women's Community Health Educators Project

This project was funded by Cervix Screening SA for 2009–10. SHine SA and Migrant Health Services have been working in collaboration and have developed this peer education program for women from African, Middle Eastern, Burmese and Bhutanese newly-arrived communities.

The aims of the project are to:

- increase the knowledge and understanding of women from refugee backgrounds regarding sexual and reproductive health issues
- improve the participation rates of women from refugee backgrounds in cervical screening programs
- encourage the use of appropriate women's health services
- promote the importance of women's health screening

Twelve Multicultural Community Health Educators from newly-arrived communities have been selected and trained. These community educators are interested in learning about women's health issues so that they can teach and support other women in their communities. They have participated in five days of training in June 2009 with the following topics being covered:

- the role of multicultural health peer educators
- the role of health workers supporting the program
- cross cultural issues
- the reproductive system
- health screening
- relationship issues

- contraception
- fertility issues
- sexually transmitted infections
- menopause
- group and communication skills
- support during the training program

After the training the Community Health Educators will be conducting education sessions in their own communities in their mother tongue language, covering the above health topics. They will be supported by health workers from SHine SA and Migrant Health Services.

In 2010, the Community Health Educators will have another week of training covering additional health topics that have been identified within their respective communities and will then run more education sessions.

One of the important outcomes of the project is to enable the Community Health Educators to more broadly share information among women in their communities so as to achieve positive health outcomes for themselves and their families. In addition, the program empowers the Community Health Educators about the importance of women's health so that they can influence change in their respective communities by teaching and encouraging women to look after their health. It also increases awareness of health prevention strategies so the women can make better, more informed choices regarding their health.

Jacqueline

## TAFE Youth Work students



While it's nothing new, we've had some recent experience of the use of role-play as a useful learning tool for students who are studying to become Youth Workers. As a member of the SHine SA Southern Team I was involved in a different way of teaching students — by becoming the client.

I was asked to participate in an exercise for Certificate 4 Youth Work students at Noarlunga TAFE. The students were given a very brief description of a client that they might come across in a work situation and were asked to role-play a client and worker scenario. It was up to them to ask appropriate questions, provide the correct information, ensure that their obligations were clearly discussed, practise the use of sensitive questioning, decide how to tackle a tricky situation and imagine potential outcomes. Students found this a very challenging but useful exercise to be a part of and asked for a second opportunity to do it — they invited me back again!

Students had to think about mandatory reporting, client safety, legal responsibilities, looking for body language clues and what potential further steps might be. The feedback we received showed that students found the exercise very beneficial on their journey to become a Youth Worker. Feedback included:

- 'Being able to practise on a person that works in the field and receiving a reply that's realistic, gave great experience of what we can expect.'
- 'I notice the way you opened up when I started to use the right questions — this made it clear when I was on the right track.'
- 'It felt more real to role play, it put you on the spot to really think what you would say in real life.'
- 'It helped me understand my clients' needs and that each client is different, which requires different techniques each time and flexibility.'

Kelly

### Community education @ a glance

There were 12 073 participants in community development programs for 2008–09.

These programs included:

- Sexual Health Awareness Week
- Cavan Training Centre
- Northern Alliance Against Homophobia

There were 71 registered participants in community groups who attended 43 sessions for 2008–09. These groups included Youth Advisory Teams, *Talking Realities* and *Just Chillin'*.





# Multicultural women's educational and healthy retreat

This retreat was sponsored by the Migrant Women's Lobby group and coordinated by Primary Health Care Worker Monica from CNAHS–PHCS. The project was a collaborative partnership between Migrant Women's Lobby group, Northern and Dale Street Women's Primary Health Care Centres, Port Adelaide Primary Health Care Centre, SHine SA and Northern Violence Intervention Program.

The retreat took place at Aldinga Holiday Park in April 2009 with 20 migrant and refugee women attending. The program's aims were to provide the opportunity for women who have family responsibilities to have a health retreat and time out from their families; to connect with other migrant and refugee women; and to discuss and share with health workers the health issues that they face and that have affected them as new arrivals. They were provided with a number of workshops on topics such as:

- communication
- conflict resolution
- sexual health and safety
- relationships

The main strategy was to create a safe, culturally appropriate and respectful environment where the women could explore health and wellbeing issues. It was also important that they gained an understanding of how to look after themselves and their families so as to prevent chronic health and sexual health issues in the near future.

The health workers and the women created a very healthy environment during the retreat which encouraged the participants to openly express their experiences in settling into a new culture, develop trust, self-esteem and resilience, and importantly increase their knowledge of health services available to them and their families.



The retreat also aimed to further understanding to assist with future planning of such programs and projects. The feedback from the participants was extremely positive and we look forward to the next one.

Jacqueline



## Farewell Juliet



Juliet (right) with Sue – Manager, Northern PHC Team

Juliet Watts, Community Health Worker extraordinaire, finally called it a day in February this year. Juliet had been with SHine SA for 34 years, through many incarnations (both Juliet and the organisation), undertaking a number of roles and projects while forging a multitude of relationships with other services and professionals, that have not only helped raise SHine SA's public profile, but assured that she will not be forgotten for a very long time.

Juliet started with SHine SA (then Family Planning SA) in 1975 where she quickly secured a Community

Educator position working mostly with schools. Juliet developed a passion for working in country areas and she continued developing relationships with country centres until her retirement, most recently within the disability sector.

Over the years, Juliet significantly contributed to many initiatives including the HIV/AIDS primary school project, 'Investing in Rural Youth' project, 'Hear Me Out', 'Get Your Cervix Serviced', 'Make a Difference' in Yorke Peninsula, and the TEACH project that provided teacher training around the state. Juliet recalls some good times delivering this

project, including using football clubs and pubs as training venues. These were days of developing good friendships and professional relationships that Juliet treasured for the duration of her career with SHine SA.

One of Juliet's passions at SHine SA was the Young Mum's project and bringing *Talking Realities* to the north. The hard work involved was nothing compared to the great fun Juliet and others had in the development and delivery of this successful project. *Talking Realities* ran for three years in the north, a feat Juliet is very proud of.

Another highlight for Juliet was the opportunity to work in the South Pacific, delivering training to workers via the HIV/AIDS project in the Solomon Islands, Vanuatu and Samoa in a joint venture of Family Planning Australia and AusAID.

SHine SA staff and others with whom Juliet had formed firm friendships (both personal and professional) farewelled her in February by honouring her illustrious career and the contribution she has made, not only to SHine SA, but to the message of good sexual health in the community. Good food, good stories and even better friendships were shared in a fitting farewell to a well-respected worker.

And of course, the last word should go to Juliet: 'All in all I had a wonderful time at SHine. Never a dull moment and some wonderful opportunities to go out and just do it! Mind you, the people I worked with contributed to this great time and for that I say a BIG THANK YOU.'

Cheers to you Juliet, and we all hope your retirement is as long and fulfilling as your time with SHine SA.

Abby

## Disability work in the North

Following the retirement of the Northern Primary Health Care Team's most experienced worker in the field of working with people with disabilities, many of the team members have undertaken and completed relevant internal professional education to better enable them to work within the sector around relationships and sexual health.

Over the past year, group work has been a significant area of request for services and maintaining those connections will be a challenge for the team in moving forward. Gender-specific group work has been the norm and has been provided for numerous organisations, including:

- Barkuma, Elizabeth
- James Nash House
- Leisure Options, Barossa Valley

One-to-one education sessions constituted the other main area of requests for services and all staff have since enthusiastically taken on the role of providing timely and client-centred relationships and sexual health education to their clients. Working collaboratively with significant people within the client's life (i.e. workers or carers) formed a major part of these sessions as continuity

and longevity of the educational content is critical for successful outcomes.

The team continues to embrace this significant area of work and provides a supportive, collegiate environment for our workers to practise.



Sandra

*Intersex, transgender and transsexual people face particular health and social issues. Their needs often are managed by specialist services and they often deal with overt discrimination. Community awareness and understanding often is poor as a result of the limited accurate information available on gender identity issues.*

SHine SA Fact Sheet 17  
**Sexual health of people of  
diverse gender and sexuality**

## 55 000 Years and Counting: Celebrating a Shared History



This reconciliation event, held at the Playford Civic Centre on 3 June, was coordinated by the Northern Metropolitan Regional Reconciliation Group of which SHine SA has been a member since it started several years ago. SHine SA's Northern Team provided a fun interactive stall with face painting, tea light candle painting, information handouts on SHine SA services plus healthy apples to munch on. Local services from the Playford area promoted themselves with information stalls, and there was entertainment, traditional painting exhibition, story telling, short films and a sausage sizzle. The event had a theme of working together with many of the Playford primary schools bringing children to the event.

Vince

# Northern Team manager's report

The 2008–09 year has been a memorable one for the Northern Primary Health Care Team with several staff changes. We farewelled a few staff members, including our longest serving team member Juliet after 34 years, and not only did the team and community lose a very experienced worker but someone who held a long history and knowledge of SHine SA from its time as Family Planning SA to now. We also said goodbye to the moment to Laura, who has left to pursue another career, that of motherhood. Taking her place as Community Health Nurse is Cara who has experience working in women's and Aboriginal health.

Opportunity always arises for others when someone leaves and we welcomed Natalya and Anna to the positions of Regional Schools Coordinators. The **Focus Schools Program** had expanded with additional funding from SA Health which enabled the Northern Team to have an additional schools coordinator, so now there are two workers engaging with a large number of northern metropolitan and regional schools.

With the Playford North redevelopment, there are significant developments taking place in Playford, especially around the Peachey Belt where the northern site is located. SHine SA has given support for the development of a GP Super Clinic at the top of Peachey Road, and looks forward to forming a collaborative working relationship with the successful tender. Also, the Elizabeth GP Plus initiative is progressing and again SHine SA hopes to work with and in the new service. Currently a staff member is on the GP Plus Operational Group.

The Northern Team remains an active member of the community and supports a number of important networks and initiatives. These include the Northern Youth Round Table, ICAN (Innovative Community Action Networks, a social inclusion initiative), the Youth Working Party of the African Workers Network, Youth Advisory Network (Tea Tree Gully), Playford Youth Network and the Peachey Belt School Workers Network.

There are also a number of projects in the north where SHine SA's Northern Team has a significant role. We support, though steering group membership, the Shop Skate Create project, a Community Crime Prevention initiative through Playford Council in partnership with Elizabeth Shopping Centre and the Paralowie Well Being Hub. The Paralowie Well Being Hub is situated in Paralowie R–12 School and provides access to a number of health and support services, including a SHine SA community health worker outreach for students from Years 6 to 12/13.

A report in 2005 identified an increasing local trend in the north in homophobic violence. The research clearly identified a high level of fear, personal and property violence and discrimination against same-sex attracted young people, and ultimately an increase in the vulnerability of same-sex attracted young people. SHine SA, Salisbury Youth Health & Information Service and The Second Story North had all experienced an increase in requests from schools for support around homophobic violence. The three services came together and formed the Northern Alliance Against Homophobia in Schools

(NAAHS), with South Australia Police and the Department of Education & Children's Services (DECS) joining since. Together this collaboration successfully applied for a grant from the SA Government Crime Prevention and Community Safety Grants Program for a project titled *Safe and Free to be Me*, commencing in July 2009.

Another area of need that has been identified by Service to Youth Council (SYC) and SHine SA is the number of students engaged in the Flexible Learning Options (FLO) strategy. FLO is a DECS enrolment strategy for young people aged 12–19 years, identified by their school in one of the four ICAN areas as at risk of early school leaving, or having left school without completing Year 12 or its vocational equivalent. These vulnerable young people, because they are disengaged or not attending school frequently, often miss out on relationships and sexual health information. This, coupled with the fact that there is a higher than average teenage pregnancy rate in the north, has resulted in the SYC and SHine SA developing a proposal to increase the knowledge and skills of FLO case managers and program coordinators around relationships and sexual health. It is hoped that this program will be implemented in 2010.

We look forward to the up and coming year and all the excitement of changes and new initiatives.

Sue

Northern Primary Health Care Team



# East/West Team manager's report

The East/West Team has been very busy over the past 12 months and being based in the GP Plus Health Service has broadened our opportunities to work with a number of our communities of interest. In particular there has been increased access to services for young people, Aboriginal and Torres Strait Islander people and those from culturally and linguistically diverse (CALD) backgrounds.

The East/West Team has a clinic session running from Gilles Plains as well as the many clinic sessions run each week from the Woodville site. We have also instigated special clinics for people from CALD backgrounds. These clinics allow women from different ethnic groups to access sexual health services with an interpreter on site. The women have been very happy with the service and it looks as if there will be increased demand over the next 12 months. So far we have provided clinics for Chinese and Afghani people.

A further development in clinic services was providing a special Pap smear clinic at Hampstead Rehabilitation Centre for women with spine injury. The doctors, nurses and clinic receptionists in the team have also been giving practical training to doctors and nurses who have attended SHine SA theory courses.

Sexual health counselling has seen the counsellor busy with a variety of presenting problems but she still finds time to do community development work and act as a support/consultant for other counsellors and workers.

This year has seen much travel by the two **Focus Schools Program** team members, as more schools take up the benefits of support and training that is offered.

Community Health Workers have managed to do huge amounts of community development and community education in their role and I am continually amazed at the breadth of their work and the energy they have. Being in this site with partner agencies also means that there is more opportunity to work collaboratively and achieve more outcomes for the clients. Just a few of the agencies that we have worked with during the year are Youth Central, Western Workers for Youth Network, African Women's Federation, City of Charles Sturt, Adelaide Western GP Network, Pregnancy Advisory Centre, The Second Story, Drug & Alcohol Services SA and Central Northern Adelaide Health Service.

Despite the large amounts of work currently being done the team has identified areas for further work next year, including: the issue of parents of young people being able to talk with them about relationships and sexual health; sex workers and access to sexual health services; and having another worker with experience working with people with intellectual disabilities.

Truly a dedicated and busy team.

Rae

*Young people in rural and remote areas of Australia have identified barriers to getting access to health information and services (including sexual health). These barriers include:*

- lack of services, especially those that bulk bill
- limited choice of service providers (for example, no—or only one young or female—health provider, reliance on overseas-trained doctors who may have conservative attitudes to sexuality and relationships)
- waiting time to see a general practitioner
- lack of transport to services
- lack of information and access to all forms of contraception
- lack of information and support about same-sex attraction and relationships
- lack of knowledge of available services

SHine SA Fact Sheet 13  
**Sexual health of people  
living in country South Australia**



East/West Primary Health Care Team

# Southern Team manager's report

The Southern Primary Health Care Team has had a year of big changes, with staff changes as well as the excitement of planning a relocation of our office base from Woodcroft to Christies Beach. At the same time we have continued our ongoing work providing clinical and counselling services, supporting schools to teach the *Focus Schools* relationships and sexual health curriculum, and providing a range of community development and education programs in Adelaide's southern suburbs and southern regional areas.

After many years with the Southern Team in the role of Community Health Worker, Cherice moved on to continue her work with youth in a policy capacity. We have happily welcomed Rebecca to the team as our new Administrative Support Worker, as well as Teresa and Stephanie as new casual Clinic Receptionists.

The team continued to work closely with a range of other agencies to extend our capacity to support sexual health work in the region. Key partner agencies included The Second Story, Mission Australia, Marion Youth and Coolock House. Some highlights this past year include a successful Community Benefits Grant application for the production of a disability DVD resource, Annie's completion of her Clinical Leadership Program, and the growth in Southern Team Y@ numbers and activities over the past six months. SHAW 2009 was a big focus for me and the team, with local activities as well as taking part in the Fringe Launch Parade.

This year the team supported Schoolies by working with DASSA, SAPOL and the Red Cross. We provided 1500

condom packs for distribution and designed a sticker to seal the condom packs which highlighted the message of the availability of Emergency Contraception during Schoolies.

As a manager this past year I have participated in the Southern Adelaide Health Service (SAHS) Leadership Network and contributed in the areas of sexual and reproductive health, which have been highlighted as an area of focus for the region in the SAHS *Health Improvement Plan*. I have also had input for Shine SA into the consultations and finalisation of the *SA Health Antenatal Care Framework* (ATSI and low SES Women) and the Department of Health Low Birth Weight Implementation Steering Group, which reports to the Executive Committee of Cabinet against the targets in the *South Australian Strategic Plan*. I've also been a member of a research team investigating international evidence relating to reproductive health for Aboriginal women and teens, reporting to the Strategic Health Research Program of the SA Department of Health.

## GP Plus Strategy

SHine SA's services fit very well within the GP Plus Strategy, which aims to integrate primary health care services and bring them closer to people who need them most. In the south, we are looking at working closely with this strategy. As a manager I've had the opportunity to participate in the SAHS planning process for the new Marion GP Plus Health Care Centre, shortly to be constructed, where we expect to be a partner provider agency.

This year the Southern Team has lost a member in very sad circumstances. Janina was the Administrative Support Worker for the SHine SA Southern Team for many years. Janina passed away on 24 March 2009 after a long illness and is missed by staff across the organisation:

*Janina you have always been a lovely, warm, funny, friendly, helpful, caring, supportive, conscientious, reliable and dedicated team member. A great listener who over the years patiently listened to many clients tell their life story over the phone while you were making appointments for them. Your words of wisdom and*



*comfort were valued by both clients and staff and we have many fond memories of special conversations and sharing life's experiences. We miss you dearly both as a colleague and as a friend.*

We have also been included in forward planning for the Commonwealth-partnered GP Plus Health Care Centre/ Super Clinic planned for Noarlunga in the next few years and we have explored possibilities of offering programs or services from the Aldinga GP Plus Health Care Centre, to improve access to sexual health services further south in our region.

Anne

Southern Primary Health Care Team



# Southern Team outreach to the Limestone Coast



In May 2009, I spent four days in Mount Gambier and the South-East of SA participating in education sessions to secondary students and Burmese refugees, networking with workers who are advocating for women's health screening for female skilled migrants working in the South-East, and visiting a Pap Smear Provider nurse's clinic in Kingston.

This trip was organised after attending a Regional Multicultural Conference in Mount Gambier in 2007. Planning occurred for a follow-up trip to work with culturally and linguistically diverse (CALD) groups in the Mount Gambier area in 2009 while taking up opportunities to work with our other communities of interest (young people and workers) and to participate in Pap Smear Awareness Week activities in the region.

## Pap smear and sexual health awareness – Mount Gambier High School

The Women's Health Nurse at the South Eastern Regional Health Service received funding through a Cervix Screening SA Pap Smear Awareness Week grant to have Isobelle Danforth-Smith present her play, *The Duck-bill and the Pussycat*, for Year 11 and 12 female students at Mount Gambier High School. About 90 female students attended Isobelle's one-woman show that explored Pap smears and women's health issues in a very humorous way. I then gave a talk about SHine SA services and sexual health issues including contraception and sexually transmitted infections, which the young women were more receptive to after having seen the play. As yet, Mount Gambier secondary schools have not engaged with SHine SA's *Focus Schools Program* so I also took the opportunity to promote the program to the teachers attending the session.

## Burmese humanitarian refugees – education session

The Migrant Resource Centre in Mount Gambier runs programs and services for newly-arrived immigrants and refugees. There has been a focus on regional settlement in the Limestone Coast for economic, social and population issues as considered during the *Shaping the Future* Regional Multicultural Conference in 2007.

TAFE SA and the Migrant Resource Centre organised an education session with some of the Burmese humanitarian refugees who live in Mount Gambier and who are studying English as a Second Language at TAFE. Burmese refugees have been settled in Mount Gambier since 2007, after many of them have been living in Thai refugee camps for years, even since their childhood. The group I met with had mainly been settled in family units, although there were a few single people as well.

I provided education and information to Burmese women and men in two separate sessions covering health screening like Pap smears and breast checks with the women (that got lots of laughter!), contraception and sexually transmitted infections. I mainly talked about sexual health checks and infections with the men as well as safer sex and using condoms.

## Advocacy for health screening for skilled migrants

Businesses sponsor skilled migration under Limestone Coast regional migration initiatives. Countries of origin include China, Zimbabwe, Asia and Latin America. These skilled migrants come into Australia usually under the '457' temporary business visa and, as such, pay taxes but are not eligible for Medicare and most Centrelink entitlements.

Lifeline South East SA runs a Welcome Program for Skilled Migrants, assisting with settlement and family issues and other topics including education, health, government services and legal issues. Women in the program identified difficulties in accessing the health system for Pap smears and other health services. Without Medicare, skilled migrants find it difficult to access inexpensive health care, especially when having to prioritise issues such as housing, food, and children's education. Often having a Pap smear is not a priority even though these women may have been underscreened in their countries of origin. Evidence identifies a 'chain of action' that needs to occur for women to have cervical screening: awareness about screening, locating appropriate services, making appointments, organising time off work or child care, arranging transport – and then paying for the service. Assisting in any aspect of the chain will help CALD women

get preventive health care.

Lifeline South East SA convened a meeting which I attended, along with general practitioners, Department of Health workers, education and community service representatives, to raise this issue and to advocate on behalf of skilled migrants. This is an important area of advocacy for SHine SA.

## Pap Smear Provider (PSP) nurse – clinic visit to Kingston

SHine SA provides theoretical and clinical training to practice nurses who work in medical centres and GP practices. Usually these nurses have to uproot themselves from their workplaces to come to Adelaide to do the training, including their clinical placement. I had a unique opportunity to observe and assess a PSP nurse for her clinical placement in her own workplace at the Kingston Medical Centre. Observing PSP nurses in their own work environment can make the training more realistic and comfortable for them and gives SHine SA nurses a greater awareness of outside services and the context in which Practice Nurses work. Cervix screening is just a small yet very important part of their work. I was very happy to have this opportunity and the PSP nurse was delighted at the convenience and support we were able to provide in finalising her training.

Stephanie



# Gay men's health in the East/West

SHine SA has a healthy working relationship with the AIDS Council of South Australia and the various programs offered to the people of our state. In the past year SHine SA has supported many initiatives and ongoing programs including Thursday night drop-ins at Gay Men's Health. These sessions covered information on SHine SA, particularly the range of services available to the various GLBTIQ communities, and safer sex and healthy relationships. We also participated in and supported the community periodic survey and other research initiatives.

We continue to work closely with Gay Men's Health on the statewide HIV Reference Group and with many of the community festivals and events such as the FEAST Festival and the Pride March.

SHine SA also supports the initiatives of the Sex Industry Network and continues to foster a working connection between our services. A number of SHine SA staff attended and enjoyed the Network's community barbeque lunch held on the beautiful grounds of Darling House.

Rob

There are five broad categories of disability:

- neurological disorders (acquired brain injury, cerebral palsy, spina bifida)
- developmental disabilities
- sensory disabilities
- physical disabilities
- psychiatric disabilities/mental illness

and each category has its own issues around sexual health and relationships.

SHine SA Fact Sheet 14

**Sexual health and relationships among disabled and chronically ill people**

## V8 Dads

It is well recognised that men are a group who are hard to reach and young dads are no exception.

The V8 Dads program, a partnership between SHine SA and Communities for Families (Playford North), aims to recruit and train young men using a peer education model to positively increase their knowledge and skills in a range of areas including:

- child development and parenting
- relationships and conflict management
- the positive role fathers and key male role models have in the development of positive children and outcomes for children later in life
- local agencies to support child and family growth and development and how to access them

The dads enrolled have undertaken an eight-week program that included a focus on positive male role modelling, effective communication with children, what it means to be a dad, and skills of a dad. Throughout the training the dads were asked to reflect on what information other dads would need to know in order to be a positive father and male role model for their children. This information was collected and at the end of the eight weeks the young dads put together a slide show presentation with the facilitator and Administrative Support Worker in the Northern Primary Health Care Team. The presentation is targeted at community groups, schools, men's groups and youth groups. The young dads will co-present and share their experiences to make a positive difference to young men's and children's lives.

To date, two trial presentations have been held to get feedback from the community. They were received with very positive encouraging evaluations from those who attended which included social workers and male and female community members. With everything in place we're now ready to hit the floor running. We have another presentation to do in a few weeks at a youth centre and are ready to start getting out and spreading our message about positive male role modelling in a child's life and the difference that can make for a child's future!

Brad



## Disability education in the East/West

It has been exciting and a little exhausting this year delivering services to the disability sector. There has been a steady increase in the flow of clients with a disability accessing one-to-one education in the East/West region, with referrals directed through disability support services and from family and carers.

The main issues addressed by one-to-one education include:

- acquiring an understanding of public and private spaces and what is appropriate and inappropriate sexual and non-sexual behaviour in each setting
- protective behaviours – attaining an understanding of parts of the body and what is public and private; learning personal boundaries and saying NO and YES; identifying feelings associated with unwanted touch; and 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 – learning 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
- working with workers, carers and/or family members to better support young people with a disability by acknowledging and supporting the need for healthy communication about relationships and sexual health

Our team's capacity to provide multiple workers to deliver comprehensive education has not increased from last year. The focus, therefore, has been on upskilling workers in the disability sector to take on board the educational work directly with their client, and to support the continued learning in the client's natural environment. This model of service delivery has allowed the East/West Team to continue to provide a quality service to the disability sector.

Rob



# Community education

# Workforce development



Workforce Development & Resources Team



## A time for change



The role of the Workforce Development and Resources (WDAR) Team continues to be a vital link between the community, service agencies and SHine SA. A highlight of the year has been the number of new and existing partners with whom we deliver programs. As resources become more and more stretched these partnerships are a key factor in the success of our programs and are a vehicle in driving change across the sector.

Of course the programs alone would not be received as positively by clients if we did not equally invest in updating and creating resources. This year has seen a major upgrade of our website as well as the review of the teacher resource and the continual stocking of current literature available from our library. As we endeavour to meet the needs of our identified communities of interest, we have already commenced work on additional disability and GLBTIQS resources.

In keeping with industry requirements, policy initiatives, workforce pressures and client demand, the team identified several areas of need during the year. For instance, our nationally recognised VET sector courses needed to be updated to reflect changes to the Community Services and Health Training Package, the Nurse/Midwife Certificate course required re-accreditation, and the online learning project was completed with recommendations for further flexible delivery modifications to be made. To the team's credit they have been able to accommodate these changes with minimal impact on client services.

Turning the focus to a national level, this year has seen some considerable efforts in the policy arena. SHine SA has been an active contributor to consultations relating to women's health policy, men's health policy, the national

framework for violence prevention, and Indigenous health with the *Close the Gap* initiative. Each of these policy directions has, as part of its agenda, better links to primary health care and early intervention. Too often, the community services and health sector focuses its policy, funding and service efforts at the acute end of the spectrum. We are now finally seeing a shift, with greater emphasis placed on education as a tool for prevention. The WDAR Team is well positioned with respect to these new initiatives. It is vital that we continue to advocate for training and education at all levels and across all sectors.

My involvement with key stakeholder groups ensures that SHine SA is at the table in many of the discussions that inform work and workers throughout the state. These groups include the SA Women's Services Network, the Pregnancy Advisory Centre Advisory Committee, the Addressing Violence Alliance and the national peak body, Sexual Health & Family Planning Australia.

Once again I'd like to thank those individuals and agencies who assisted us throughout the year in delivering quality educational services to workers. Their continued support is much appreciated and valued as we move forward in 09–10. The WDAR Team is very much committed to embracing the changes mentioned in this report by continually improving services to be more flexible and responsive, and most of all by building the capacity of workers in the area of sexual health so they can improve health outcomes for their respective client groups.

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 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](mailto:SHineSACourses@health.sa.gov.au)

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



# Tailored training for Wiltja

How do you provide nationally recognised training and development in healthy relationships for 20 staff in four days over 12 months?

Wiltja contacted SHine SA to explore training options for staff based on the recommendation of two staff members who participated in the Aboriginal & Torres Strait Islander (ATSI) Men's Sexual Health Course in 2008. The aim was to have all 20 workers gain competency in the two Community Services units that SHine SA, as a Registered Training Organisation, offers.

Wiltja Residential Program provides accommodation and support for young people from Anangu-Pitjantjatjara Lands (far north-west of South Australia) while they are in Adelaide completing their secondary schooling. Relationship issues that face 12 to 18 year olds are best addressed by the people who have the necessary knowledge, skill and attitude along with the trust and connection with youth. Any workforce training provided to meet the needs of this group had to be culturally appropriate as well as fit the policies and practices of Wiltja and its guiding council.

A tailored training plan was developed by the ATSI Men's Education Coordinator after consultation with:

- Wiltja management
- Wiltja staff
- SHine SA youth sector education coordinator

SHine SA Aboriginal Youth Education Coordinator  
Adopting a blended learning approach allowed four single days (one per term) of face-to-face learning with SHine SA facilitators. This included activities that could be utilised with young people and relevant, up-to-date information that promoted advocacy. To maintain participant engagement during the 12 weeks between sessions, a 'Wetpaint' webpage has been created to provide online feedback to the coordinators, direct participants to online research and activities that form part of their assessment, and maintain two-way communication. An on-the-job final assessment which requires participants to plan, deliver and evaluate a presentation to their students will be observed by SHine SA assessors.

Now at the halfway point of the training program, there is time for reflection and making adjustments in response to feedback from the participants. The coordinators have been impressed with the willingness as well as the enthusiasm that Wiltja has shown as it tackles issues and subjects that can, at times, be uncomfortable and/or challenging.

The effectiveness of SHine SA's training will be seen as the staff of Wiltja respond more positively and confidently to student relationship dilemmas.



## Informal client contacts

8971 informal clients were provided services during 2008–09. The top ten reasons for the informal client contact were:

Sexual health	90%
Contraception issue	3%
Pregnancy issue	2%
Sexual relationship issue	1%
Masturbation	1%
Substance abuse	1%
Abnormal smear	1%
Abortion/Termination of pregnancy	1%
Sexually Transmitted Infections	1%
Sexuality issue	1%



## 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.

Neil



## Youth worker education

The six-day SE&X course (Sexuality, Exploration & Xpression) continues to be well attended. As always participants come with their own interests and ideas. Participants have been peer educators, youth workers, community health workers, managers, counsellors and, for the first time, a member of SA Police.

Over the past year there has been a deliberate effort to include information from multimedia and online sources. Sessions are now punctuated with youtube clips, funny animations or information garnered through many hours of online research. While these can add something different and interesting to the learning of all involved, nothing reaches out to participants as well as real people telling real stories. We have had many brilliant and motivating speakers tell us their stories with honesty, humour and courage. These stories have ranged from surviving as new arrivals in a new country, to surviving family trauma and domestic violence, to surviving and thriving as a young person in this new century. As more and more participants ask themselves 'What part do I play in the current culture of sexual health and relationships?', 'What can I do to change the things that have a negative impact on people's lives?', and 'How does this relate to the work I do with clients?', an increasing number of workers are becoming more active in such areas as the sexualisation of young people in the media, and stopping violence against women and children.

This year we piloted a fully online live version of the SE&X course. This meant live online classrooms, participation in online forums and everything in between. The pilot involved seven participants from a range of rural areas across South Australia's west coast. The most exciting

outcome of the pilot was that 'online' didn't stop the group from becoming close and open with each other. Too often people who don't understand what's involved in an online training environment denigrate the 'online process' as lacking in soul and cohesion. Well... in this case all participants shared, told stories, laughed, learned and cried together. For me as a facilitator this is such positive feedback. Here is what participants had to say half-way through the course:

- *So far I am really enjoying the online sessions. Including the bugs.*
- *I think the ambiguity of being online is a positive.*

*Sometimes people will say or type something when there is no real link to them personally. People can then feel more open.*

- *For people in remote areas this is a godsend. It makes it easier for us to learn the essentials for helping young people with their sexual health. I would definitely recommend it to others.*

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.

We also continue to offer one-day youth worker education workshops to a range of organisations on request.

Lud





# Investing in Aboriginal youth

This year has gone so fast and yet again I have had a jam packed year. This was my last year co-facilitating the SE&X course. Although I really enjoyed the experience, I now work with Aboriginal youth across the state in the *Focus Schools Program*.

Once again, Aunty Ros and myself were involved with Vibe at Port Augusta, which was great fun for both the young people and us. We also went back up to Leigh Creek, Copley and Nepabunna, where I ran some sessions at Leigh Creek School during the day while Aunty Ros ran a pampering day with the women from Copley and Nepabunna. In the evening we were invited to the youth centre at Copley to yarn with the young people. It was a fantastic opportunity to engage them in sexual health issues.

Aunty Ros and myself went to a station just out from Marree, where Sharon Clarke (SA Cervix Screening Program) and Colleen Roberts (Aboriginal Health Worker from Marree) held a Well Women's Day for Aboriginal women from different communities together. This was a deadly day with lots of sharing and laughter.

We also went to Mount Gambier for a Close The Gap health day that the wonderful Peter May facilitated.

At the beginning of this year Derek and myself went to Davenport Community to meet with Lavine the youth worker and some young people to see how we can work together.

I am still working with the students and Rose at Warriappendi School. I am hoping to start working



Frances (right), Aboriginal Youth Education Coordinator, with Casey at Vibe Alive, Port Augusta.

with the students and teachers at Kurna Plains School in the next year. In my role as the ATSI Youth Education Coordinator I am wanting to make strong connections with the schools and the Aboriginal Education Community Officers in the communities that I visit so that they will come aboard with the *Focus Schools Program*, which will benefit ATSI young people and the wider community as a whole.

I am still involved with the Board at Kumangka until the AGM this year. I feel that it would be of benefit for a young person to take over as the chairperson. In addition, this year I was invited onto the Board of Victims Support Services which I accepted. I find this really rewarding as the Board are wanting to be able to support ATSI people culturally and respectfully.

Frances

## School Psychologists and Guidance Officers

In June 2009, SHine SA was invited to deliver a workshop to Regional Psychologists and Guidance Officers from the Department of Education & Children's Services as part of their professional development. SHine SA took this opportunity to provide information on the range of services provided over our three sites, our referral pathways and the many ways the organisation can support schools. The session was in the context of supporting 'at-risk' students who may be engaging in sexual activity from a young age. The request also included some information on supporting same-sex attraction in school-aged young people.

The Coordinator of the *Focus Schools Program* presented a comprehensive session on SHine SA's involvement with schools, including some statistics indicating that sexual health knowledge was a positive and useful tool in promoting good sexual health among young people.

A Community Health Worker from the Northern Team led an interesting session on her role and the support she offers to young people at risk who are still at school, at risk of leaving school, or who are no longer at school but

might be able to re-engage with the right support.

A Counsellor from the Northern Team presented an interactive session exploring a scenario of a young person with a School Guidance Officer. Initially limited information was provided and participants were encouraged to consider a hypothesis or direction. Other pieces of information were added bit by bit and participants were encouraged to consider how previous ideas might be challenged or changed by how the young person presents at different times.

Feedback was very positive, with participants rating the workshop very to extremely useful. Comments included 'Great balance between information and interactive discussion', 'An informative and useful day' and 'Great to see what other agencies are up to'. Some of the 'most useful' aspects identified included knowledge of programs, resources available to youth troubled by sexuality issues, walking through the scenario, statistics and knowledge of school-based programs.



## Cross-cultural sexual health workshop



This two-day workshop is run each year at SHine SA and has proven to be extremely popular among a mix of service providers. During the workshop we hold panels with workers that work with CALD communities and discuss how they deliver services across cultures. We also have panels of CALD consumers who address their settlement experiences and discuss how they navigate the health system.

We discuss the sexual and reproductive issues that affect CALD communities and how we at SHine SA work and offer services that could assist them. We also discuss the social, political and holistic context of health, addressing issues affecting CALD communities in their integration into a westernised society and health system.

I would like to thank Lud, our Coordinator of Youth Sector Education, for his dedication, support and assistance in running this workshop. It has been a real pleasure working with him and achieving the positive results that we have in the past years. The evaluation that we have received from the participants has helped us to plan and continually improve the workshop. It has also encouraged us to continue to run a cohesive, well organised and very instructive workshop every year.

Abby

Jacqueline

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

# Aboriginal & Torres Strait Islander men's sexual health education



In September, the second ATSI men's sexual health course for 2008 was run. Again I was surprised by the diversity of participants' roles in the workforce. Registered participants included two students from Tauondi College wanting to find work in the disability field, a health worker from the Palm Island community in Queensland, an Aboriginal youth worker from Victor Harbor and workers from the Kalparrin Community near Murray Bridge.

The broad range of topics covered in this interactive course lead to a final assessment for two nationally accredited units from the Community Services Training package. Each participant finishes the six days with a plan for an education session on sexual health to be presented to their client group while being observed by an assessor.

Shine SA courses focus on building the capacity of workers to develop the knowledge, skills and confidence in sexual health so they have the ability to provide consistent, quality services and programs in their local community. The men who complete the ATSI men's sexual health course have shown the competencies to fulfil that role.

Neil



Vibe Alive



Participants of the ATSI men's sexual health course



# Workforce development

# Medical education



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

We have strengthened the team with Dr Silvana Mazzaro joining Dr Katrina Allen and Dr Anne Stephens. Silvana has the role of producing the MEDS newsletter and this has been a valuable contribution enabling the other medical educators to concentrate on other teaching and training commitments.

After more than 10 years of service to SHine SA, Dr Katrina Allen is commencing a three-month period of long service leave in June 2009. Anne and Silvana will job share the role while Katrina is away.

## Undergraduate training

*Medical student teaching for Flinders and Adelaide University students:* This includes first, third and fifth year students. During the past 12 months we have taught over 500 medical students. We are most grateful to the doctors and nurses from the primary health care teams who participate in the teaching of these sessions and have found the links and networks established with students at this level useful for their future education. We have some very positive feedback from the students regarding these sessions.

*Spencer Gulf rural medical students teaching session through Adelaide University:* Katrina taught a session via a satellite link-up, a unique way to teach in this area.

*Pharmacy student teaching both at the third year undergraduate level and at the pre-registration level:* Katrina and Sonia (Nurse & Midwife Education Coordinator) taught 160 pharmacy students this year. We see this as a valuable networking opportunity and have had some ongoing interactions with pharmacists who have undertaken this program. With some contraceptive items now being available as non-prescription items and others being dispensed on prescription via pharmacists we feel this is a worthwhile area to place our efforts.

## General Practitioner training

The two-day Introductory Course in Sexual and Reproductive Health is delivered to all GPs-in-training during their first term of placement in the community. This year we modified the course due to the large number of Registrars (48) wishing to undertake the course in the first part of the year. A valuable aspect of our new course design is the ability for community GPs to slot into the practical training sessions on IUDs and Implanon. We have found this a great way to increase the accessibility of this training and have had 10 GPs this year participate in these workshops. We are very grateful for the continued expert support 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 nine participants from a variety of backgrounds. There were three GPs, one sexual health physician trainee and five GP Registrars. The Certificate course depends

greatly on the input of various experts in the field such as Dr Darren Roberts, (O&G specialist), Dr Trish Neumann (physiotherapist), Dr John Bolt (urologist), Dr Emma Burns (Second Story), Dr Priya Selvanagayam (dermatologist), Dr Ea Mulligan (Pregnancy Advisory Centre), Dr Lesley Shorne (SA Cervix Screening and Yarrow Place), Glenda Suddholz (Womens Health Statewide), Dr Christine Kirby (reproductive specialist) and Ms Joy Gailer (pharmacist). SHine SA staff also 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 which was undertaken in a new and improved format this year which participants found less stressful.

Katrina and Anne continue to teach the sessions on prescribing the Pill to GP Registrars on the brink of entering general practice.

IUD training has continued steadily in both theoretical and practical insertion skills, as has implantable contraception training. We have increased the number of GPs undertaking IUD training through the introduction of IUD-specific clinics.

## Health Education Day

SHine SA once again took part in the development of a very successful Women's and Children's Hospital Health Education Day. Silvana provided a display and was available to meet with GPs interested in further training opportunities. Katrina presented a well-received contraception update session to 220 GPs titled 'Contraception by the Book'.

## Education meetings

We hosted our regular education sessions focusing on clinically relevant issues. In August Dr Penny Coates presented 'Maintaining Bone Health'. In November Dr Penny Roughan led a session on working with adults who have experienced sexual offences. In March we provided an update on clinical training for SHine SA doctors. The June meeting was 'Evaluating breast symptoms' presented by Dr Melissa Bochner. These sessions are attended by SHine SA doctors and other interested staff and are also advertised to the wider general practice community.

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.

## National collaboration

We remain involved in regular teleconferences and meetings of the national medical committee of Sexual Health & Family Planning Australia. 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.

*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**



*Access is the most pressing health service delivery issue for young people. 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**

# ATSI women's education



Two ATSI women's courses were delivered during the last financial year. In October 2008 there were five participants from rural and metropolitan areas. The course was well received and feedback was positive. The March 2009 course had three participants, two from a remote area, the other from the Adelaide metropolitan area.

Another part of my role is to respond to requests from communities statewide. I travelled and presented sexual health sessions in communities throughout the year, including Gawler, Port Lincoln and Copley. I have also worked closely with Frances, SHine SA's Aboriginal Youth Education Coordinator.

Anne

I would like to stress the importance of education for ATSI workers if things are to change within our communities. Our people need to be empowered and given the right to make informed choices for their health.

Ros

# Nurse and midwife education



As I write this report it dawns on me that I have been in the role of Coordinator of Nurse and Midwife Education for a year now; time has absolutely flown as I have found my feet and started to run with the courses. It has been a fantastic year with so much happening.

In addition to our regular training we provided sexual health/Pap smear updates to other nurses and midwives in various organisations, including Flinders Medical Centre, Flinders University, Women's & Children's Hospital, and Child & Youth Health.

Much of the training has been reviewed, with the development of updated course materials, including a new assessment model. It is wonderful to be a part of the education process and observe the growth in the participants as they complete the training and develop both personally and professionally.

## Pap Smear Training

There has been an incredible demand for Pap smear training, particularly from practice nurses. SA Cervix Screening Program has offered scholarships for nurses in targeted areas to promote well women's screening. To keep up with demand an extra course was run in December with nine participants completing the training.

This year Limestone Coast Division of General Practice received funding for a number of practice nurses to receive Pap smear training and a course was conducted in March. Three practice nurses completed both the

theoretical component and clinical placement this year and have received interim Pap smear provider certificates. In total 36 nurses and midwives have completed the Pap smear theoretical component and most have gone on to complete their clinical placements with SHine SA.

## Certificate in Sexual Health

Since July 2008, 29 nurses/midwives have completed the theoretical component for the Certificate in Sexual Health, with 12 participants to date having gone on to complete the full course. Approximately half of the participants came from rural and remote areas. It has been wonderful to see a number of the participants gaining new positions in the area of sexual health.

## Pregnancy Choices Training

Pregnancy Choices Training has continued to be popular and is offered across disciplines. This year it has been reviewed and improved to include an Aboriginal and multicultural perspective on pregnancy options. The course was full with 20 participants, and all feedback received was very positive.

## Sexual Health Nurses and Midwives Network

The network has recently been reviewed and is now offered as a free support network to all nurses/midwives with an interest in sexual health. We have had a surge of new members from around South Australia with over 20 new members joining the network this year.

## Preceptor Training

Most recently a new course in Preceptor Training was developed to support and provide an update for SHine SA's nurses and midwives. The course was held in June with all nurses/midwives attending. It was a great day to get everyone together and share all of the knowledge and expertise in the room. As a group we updated some of our clinical training guidelines to be included in the new clinical training manuals.

Sonia

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 9.30 am to 4.30pm.

There is a cost involved which can be reduced or waived if necessary.

North	8256 0700
South	8186 8600
East/West	8300 5300

SHine SA nurses and midwives



# Workforce development

# Teacher education



Professional development for teachers in relationships and sexual health education in a broad range of contexts has continued to be in demand over the last 12 months. As the Coordinator of Teacher Education I provide training for pre-service teaching students, workshops and courses for teachers who work with students with a disability, and courses and workshops for both Primary and Secondary teachers. I also manage a teacher network.

The school holiday relationships and sexual health education courses continue to be popular. These courses attract teachers from country and metropolitan, Primary and Secondary schools. Teachers enjoy the opportunity to learn, network and share their experiences. The most recent course, held at Reynella East Primary School, was attended by 13 teachers. The day was a lot of fun with teachers energetically discussing how to best teach this topic to students aged 9–12, the impacts on young people's sense of self, and their understanding of sexuality and sexual health today.

In March 2009 we conducted a course for teachers who teach students with special needs. The course was held at the Mawson Lakes Campus of the University of South Australia and particularly targeted teachers in northern schools. Fourteen teachers attended and found it very useful. 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. A resource, *Making Choices: A relationships and sexual health education package for educators working with students with an intellectual disability*, is currently being developed.

Currently the teacher network has approximately 160 members. It provides members with regular emails containing information about new resources, relevant journal articles, appropriate internal and external training opportunities, updates of sexual health information and discussion of emerging issues. Each term I organise a three-hour forum on relevant topics of interest. Recent



topics were 'Sexualisation of young people in popular media', 'Abortion' and 'Sexual assault'. I worked with Hoa Nguyen from Yarrow Place to develop and present the sexual assault session. The session addressed how best to respond to disclosures of sexual assault and how to teach young people about power, vulnerability and responsibility in sexual relationships. The session also explored the harm that rape myths cause in excusing sexual assault and therefore allowing it to continue.

During the last year I have run a session for parents of young people with a disability at Elizabeth Special School. I conducted a session on 'Relationships, love and power' for Year 12 students at Marden Senior College. I am also asked regularly to present sessions on the topics of sexual health, sexual health education, sexual diversity, gender and power in a range of university health courses. Students often indicate that they have not explored these topics in the past, nor have they considered the

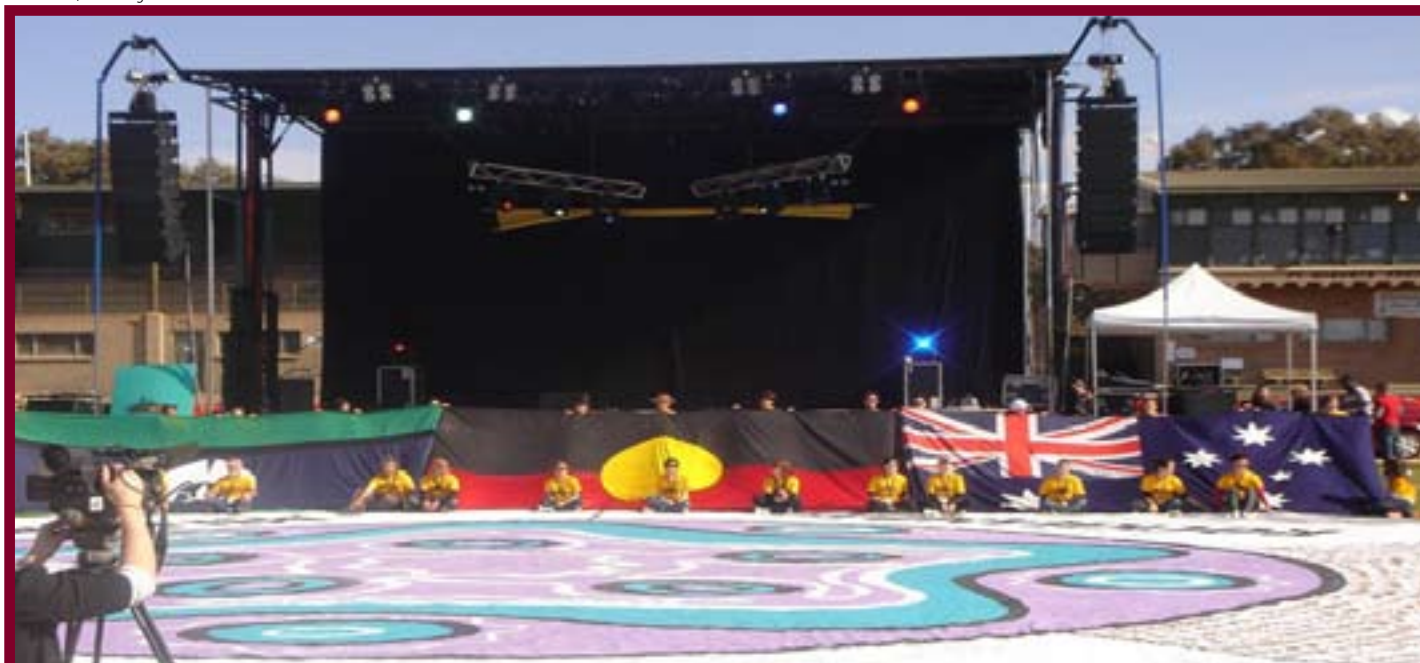
impact that these aspects of life have on a person's overall health.

Currently I am working on a review of the teacher resource *Teach it Like it is*. The resource was written in 2002 and has been used in schools in its current form since early 2003. Teachers have been invited to provide feedback on both content and format. We are hoping the revised version will ensure the resource continues to be useful to teachers and relevant to the lives of young people by including scenarios, for example, that deal with social networking sites, the technology that young people are using and the sexualised images that are becoming so common in their world.

If interested in becoming a member of the teacher network email Jane Flentje, Coordinator of Teacher Education, on [jane.flentje@health.sa.gov.au](mailto:jane.flentje@health.sa.gov.au)

**Jane**

Vibe Alive, Port Augusta



# Disability sector training – giving permission



Disability sector agencies must build a sexual health culture. It starts with giving permission. Without permission to talk, to share perspectives, to view the sexuality of people with a disability as completely and utterly normal and in need of support, then disability workers can be drawn into the same distortions by which clients' lives are often marred.

SHine SA continues to be the key provider that disability agencies come to when they want their workers introduced to sexuality issues and awareness of clients' needs. Fear, lack of permission and silence about sexual health issues remain themes which hamper many workers and hence the clients they work with.

The Disability And Sexual Health (DASH) course was offered in late 2008; eight people completed the course, with one pursuing assessment. Early 2009 enrolments were rolled into late 2009 enrolments due to low numbers.

Flinders University School of Disability Studies continues to engage SHine SA once a year to deliver a series of four modules to second year students.

Registered training organisations (RTOs) have historically come to SHine SA when they want sexual health issues to be discussed with people who are being trained as direct care workers in disability services. In 2008–09, about 200 students in 15 groups undertook 4–8 hours of training each, exploring sexuality and disability issues which they may face in their work. Participant evaluations consistently reported that they want more time to explore these issues. Training coordinators in TAFE and other RTOs also report that students find the topic among the most useful in terms of their critical thinking about the work they will be doing. Although the demand has been great, there is limited capacity to measure outcomes for clients in their lives. For this reason SHine SA will cease delivering training in this format. Instead, RTOs have been invited to enrol training staff in the DASH course so they can deliver the training themselves in 2010 and beyond. A series of full-day workshops will also be offered by SHine SA, to which RTOs can send their students. This will result in larger classes but less repetition of content and fracturing of time. This will allow SHine SA to concentrate its efforts in providing tailored training and policy development support to disability agencies and generate higher enrolments in the DASH course.

Requests for tailored training for groups of staff within specific service agencies have also increased in 2008–09. This seems to reflect a growing commitment by parts of the sector to improve practice and to review policy to guide their work. Sessions have been provided to:

- DECS respite care providers and their coordinators who provide support to school-age people with a disability



Books and resources about disability and sexual health can be borrowed through SHine SA's Library and Resource Centre

- Uniting Care Wesley
- Community Living for the Disabled
- Tutti Arts
- SA Sex Industry Network

With future workshops being planned for:

- Arts Access Club Cool volunteers and workers,
- Life's For Living staff,
- Life Without Barriers Staff

People with a disability having consenting sexual relationships or accessing sex workers continue to be major themes raised by students and agency staff around the state. They are looking for greater clarity about their own ethical and practical position as support people, but also just wanting to exercise their legitimate curiosity about a subject which to some is controversial and to others just a fact of life. Much of the discussion focuses on a client's capacity to consent and how the active participation of a person with a disability in decision making can best be supported. This of course links closely with how an isolated or stigmatised person with a disability can get better support in developing greater social skills, sexual

awareness and the potential for intimate relationships in their own right without developing a dependency on sex workers. Twice in 2008–09, I have been privileged to help lead some discussions with highly sensitive and skilled sex industry workers about the educational and therapeutic benefits of sexual services to some people with a disability and the ethics of working with vulnerable people, including not providing a service to someone who does not understand, cannot consent or cannot communicate 'no'.

New sexuality and disability education resources from around the world continue to be brought into SHine SA's Library & Resource Centre. A selection of these resources is regularly introduced to disability workers. Their potential to improve learning and knowledge about the human body, menstrual management, desire, public and private behaviours, protective behaviours, friendships and relationships is explored within a training context.

Give yourself permission. Come and see what's on offer.

**Ralph**

Vibe Alive, Port Augusta



# Workforce development

# Clinical services



SHine SA and Gilles Plains Primary Health Care Services staff

## Green Tea and Falafel



The SHine SA team at Gilles Plains continues to provide many cups of green tea and a highly responsive clinic for newly arrived and refugee women, Aboriginal women, women with disabilities, young women and young mothers in the north-eastern suburbs of Adelaide. The clinic began in 2003 after yarning with local Aboriginal elder women from here and the Port, and with the dedicated community health team at Gilles Plains.

Our strong links with Gilles Plains Primary Health Care Services, Aboriginal health services, local school counsellors and disability workers provide for close working relationships with our community.

The challenges of our physical environment enable us to provide a uniquely intimate area for our clients. On occasions cups of tea, and maybe a biscuit or a falafel, are offered over a chat before engaging in clinical services.

Many different languages are spoken at Gilles Plains including a silent language between staff—where clients are known in such a way that when they drop in no questions are asked and clients are seen.

The Gilles Plains clinic is unique in its flexibility and diversity, which provides a great source of sexual health information, networking and education to its community, and a working environment enriched by a close rapport between team mates.

It is with sadness that Gilles Plains is to say goodbye to Janet, a Community Health Nurse over the last seven years. She will be missed but we wish her the best of luck.

We look forward to new beginnings with a new team member and continuation of great working relationships with the Gilles Plains community and SHine SA.

Janet & Dennise

## Adelaide Women's Prison

The Northern Primary Health Care Team has been coordinating a clinic at the Adelaide Women's Prison for the past six years. A Community Health Nurse from the team and a SHine SA Medical Officer provide clinical support to the women each Friday morning. Our clinics are well utilised by the women who, due to numerous factors around access and equity, are largely under-screened and in need of support with health literacy.

In addition to clinical support, a Community Health Nurse and a Community Health Worker also provide relationship and sexual health education sessions. These are run up to four times per year within the context of a broader education program coordinated by the prison.

Over the last two years we have also been supporting a number of nurses employed in the prison who are completing their Certificate in Sexual Health to enable greater continuity of care to the women outside of our clinics. This capacity-building approach will allow for prison nurses to conduct the Friday clinic in partnership with a SHine SA doctor.

Sandra

## North

The northern clinical team provides services at five sites across the northern area, including Davoren Park, Salisbury Shopfront, Modbury, the Lyell McEwin Health Service and Northfield Women's Prison. We provide eight clinical sessions and staff the Sexual Healthline twice a week, and provide two clinicians twice a year to Ceduna/Koonibba Health Service for four days. The team is comprised of three Community Health Nurses, six Medical Officers and three Clinic Reception staff.

Some staff changes have occurred with our Clinic Receptionist, Rachel, resigning to move to Western Australia. We then welcomed Jean in her place and have been grateful for her flexibility and helpful manner. Cheryl, one of the Medical Officers, has reduced her working hours and Laura, a Community Health Nurse, is going on maternity leave. We are looking forward to Cara joining our team while Laura is on leave, and wish Laura all the best for her change in 'career'.

The Northfield Women's Prison clinic continues on Friday mornings and is into its sixth year, staffed by a Medical Officer and Community Health Nurse. This clinic is very popular with the women and well utilised. Our Community Health Nurses also run, in partnership with the Hepatitis C Council and HIV Women's Project, 'The Women's Circle of Learning' for women currently in prison. The program is run twice a year for four sessions, with the nurses facilitating two of these sessions and covering topics such as contraception and STIs. Our clinical team also continues to support and facilitate prison nurses to train in the Certificate in Sexual Health.

Two Medical Officers staff the youth-specific clinic at Shopfront Youth Health & Information Service at Salisbury on Thursday afternoons, which is well utilised by young people under 25 years. The two-nurse clinic at the Lyell McEwin Health Service continues on Tuesday evenings and is popular for Pap Smear Provider nurse training.

The Davoren Park site has clinics four days a week staffed by a Medical Officer, Community Health Nurse and Receptionist. These clinics also facilitate medical and nurse clinical training placements. The Community Health Nurses provide a drop-in service for emergency contraception and pregnancy tests/information/referral. We can now staff the Sexual Healthline on-site, which has helped the nurses' workload with a reduction in driving time and time spent away from the office. The team is supported by Marg, a former Northern Team Community Health Nurse who now works as a casual nurse.

Sandra, Community Health Nurse, has taken on the project of coordinating and completing the clinical Service Delivery Manual. This is a big project with lots of workers across all teams contributing to and supporting her on this important document.

Annette

## Ceduna/ Koonibba Women's Health Clinic



The Ceduna/Koonibba clinic is now in its 18th year. This service, provided by SHine SA doctors and nurses with funding from SA Cervix Screening, offers a range of women's health services including screening, Pap smears and contraceptive advice. The clinic is held at the Ceduna/Koonibba Aboriginal Health Service and is open to all women in the area, some travelling up to 200km to attend. This year, due to time restraints and staffing, the four-day clinic has only been held twice. Up to 200 women access the clinic each visit. The Women's Aboriginal Health Worker in Ceduna organises all the appointments and assists the SHine SA Medical Officer and Community Health Nurse. The Aboriginal Health Worker promotes the clinic, triages clients and assists with follow-up of results after the workers have left Ceduna.

Annette

## Dedicated clinics for the CALD community



Women from the CALD communities have responded enthusiastically to the opportunity to have a women's health check-up when they have attended designated clinic sessions at the Woodville GP Plus clinic site. Sessions are held for individual ethnic/language groups. Thus far there have been two sessions for Afghani and one for Chinese women. An additional session for Chinese women is being planned and it is hoped that other sessions will be available in the future.

The clinics are staffed by a receptionist, two interpreters, a nurse and a doctor. Six appointments are available. A CALD Community Worker liaises with the SHine SA CALD Community Health Worker, Jacqueline. Together they coordinate the appointment bookings and assist the women to travel to and from the clinic using public transport. A seminar room is made available for the use of the women and their children and they enjoy some food, social interaction and discuss women's health while they wait for their appointment.

Initially a medical history is completed with the aid of the interpreter and then the nurse and/or doctor provides the appropriate service. This can include Pap smears, sexually transmitted infection tests, breast examination and contraceptive advice. Women who have symptoms and who need ongoing treatment are encouraged to make an appointment for follow-up at a subsequent clinic session and an interpreter is booked for that appointment.

There has been new learning for the staff who work on these clinics. The need to take into account the differing cultural backgrounds of the women, and also the importance of allowing sufficient time for explanation of procedures, is very important. Most women have not had previous access to sexual health services.

It is hoped that by introducing women from the CALD communities to the clinical services of SHine SA in a supported environment, they will be encouraged and feel comfortable to attend clinics independently in the future.

Gay

## East/West

The East/West Primary Health Care Team provides seven clinical sessions per week at the SHine SA Woodville site and one session at the Gilles Plains Community Health Centre. These sessions range from doctor and nurse/midwife clinics seeing up to ten clients per session, to specific youth clinics, and clinics led by nurses or midwives.

All staff have extensive experience in sexual health and have, as a minimum, a post-graduate Certificate in Sexual and Reproductive Health. Valued nursing/midwifery staff are: Kellie, Hedy, Gay, Janet, Alice, Judy, Marg, Linda and Sue. We are also fortunate to have wonderfully skilled medical staff: Anna, Alison, Silvana, Tonia, Teresa, and Anne.

We continue to welcome a diverse range of clients to our clinical services and feedback from the Clinic Client Survey has generally been positive. Although appointments are usually booked some weeks in advance, clinics generally run smoothly due to our sound multidisciplinary teamwork and great clinical support.

The clinic receptionists, Shelley, Gillian, Martina, Dennise and Pam, see to the smooth running of clinical sessions, make all appointments and deal professionally with frontline enquiries. Amanda also plays a major role in clinical support by being responsible for ordering, supplying and maintaining all clinical equipment and perishables, not just for Woodville but all SHine SA metropolitan clinics.

Some new initiatives this year have been:

- trialling and implementing an electronic appointment system

- SMS clinic appointment reminders to decrease client non-attendance
- specific IUD clinics supported by Bayer Schering, to meet the high demand from GPs requiring IUD insertion training
- specific Pap smear clinics to facilitate clinical placement of Pap Smear Provider nurses
- specific clinics targeting disadvantaged clients such as newly-arrived women and clients with physical disabilities
- drop-in appointments made available in youth clinics
- drop-in appointments made available for rural Indigenous women attending training courses
- a new Administrative and Clinic Reception Manual to support the work of frontline staff
- increased dedicated clinical administrative time for nurses/midwives to notify clients of their results and to recall clients requiring follow-up

We have also been involved in some national clinical studies, including the WHINURS (Women, HPV, Indigenous, non-Indigenous, Urban, Rural) study and the ACCESS (Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance) project.

We have experienced an increase in demand from health professionals for clinical training placements, including placements of GPs, nurses and midwives, and medical students for advanced skills practice after having completed their theory training.

Thank you to all staff involved for continuing to run a sexual health service of such a high standard.

Sue

*Secondary school students living in the country identified youth suicide and teenage pregnancy as the most important health concerns for rural youth. They identified limited educational, employment and recreational opportunities as increasing the likelihood of adolescents engaging in high risk taking behaviour.*

SHine SA Fact Sheet 13  
**Sexual health of people  
living in country South Australia**

## Hampstead 'Pap and Chat' clinic

As part of Pap Smear Awareness Week 2009, SHine SA joined forces with Paraquid SA and Hampstead Rehabilitation Centre to offer a 'Pap and Chat' day. It was held at the Hampstead Centre so that both inpatients and outpatients with physical disabilities and spinal cord injuries could have access to the service. The day was a great success with lots of positive feedback from both the women and the staff.

Many of the women had not heard of SHine SA before and did not know what services we offered or that we had facilities at our clinics to accommodate women with disabilities. After their first SHine SA experience, most of the women said that from now on, they would definitely use SHine SA's services on an ongoing basis and for follow-up care.

The Pap and Chat day was a very positive experience for all the staff involved and we look forward to continuing to support and provide services for the women in the community with spinal cord injuries. We also hope to organise further events in the future in collaboration with Paraquid SA and Hampstead Rehabilitation Centre.

Kellie

# Medical Advisory Committee



The Medical Advisory Committee (MAC), which comprises a medical representative from each of the regions, the Medical Education Coordinator and a management representative, meets four times a year generating work to progress clinical issues. The meetings conclude with a combined meeting with the Nursing Advisory Committee to further discussion on clinical issues that affect both disciplines. The following highlights the areas addressed by MAC:

- The national implementation of HPV genotyping for women with high grade Pap smear abnormalities saw the need for consistent documentation of results. This led to updating the Female Health Summary and accurate recording of a client's history.
- Liaison with IMVS over many months resulted in the introduction of Cumulative Smear reports, whereby the clinician receives a summary of all previous smears performed at SHine SA, thereby allowing appropriate advice regarding when the smear needs to be repeated. Coordination of the subsequent Confidentiality Agreement between the laboratory providing data and SHine SA was then required before the process could be implemented.
- Angel Cream was investigated as an alternative topical anaesthetic for use in IUD insertions after analysis and comparison with Emla, which was in current use. Liaison with the Women's & Children's Hospital Pharmacy has since allowed for this more cost-effective method to be instituted.
- An IUD string chart was developed for clinics, detailing the colour of the strings of the various IUDs available in order to facilitate confirmation of the type of IUD which has been inserted. This helps determine not only device longevity and the timing

of changeover of the device, but also whether it can be considered suitable as a component of Hormone Therapy.

- A protocol was developed for the management of Actinomyces-Like Organisms, not uncommonly reported on routine Pap smears where IUDs have been in situ for a lengthy period. This serves to standardise our approach and advice that is given to clients.
- A standing drug order was produced for the antibiotic Tinidazole stat pack, as replacement for Flagyl stat pack, which was no longer readily available.
- A flow chart and information sheet for display in clinics and as a resource for the Sexual Healthline was developed for nPEP (non-occupational Post Exposure Prophylaxis) for HIV. The treatment is available from Clinic 275, the public hospitals and some private sexual health clinics. The reference chart aids SHine SA clinicians in giving advice regarding level of risk and prompts referral.
- A protocol for standardised testing for some of the most prevalent sexually transmitted diseases in our community was also formalised to increase detection of infection while reducing false positive rates.
- Much of the last few months of 2008 were spent in reviewing, editing and developing various parts of the Clinical Procedures Manual.
- A need for having reserve stock of both Implanon and Mirena IUD devices on hand in the clinics was perceived in order to reduce waiting times for insertion.
- Clinical and teaching standards and practices in the area of sexual and reproductive health are continually reviewed.

Silvana

## South

The Southern Primary Health Care Team provides clinical services at the Noarlunga Health Village on Tuesdays and Wednesdays and at Flinders Medical Centre on Thursday evenings. Clinic appointments continue to be in high demand, particularly for insertion of the Intra-uterine device (IUD). SHine SA clinical staff provide training to Doctors, Registered Nurses and Midwives, medical students and GP Practice Nurses at all southern clinic sites.

Our Noarlunga clinic is collocated with the Aboriginal Family Clinic and has facilitated referrals and networking with the ATSI team at Noarlunga as well as promoting our services within this community of interest.

### Clinical Leadership

One of the highlights of clinical work this year, for me, has been undertaking the client/patient stories aspect of the Clinical Leadership Program that I have been involved in. I was supported by SHine SA to undertake this program and as part of my studies we conducted a small action research project.

Ethics approval was gained by the Clinical Leadership Program to conduct face-to-face and phone interviews with SHine SA clients, who were very generous with their time. Three colleagues in the program – Clinical Leaders from external agencies – were involved in interviewing SHine SA southern clinical clients, providing them with an opportunity to give more detailed feedback on their care.

These client stories provided valuable information – much more detailed than the annual clinic client survey that we normally conduct – and enabled staff to identify areas for quality improvement in our service delivery. Overall the feedback was very positive and areas for improvement included the clinic environment, access to appointments, waiting times and clinical practice issues. An action plan has been identified and implemented by clinical staff and this experience has validated for me the importance of consumer feedback and client participation in health care services.

Annie

# Nursing Advisory Committee



The Nursing Advisory Committee liaises with SHine SA management and nurses to ensure professional development and peer review of nurses and midwives employed by SHine SA; the development of clinical practice standards with the Medical Advisory Committee; and continuous quality improvement in clinical service delivery and research.

The committee is comprised of Community Nurse Consultants from each Primary Health Care Team, the Coordinator Nurse and Midwife Education and a management representative. Each of the nursing members of the committee is a graduate of the Clinical Leadership Program funded by SA Health, with Sonia and Annie graduating in 2009 and Annette and Sue in 2007.

This past year the committee has been responsible for:

- implementation of appointment reminder processes to reduce 'did not attend' at clinics
- expanding the scope of nursing practice at SHine SA enabling client needs to be addressed in a safe and more timely manner
- reviewing and recommending cost effective, quality equivalent products to ensure our clients receive excellent service at the most affordable price
- monitoring and evaluating the nurse peer review process and its associated mandatory training topics
- reviewing and updating emergency procedures and standing drug orders
- 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 inservice education for all SHine SA nurses
- developing systems to support the clinical practice training of nurses and midwives working in hospitals, primary and community care facilities and in general practices

Meetings are dynamic and productive, with crowded agendas and optimistic intentions, thus providing a catalyst for SHine SA's continuing excellence in sexual health care provision.

Kaisu

*Many same-sex attracted young people report experiences of homophobic harassment, isolation, and discrimination in and out of school. These factors are well documented as contributing to the higher incidence of depression, suicide and risk-taking behaviours in young people who do not identify themselves as being exclusively heterosexual.*

SHine SA Fact Sheet 15

**Sexual health of young people**

# Clinical services

# Counselling Services



Jo, Sexual Health Counsellor - East West (right) with students from Cambridge International College

## East/West

The East/West Primary Health Care Team had two counsellors during the 2008–09 season with a worker from The Second Story filling in while our permanent counsellor was on maternity leave. The original worker is now firmly back on board and accepting requests for community education/health promotion and other activities, aside from one-to-one work with individuals, couples and families.

The counselling service at the Woodville site experienced strong demand as always, with an increase in men and clients from cultural and linguistically diverse backgrounds seeking counselling.

It is always wonderful to see the diversity of the sexual health continuum represented by the clients coming through our doors. The variety of issues and client groups seen in this past year certainly kept the counsellors on their toes, seeking information so as to be up-to-date on issues and resources in the community. The counsellors also provide consultancy to workers who are seeking support and ideas for their own work with clients

on sexual health matters, as the one-to-one service is limited at SHine SA and our counsellor cannot see everyone directly.

Activities engaged in this year included:

- Hosting counselling students from Cambridge International College and then following up with a session for their class on sexual health counselling. Some of these students received an insight into the kinds of complexities presented in sexual health counselling, and talked about dilemmas faced in the workplace with respect to working with migrant and refugee populations.
- Visiting a mums group as part of the *Talking Realities* program at The Parks Primary Health Care Service. Following the visit the counsellor ran a further 2–3 days of training, with a nurse, on topics ranging from relationships to decision making and sexual health. The aim of these sessions was to support the young women in leading peer education with other young people in schools around sexual health issues.

Jo

## Therapeutic counselling statistics

There were 194 registered therapeutic counselling clients who received 489 services for the 2008–09 period. 74% of clients were women and 23% were men. 518 non-registered therapeutic counselling clients also received services.

Top three reasons for attendance were:

- Sexuality issue (16.49%)
- Sexual relationship (16.49%)
- Vaginismus (8.25%)

Clients identified with the following community of interest:

- young people 15–29 (43%)
- disability (13.4%)
- gay, lesbian, bisexual, transgender (5.7%)
- Aboriginal & Torres Strait Islander (1.5 %)



## North

The Northern Primary Health Care Team counsellor continues to provide a key service for clients and partner agencies. Demand for one-on-one sexual health counselling continues to grow, with desire discrepancy, sexual diversity and unplanned pregnancy remaining the key presenting issues. This is consistent with previous years and shows the continued importance of supporting our clients with these issues.

The role of the counsellor includes presenting to groups on sexual health issues, often as a guest speaker as part of a larger program. The counsellor is also being utilised by professional groups and presenting to participants from a range of disciplines.

The counsellor has a strong commitment to ongoing professional development and has attended a number of workshops and seminars that further enhance her ability to meet the complex needs of her clients. Of professional interest was a workshop on Internet Pornography Addictions. This is an area of little research, and yet could become a significant presenting issue in the future. The counsellor also attended two Bower Place seminars, one on vicarious trauma, burnout and compassion fatigue and one led by Bfriend looking at working with clients who are not only same-sex attracted but identify as 'other' than heterosexual. The counsellor is an active member of ASSERT and has been attending the clinical meetings and peer supervision sessions monthly.

Abby

## Clinic locations

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 **8256 0700** for details on days/times and appointments.

Davoren Park  
Salisbury Shopfront

### Southern clinics

Telephone **8186 8600** for details on days/times and appointments.

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

### East/West clinics

Telephone **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: **8256 0700**

### Woodville

Tuesday and Friday pm

64c Woodville Road, Woodville

**8300 5301** or drop in

## Sexual Health Counselling

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

Sexual difficulties • Sexual 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:

<b>North</b>	<b>8256 0700</b>
<b>South</b>	<b>8186 8600</b>
<b>East/West</b>	<b>8300 5300</b>



## South

Sexual health counselling continues to be an important service offered by SHine SA in all of the regions. There has been a large number of requests for sexual and reproductive counselling, with issues ranging from painful sex, sexual desire issues within relationships, unplanned pregnancy, sexual identity, and dealing with the impact and effects of STIs. Our role is to give support and information and sometimes to just help provide a different way of viewing the situation. Our referrals come from a variety of routes: local GP services, SHine SA clinics and our Sexual Healthline, and partner health services.

SHine SA's sexual health counsellors receive external professional supervision on a regular basis, which provides important opportunities for support and debriefing as well as for sharing specific suggestions for dealing with issues that might be tricky. Our counselling service has annual quality assurance processes that include a casenote audit. This audit helps us improve and standardise procedures and even clinical approaches and we've been pleased to see improvements since it has been instituted.

The Southern Team has purchased more DVDs over the last year and updated our lending library for clients.

SHine SA has continued to support the Prostate Cancer Support Group, where we work alongside the Southern Primary Health Teams. This group is a long running and helpful program for individuals and their families, giving a space to explore that there is more to sex than a physical relationship for some people.

The Southern Team's relocation of its office to Christies Beach means that we have a new space to offer counselling services from. While change can be unsettling, there are many positive features of our new home, and opportunities to provide counselling services in a new geographic area.

Lyn

## Domestic Violence Survivors Group

On request, each year the sexual health counsellor travels to Clare to address the Domestic Violence Survivors Group (DVSG) run by Lower North Community Health (LNCH). The LNCH worker who runs this, also runs the Child Sexual Abuse Survivors Group and each year SHine SA presents to both groups on issues around relationships and sexual health.

The DVSG consists of women in the local and surrounding areas who have experienced, or still are experiencing, domestic violence. Issues include isolation (in a rural setting) and lack of awareness in relation to services that could help and support them.

The session focuses on talking about their sexual health and how it relates to overall wellbeing. This includes sexual empowerment (feeling safe to say no) and considering the importance of their own pleasure and reproductive health.

In addition, there is often extensive discussion of the impact of domestic violence on children and the quality of intimate relationships that are role modelled when domestic violence is present in the home. This proved to be a much discussed topic as participants expressed interest in helping their children develop healthy sexual health habits and not 'follow in the footsteps' of parents or relationships strongly modelled in their homes.

Some women told stories of not having power over their reproductive health (contraception, abortion) during past unhealthy relationships, and experiencing poor sexual health due to lack of knowledge or inability to obtain such knowledge.

The participants were very engaged, making for very interactive, lively discussion, story telling and support. Information about SHine SA's services was well received.

Abby

## Supporting survivors of child sexual abuse

In September 2008 I travelled to Clare to present to a Child Sexual Abuse (CSA) Survivors Group for women. The group is facilitated by Rose Barnes, Women's Health Nurse for Lower North Health, and consists of a small group of women who come together on a weekly basis for a few months to develop skills and supports around issues relating to CSA. I had presented to this group previously, with positive feedback from the participants.

For this session, I used some new skills learnt through an Acceptance and Commitment Therapy (ACT) workshop I had attended some months before. This technique uses mindfulness strategies and I used a values awareness exercise to demonstrate how negative thoughts and beliefs can hold a person back from living by their values and doing things they really want to do. Part of this exercise used a red coloured piece of cellophane held up to the eyes to demonstrate how we only see or notice some things, and often overlook the more positive things in our lives.

The feedback from the participants was very positive; they reported the activity as useful and eye-opening, and some talked about changes they were thinking of making. I gave all the participants a piece of cellophane to take home with them so they could use it to remind themselves that the reality of the world is not always what our inner voice tells us it is.

During the session there was much talk about relationships and the impact of life choices, raising children and becoming grandparents, all in the context of having CSA as part of their life experience. These groups are usually very interactive and this one was no different. The participants demonstrated good support of each other and an eagerness to take something positive away with them.

The best feedback of all is that I have been invited back to present in September for the CSA survivors group for 2009.

Abby



# Counselling services

# Information and resources

## 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.

There have been over 300 new library borrowers registered this year. We have added 189 new items to the library collection and processed over 1580 loans. The free access to the Internet in the library has proved popular, with 769 sessions this year (double the previous year).

Volunteers are important to the smooth running of the library. Noel and Barb have worked tirelessly on a variety of tasks this year and their contribution is greatly appreciated.

The Resource Centre has a large selection of videos and teaching resources available for loan to organisations and individuals in South Australia who have paid an annual membership fee. There have been 2490 loans processed and we have added over 40 new resources this financial year.



Free Internet access at SHine SA's Library at Woodville

SHine SA also has two smaller libraries located at Christies Beach and Davoren Park. All the libraries have free membership and the public are welcome to come in and browse and borrow.

The Woodville library is open 9.30am to 4.30pm Monday to Friday. For more information phone (08) 8300 5312 or email [SHineSALibrary@health.sa.gov.au](mailto:SHineSALibrary@health.sa.gov.au).

Sharon

## Library

### contact details

**Open 9.30 am to 4.30 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](mailto: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.

## 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>**



## Keeping the community informed

Throughout 2008–09 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 2008–09 was 137 937 .

The resources most commonly ordered this year were:

Tell it like it is .....	4030
SHine SA Services youth card.....	3096
Sexual health services at SHine SA.....	2870
Youth online sticker.....	2537
Friendships and dating.....	2043
Choices in contraception .....	1901
Talk it like it is (parent information).....	1796
Sexually transmitted infections .....	1687
Guys' sex stuff .....	1683
Girls' sex stuff.....	1658

## Website statistics

There were 213 064 sessions accessed on our website from 1 July 2008 to 30 June 2009

### Summary of pages viewed:

Sexual Health information.....	30%
Services .....	28%
Other/Organisation .....	13.7%
Information & resources .....	8%
Youth .....	5.3%
Community development .....	1.7%
Communities of interest .....	2%
Media & news .....	1%
Sexual Health Awareness Week.....	0.9%
Topics.....	0.5%

### Top 10 countries accessing the website:

Australia .....	71%
United States.....	11%
United Kingdom .....	6%
Canada .....	2%
India .....	1.5%
Philippines .....	1%
South Africa .....	1%
New Zealand.....	0.5%
Ireland.....	0.5%
Singapore.....	0.5%

# SHine SA website upgrade



Shine SA undertook a redevelopment of the website during the year. The new site went 'live' in 2009 and is operating smoothly.

Key features of the upgrade are:

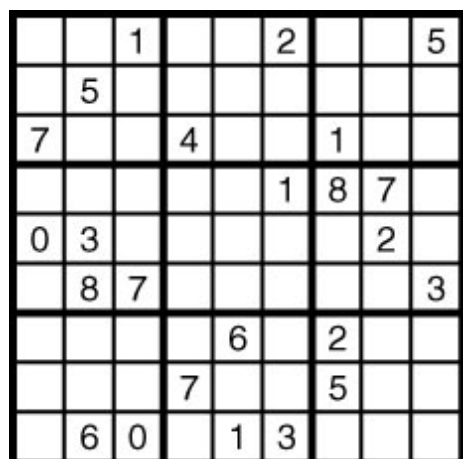
- a fresh, more modern look
- improved functionality, in particular more responsive Search functions

- review of all content
- simplification of the navigation and structure, including quick access to the key subject areas of Contraception, STIs, Pregnancy and Puberty

We trust that the redevelopment will improve access to comprehensive sexual health and relationships information. Visit the site at [www.shinesa.org.au](http://www.shinesa.org.au)

Danny

## Sudoku puzzles



Answers on page 43

## Sexual Healthline statistics

In 2008–09, 1782 clients contacted the Sexual Healthline.

### Mode of contact

Telephone	89%
Written/Fax	1%
Face-to-Face	1%
Electronic (email, Internet)	9%

### Type of clients

Male	12%
Female	76%
Professionals	10%

### Top 10 reasons

Contraception issue	42.87%
Sexual health	12.3%
Sexually transmitted infection	5.2%
Pregnancy issue	4.8%
Herpes	2.9%
Menstruation	1.9%
Genital warts	1.8%
Abortion/termination of pregnancy	1.8%
Conception issues	1.6%
Erectile difficulties	1.3%

## Sudoku puzzle answers from page 42

8	9	6	1	4	5	0	2	A	7	3	B
7	B	5	3	A	1	9	8	4	6	2	0
4	0	A	2	6	7	B	3	1	9	8	5
2	5	4	A	9	B	6	0	7	8	1	3
3	1	B	9	8	2	4	7	5	0	A	6
0	8	7	6	1	3	A	5	B	2	4	9
1	7	2	4	0	9	5	B	3	A	6	8
9	A	3	B	2	6	8	1	0	5	7	4
5	6	8	0	7	4	3	A	9	1	B	2
6	3	1	5	B	A	2	9	8	4	0	7
B	2	0	7	5	8	1	4	6	3	9	A
A	4	9	8	3	0	7	6	2	B	5	1

8	4	1	0	7	2	3	6	5
3	5	2	1	8	6	4	0	7
7	0	6	4	3	5	1	8	2
6	2	5	3	0	1	8	7	4
0	3	4	8	5	7	6	2	1
1	8	7	6	2	4	0	5	3
4	7	3	5	6	8	2	1	0
2	1	8	7	4	0	5	3	6
5	6	0	2	1	3	7	4	8

# Sexual Healthline

tel **1300 883 793**

9 am to 1 pm Monday - Friday

email [Sexualhealthhotline@health.sa.gov.au](mailto:Sexualhealthhotline@health.sa.gov.au)

1800 188 171  
country callers

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



## Sexual Healthline

The Sexual Healthline (1300 883 793) operates between 9am and 1pm Monday to Friday, excluding public holidays. There is a toll free number (1800 188 171) for country callers and staff are able to connect with the Translating & Interpreting Service if callers can tell us their phone number and preferred language.

Sexual health email queries (sent to [sexualhealthhotline@health.sa.gov.au](mailto:sexualhealthhotline@health.sa.gov.au)) are also answered during this daily session. Many of these queries come from people using the SHine SA website.

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 about before. In the private world of sexual relationships, the main sense 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 and midwives who operate this service are very experienced in sexual and reproductive health and contraception with the back-up of the SHine SA library, doctors, counsellors and colleagues 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.

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



# Information and resources

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.



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.

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) 8186 8600

#### 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](http://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



## 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 2008–09, 30 998 clinical services were provided from 12 686 clinic visits to 4977 unique clinic clients. Of these:

- 97% of clients were women, 3% were men
- 12% were under 19 years of age
- 27.3% were 20 to 29 years of age
- 6% identified as Aboriginal
- 5.1% identified themselves as having a disability
- 18% identified as culturally diverse
- 2% identified as being gay, lesbian, bisexual or transgender
- 2% required the use of an interpreter
- Clients came from 110 different countries of birth, identifying with 81 different ethnicities and speaking 41 different languages!

The top three 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



# Information and resources

# Advocacy

## IDAHO 2009 (International Day Against Homophobia)



IDAHO celebrates the day (17 May 1992) that the World Health Organization officially removed homosexuality from its list of mental illnesses. This year the IDAHO committee launched the theme 'STARS Against Homophobia'. Hundreds of community members were asked to write on coloured stars, sharing a word or story about how homophobia has affected them or someone they know. A stall was held at the annual FEAST event, Picnic in the Park, where more people were encouraged to fill in stars and share their stories too. A bowl of stars was placed in the SHine SA northern clinic reception area for clients and staff as another way to promote IDAHO and collect stories.

Then, on a chilly Sunday 17 May 2009, we celebrated the day of saying NO to homophobia at Higher Ground Art Café in Adelaide. The stars were

hung all around the room for people to read. We were entertained by queer singers, songwriters and stand up comedians and also heard some stories by young people about how homophobia had affected them personally. It was a wonderful day, and the stories shared were very powerful. It helped us to acknowledge the importance of why we need to continue to promote this day to the community. The stories and words written on the stars will be collated and made into a booklet.

Naomi

## IDAHO in the East/West



As the East/West Team's representative I attended planning meetings to determine how International Day Against Homophobia (IDAHO) would be celebrated within the local district. At these meetings there were representatives from Kidman Park Rotary Club, Australian Services Union, Western Division of General Practice, Uniting Care Wesley (Bowden) and Gay Men's Health. The group decided that we should have a BBQ breakfast and invitations went out to workers in the region.

The event was held on 15 May at the City of Charles Sturt council chambers. There was face painting, music, BBQ breakfast, rainbow badges and flags, door prizes and an IDAHO cake. Workers from the area got to network, share information and raise the awareness of IDAHO within the community. It was a great day!

Anthony

## National Indigenous Men's Leadership Program



The National Indigenous Men's Leadership Program, held in Canberra in August 2008, invited Indigenous men from various states across Australia to meet and participate in workshops about leadership. The aim of the program was to determine how we can better ourselves as Indigenous men and encourage younger generations to follow and some day be leaders.

I found that we all connected to each other through sharing and networking, and I heard so many stories that were similar to mine. Before I came to this meeting I was very sceptical and critical about issues that were part of my experiences in youth work and I wanted to have a say about it. I opted to listen, learn and take something away and found that this led to a real positive change in

my own attitude. I made new friends and networking contacts and I guess it got me thinking about my own attitude. After this experience I can take away hope and knowledge and use that to strengthen my own values and lead by example. I didn't get to talk to everyone, but for those I did, I am thankful for the opportunity.

The facilitators did a fantastic job in breaking down some of the more complex issues like violence in the community and towards others. I wasn't really prepared for the intensity of the workshop — it was full on from the word go!

Derek



# Multicultural Centre for Women's Health Forum



SHine SA was invited to attend a national forum organised by the Multicultural Centre for Women's Health held in Melbourne in April 2009. The forum's aim was to build knowledge and capacity among government and non-government organisations and of individuals around Australia to advocate on issues relevant and specific to migrant and refugee women.

Approximately 100 service providers from across Australia were invited to attend this forum. A draft discussion paper was circulated to participants regarding the issues affecting refugee and migrant women. Our Multicultural Community Health Worker, Jacquie, represented SHine SA. She found this national forum very informative as it reinforced and clarified the issues that presently affect refugee and migrant women across Australia. Some of the issues discussed at the forum and that continually affect these women are:

- challenges in settling in
- housing

- financial issues
- parenting
- social participation
- discrimination and racism
- employment issues
- health and wellbeing
- immigration detention
- women's rights and representation

A final report will be produced after a national consultation regarding these issues. The purpose of this project is for federal and state government organisations that provide services to CALD women across Australia to be able to continue to advocate for and improve the health and wellbeing of these communities of interest.

We at SHine SA are very committed to continuing to provide accessible and equitable services to CALD women in South Australia.

Jacqueline

# Reducing rising rates of HIV (& STI) infection in SA

For the greater part of nine months I have actively participated in the statewide steering group for reducing rising rates of HIV infection in South Australia. Part of this work also concentrated on reducing the rising rates of sexually transmitted infections, with a specific focus on syphilis, gonorrhoea and chlamydia. The steering group is comprised of agencies and organisations (government and non-government) with a mandate to address the issue of HIV and sexually transmitted infections in our state. This work is part of the broader SA Health *HIV Action Plan 2009–2012*.

Much of our effort has centred on review and research of best practice approaches to this issue, looking at

the particular nuances of South Australian populations and what would be the best approach for reaching the intended target group or groups. A number of forums were held for the South Australian HIV sector, which included space for consultation with a number of national peak bodies who were looking at similar issues. This informed the steering group's understanding of various national, community-based approaches that successfully reached and worked with their intended target populations. By June 2009 the steering group had reviewed and considered a number of community-based health promotion and social marketing strategies in order to begin to address this important issue.

Rob



*The lack of appropriate first responses to sexual assault throughout country South Australia is another important issue. Victims/survivors of rape and sexual assault living in rural and remote areas frequently raise concerns over choice of gender of police officers and the lack of confidentiality.*

SHine SA Fact Sheet 13  
**Sexual health of people  
living in country South Australia**

# Addressing Violence Alliance

The Interagency Training Committee is a collaborative partnership between a number of lead agencies in the community services, health and criminal justice sectors. The committee was established in 2002 with its primary focus being to increase the capacity of South Australia's workforce to respond to and reduce gendered violence.

The Committee membership comprises Victim Support Service, Relationships Australia, SHine SA, Women's Health Statewide, the Northern Violence Intervention Program and Yarrow Place. In 2008, the Committee moved to develop a signature that more accurately reflected the direction of this partnership, and as a consequence the Addressing Violence Alliance was adopted.

The inaugural forum, *It's Time: Creating a future free from violence – men's responsibilities*, was held on 22 August 2008. The forum provided a platform to challenge cultural values that support violence and to highlight prevention strategies. It aimed to encourage collaborative partnerships between men and women in shifting male social norms and strengthening the capacity of the workforce to take action to prevent violence.

One of the recommendations from the conference was that the Alliance focus on current practice issues in the field of prevention and, in particular, strategies related to men, women and children. In line with this feedback the Alliance will be holding a half-day practice forum in October of this year, Linking practice to prevention. Further details will be available on the SHine SA website closer to the date.

Lucy



**Addressing Violence Alliance**

# Northern Youth Round Table



## COLLABORATION, COORDINATION AND ADVOCACY

*"Better opportunities for young people in the Northern Area to reach their full potential"*

The Northern Regional Planning Group (NRPG) was formed in 2002 through a process initiated by The Second Story (North) and Shopfront Youth Health & Information Service. The group had the support of organisations in the north that provided services to young people and memorandums of understanding were signed off from a large number of organisations.

In 2007 the NRPG undertook a review of its operations and achievements. From that review a new name, Northern Youth Round Table (NYRT), and model were developed to support agencies' participation and improve outcomes for both agencies and young people. Despite there being a new model and structure, the NYRT struggled to maintain a consistent membership and achieve identified outcomes.

In February 2009, the Northern Youth Round Table Executive, of which SHine SA is a member, met and reviewed the format of the committee and the ongoing issues associated with keeping the NYRT viable and productive without it being the core business of any particular agency. It was agreed that the concept and principles of the NYRT were important to the work of the north and from this discussion and some hard decision making a new model was born.

The NYRT will continue and will consist of three



open meetings per year for a duration of three hours. Membership is open and the meetings will be held in February, June and October. Two agencies will host, organise and follow up on each meeting.

The first forum was held on Thursday 18 June 2009 with SHine SA and The Second Story hosting the session. The session focused on emerging issues for young people in the area, opportunities for collaboration and funding submissions, reports from collaborative projects and new projects. Forty-three people attended the forum from a wide range of government and non-government agencies.

Sue



# Advocacy

# Organisational

# development

## A new home for the Southern Team

As this report goes to press we are in the midst of relocating our Southern Team office to Christies Beach. After 14 years in the Woodcroft Community Centre, we have moved to a more central location in the southern suburbs, on Beach Road. The process of scouting a new space, then working with architects and builders has been both time-consuming and exciting.

We love our new home by the sea and will be taking advantage of the proximity to partner agencies (The Second Story, Noarlunga Health Village) to work more closely together. Our new site provides office space for the team as well as a counselling room where our Sexual Health Counsellor can see clients, and our Community Health Nurses will operate the Sexual Healthline. We are able to provide pregnancy testing and Emergency Contraception from the Christies Beach site, but our clinics at Flinders Medical Centre and Noarlunga Health Village continue to operate as they did before.

19–23 Beach Road  
(PO Box 330)  
Christies Beach 5165  
Tel 8186 8600  
Fax 8186 8699



Southern Team settling into new premises



## SHine SA staff presentations @ conferences

### Making sexual health matter in your life and work

*Outside In, Community Responses to Complex and Diverse Needs.*

Mental Health Coordinating Council & Network of Alcohol and Other Drug Agencies (NSW) State Conference  
Dockside Cockle Bay, Darling Harbour, Sydney  
7 May 2009

Ralph Brew  
Coordinator, Disability Worker Education

### Factors implicated in the experience of domestic violence in CALD communities

*It's Time: Creating a future free from violence – men's responsibilities.*

Addressing Violence Alliance Forum  
Adelaide  
22 August 2008

Jacqueline Riviere  
Community Health Worker  
Damien McInerney  
Migrant Health Service

## 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 risk management structure for specific areas of operations including clinical services, therapeutic counselling, community and workforce development, 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 2008–09:

- There were no WorkCover claims.
- There were three property damage claims related to vandalism and attempted break-in.
- There were no public liability claims.
- There were no medical negligence claims.
- A balanced end of year financial position was achieved.

Kaisu

There is a range of barriers even with these initiatives to Aboriginal people accessing sexual health and wellbeing services and support including contraception, antenatal care, preventive screening, STI screening, post-assault management and support. Barriers include the lack of:

- an agreed approach at a state level to Aboriginal sexual health and lack of a collaborative implementation of program initiatives
- sufficiently and/or appropriately trained Aboriginal and non-Aboriginal workers
- transport to services
- culturally appropriate educational resources and learning opportunities
- access to condoms and contraception
- screening for Sexually Transmitted Infections (STIs)
- antenatal, birthing and postnatal care and support
- menopause services and support

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

# Occupational Health & Safety Committee

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

The committee has continued its aim of making SHine SA a safe and environmentally aware workplace. The committee's activities have included staff fire training, annual workplace audits, updating material safety data sheets and standard operating procedures.

There have also been new and innovative initiatives to promote health and wellness at SHine SA. This includes a proposal, which has been included in enterprise bargaining, that allows staff to take up to three wellness days per year from their personal leave.

The OH&S Committee arranged for a motivational speaker to attend an All Staff Meeting as part of SHine SA's initiative to support workers who want to quit smoking. Staff members and volunteers are also offered the opportunity to be involved in a smoking cessation program.

An alcohol and other drugs (prescription and non-prescription) in the workforce policy is being developed and circulated to staff and management, to provide a clear statement of SHine SA's position and response in relation to this issue.

Coinciding with the Olympic Games in 2008, the committee organised a Staff Olympic Games. Fun was had by all and winners were presented with gold medals!

Results of the 2008 Staff Satisfaction Survey were analysed and distributed to staff.

Regular health and safety newsletters have kept staff informed about various issues such as reporting accidents, giving up smoking, manual handling, ergonomics and flu vaccines.

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

Sharon

# Quality Assurance for SHine SA

Over the past 13 years SHine SA has regularly undergone quality assurance reviews that have led to the organisation being granted a three-year National Accreditation status at each review. The reviews use the Quality Improvement Council's (QIC) standards and are coordinated by a review team of four external workers under the auspices of Quality Management Services.

QIC is a non-profit, independent Australasian accredited body with a role to promote continual quality improvement in health and community services. QIC was itself recently accredited by the International Society for Quality in Health Care, thus giving international as well as national credence to its accreditation status. QIC uses licensed providers to support, conduct reviews and write a review report and recommendations for accreditation. The licensed provider for South Australia is QMS (Quality Management Services).

Reasons that SHine SA undertakes a quality assurance review include:

- identify achievements
  - identify areas for further development
  - improve policies and procedures
  - increase organisational pride and visibility
  - improve teamwork
  - maintain momentum for continuous improvement
  - accreditation can support funding proposals
- SHine SA has also achieved two accreditations as a Registered Training Organisation (RTO).

Add to the above the many quality assurance activities that SHine SA carries out on an internal basis (e.g. review of disability services, report on DNA (did not attend)

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

figures, casenote audits, client feedback sheets), and it is very evident that the organisation takes quality improvement seriously.

I am pleased to report that again SHine SA was given a three-year accreditation, with some resounding commendations in Building Quality Organisations, Quality Services and Programs, and Sustaining External Relationships. The review team commented that 'SHine SA is the "leading light" in sexual health at state, national and international levels'. Areas that were commented on very favourably in the report were:

- the sense of collective purpose that all SHine SA staff have
- the way we are inclusive of all people
- consistent understanding of where we are going
- high standard of service delivery
- wide coverage of community
- status as an RTO
- scope of services delivered
- client involvement
- consumer/stakeholder involvement
- that SHine SA takes on the 'tough issues'
- advocacy for communities of interest
- building the capacity of workers and communities
- recognition of tremendous networking with other groups and agencies
- generosity — we give and share, from pamphlets and condoms to expertise, and that again and again they witnessed consistency and passion

Rae

# 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](mailto:info@shinesa.org.au).

# Comments and feedback

The Annual Report Committee hopes 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](mailto:kaisu.vartto@health.sa.gov.au)

# Annual Report Committee

This report has been prepared by the Annual Report Committee, comprising Kaisu, Helen, Natalya, Stephanie, Danny and Désirée. The Committee would like to thank SHine SA staff for their contributions.

# International work

## Privacy and Family Planning Consultation – China

In December 2008, I was privileged to accompany a representative from the Australian Human Rights Commission and the Australian Privacy Commission on a *Privacy and Family Planning Consultation* to two western provinces of the People's Republic of China, Yunnan and Guizhou. The consultation was conducted under the China-Australia Human Rights Technical Cooperation Program, which is managed by the Australian Human Rights Commission. The Chinese partners in the consultation included representatives from the National Population and Family Planning Commission based in Beijing, Yunnan and Guizhou as well as high ranking Communist Party officials. In 2007, SHine SA hosted a delegation from the National Population and Family Planning Commission at Woodville and so the visit to China was an opportunity to catch up with some 'old friends'.



For me, it was an opportunity of a lifetime. I experienced the richness of China's history, culture, diversity of her people and the well-resourced system of sexual and reproductive health care. As Australian delegates, we were warmly welcomed everywhere, from the capital cities to small rural towns in both provinces. Our Chinese partners provided us with guidance and support during official and unofficial engagements. The opportunity cemented a deep respect for China and her people.

### Human Rights Technical Cooperation Program

The program was established in 1997, following discussions between Premier Li Peng and Prime Minister John Howard, to initiate high level dialogue on human rights between China and Australia with the aim of strengthening the administration, promotion and protection of human rights in China. To date nearly 100 activities in 23 sector-specific areas have been implemented. The entire program is fundamentally underpinned by the view that by working together and by exchanging views and approaches, the most effective elements of human rights protection, promotion and administration will develop and prosper.

### China's population

China has a population of 1.3 billion, 20% of the world's population, and a land size equivalent to Australia. The population is ethnically homogeneous, being 92% Han

Chinese. The 55 minorities that make up the remaining 8% of the population number over 100 million. Yunnan with a population of 45 million and Guizhou with a population of 39 million, are the most ethnically diverse provinces in China.

### Reform and Opening

Since 1979 China has undergone profound change. The Reform and Opening program has resulted in unprecedented economic growth and resultant increases in personal prosperity. There are very serious issues about the distribution of the new found wealth. The mal-distribution of wealth is well recognised by the government and there are numerous programs aimed at developing the west of the country and redistributing wealth to the rural areas. In both Yunnan and Guizhou, we observed large scale, infrastructure developments including road, rail, housing, government buildings, family planning service centres and hospitals.

### National Population and Family Planning Commission

The NPFPC is the government agency responsible for implementing China's population and family planning program. Its responsibilities include development of relevant laws and policies, undertaking research and coordinating nationwide community education on family planning, reproductive and sexual health issues. The NPFPC's mandate also extends to community service provision in areas such as aged care and welfare.

### Family Planning

In 1979 the Chinese Government decided that more concerted action was needed to control the nation's rapid population growth. This resulted in the introduction of the family planning program aimed at encouraging families to restrict family size to one child. The program involved

annual population plans for all provinces and cities, including specific birth targets and quotas.

Enforcement of family planning policy has involved both punitive measures and incentives. Punitive measures have included fines, imposition of fees for welfare benefits that would otherwise be free, and demotion or dismissal from government positions. At times the policy has also been enforced through involuntary sterilisation and abortions. On the other hand incentives have included salary bonuses in urban areas, extra land allocation in rural areas, subsidised medical and hospital expenses and priority access to housing, employment and education.

### Reform

The Chinese Government has been working on reforming the way its family planning policy is implemented. The International Conference on Population and Development (ICPD) in 1994 provided much of the impetus for this process.

The reforms are focused on the promotion of informed choice about family size and quality of life and the exercise of individual reproductive health rights supported by domestic law and family planning services. The Population and Family Planning Law (2002), provides that 'governments at all levels and their officials shall carry out family planning in strict accordance with laws and in a civilised manner, and shall not intrude into the legal rights of citizens'.

It became clear that this ambitious reform agenda had implementation difficulties at some levels.

### Family Planning Service Centres

We had opportunities to visit family planning service centres at provincial, district and county levels. Most of the centres had been recently constructed, and the



Delegates from China and Australia outside a Family Planning Service Centre

facilities contained private counselling and treatment rooms. Health information, however, was not available on a take-home basis and the walls were lined with posters on different types of contraception.

Storage of client health information was still an area we recommended further development in, but we acknowledged that it was not possible to transpose the Australian cultural context of privacy to a Chinese cultural context of collectivism.

Information on family planning



### Privacy and Family Planning Consultation

The aim of the Privacy and Family Planning Consultation was to build on to the work already conducted to assist the NPFPC to implement the Chinese Government's comprehensive reform to population and family planning in line with the 1994 ICPD. The NPFPC was open about the fact that family planning services have not always been as diligent as they should in protecting the privacy rights of clients. Problem areas are diverse and range from quite complex information management issues to more basic logistical issues such as lack of private rooms for consultations with clients.

I was able to observe the progress the NPFPC had made in the Xixiu District of Guizhou Province in a 12-month period. I was proud to be told that the privacy and confidentiality framework and client rights information they obtained during their 2007 visit to SHine SA had been useful for developing a privacy and confidentiality framework for the Xixiu District. I was able to see this in action at the local Family Planning Service Centres.

China is a country that invests heavily in sexual and reproductive health, including family planning. The NPFPC has an ambitious Strategic Plan for improving the sexual and reproductive health and rights of the people of China, as well as addressing the population, development and resource needs. There are few countries which can claim such a plan and Australia is not one of them.

Whether China or Australia, sexual and reproductive health and rights is an issue for all of the world's peoples and a constant challenge for organisations such as SHine SA and the National Population and Family Planning Council, that advocate for sexual and reproductive rights and better access to education, information and services.

**Kaisu**



Kaisu with the local young women in Malong County, Yunnan Province

Information on contraception at a Family Planning Service Centre



A Family Planning Service Centre in Kuming, Yunnan Province



## Sexual health care: a global perspective

I consider myself fortunate to have worked in sexual health care on both sides of the world. Until late 2008 I was employed as a nurse in Contraception and Sexual Health Services (C&SH) in Oxford, England. Originally from Adelaide I returned and started working for SHine SA as a Community Health Nurse in February 2009. In my time at SHine SA I have found it interesting to see how the same World Health Organization primary health care guidance has resulted in two very different ways of delivering sexual health care.

The Oxford approach had a strong medical flavour to it and sexual health services were divided into different specialities, each run by different organisations. There was some overlap between these services and the partner agencies did support each other but were run as separate operations. No one service covered as much as SHine SA does here in South Australia. In Oxford, C&SH were managed in the community, unlike the genitourinary (sexually transmitted infection) service which was managed within a large hospital. C&SH did very little testing for sexually transmitted infections, apart from chlamydia screening, although we did provide safer sex education to our clients. While teaching was an important activity, it was targeted mainly at health rather than community workers and sexual health counselling was restricted due to very limited resources. In general, due to the drop-in system, client visits were often more urgent than those that I have seen under the booked appointment system used at SHine SA. The demand for emergency contraception counselling was high and

emergency intra-uterine devices were not uncommon.

In comparison, SHine SA operates within a broader framework, which includes community development and education. The approach is more inclusive and less fragmented. Its strategic plan targets communities of interest and training of both health and community workers is a major focus. It has well-developed teaching resources with a schools program, a dedicated nurse educator, community of interest outreach workers, and an extensive library and teaching resource centre at its Woodville base. Sexual health counselling is also generally accessible and obtainable by those who need it.

I saw some exciting innovations in Oxford such as: free contraception for all (including ribbed and multi-flavoured condoms!); advanced nurse practitioner roles (including nurses prescribing and inserting implants); free chlamydia self-testing kits for 18–24 year olds (including mail order); specialist higher degrees in sexual health; school-based outreach clinics; drop-in day, evening and weekend clinics; and computerised clinical records systems. The law and budgets control some of these initiatives and it would be difficult to introduce some of these without government support and funding, but perhaps they are a taste of what could come to South Australia in the future. We are fortunate to be working in such interesting times for sexual health services and I look forward to contributing to the SHine SA team and its strategic directions in the future.

**Hedy**

# President and Council

Ano

Australia's leading advocate in sexual and reproductive health has again been one of challenge as new opportunities are identified to drive our core business of education, information and clinical services.

Increases in service delivery were demonstrated in clinical, therapeutic counselling, workforce development, resource distribution and informal clients looking for information about particular sexual health issues. These increases occurred without additional resources.

SHine SA has worked with SA Health to develop several interventions under the Federal Government's *Close the Gap* program. Our programs will expand our service delivery to more traditional rural and remote Aboriginal communities. SHine SA is very pleased to be involved in *Closing the Gap* and is very much looking forward to working with communities and the other key stakeholders.

The *Focus Schools Program* continues to provide unlimited scope for services to identified schools which will benefit from workforce development for teachers and other school staff in the delivery of comprehensive, age-appropriate relationships and sexual health education. Keen support for this program is demonstrated by new schools signing on and our goal of reaching 60% of state secondary schools by the end of 2008 has been passed.

The dedication and enthusiasm of the SHine SA staff involved in the *Focus Schools Program* is recognised by the Council. Council is pleased to have financial assistance from SA Health for this program.

SHine SA has been proud of the positive involvement of its Youth Action Teams; the need for generation-to-generation contact has been facilitated by their continued input. Council acknowledges their valued contribution to SHine SA's core business.

SHine SA has contributed to a number of national enquiries and consultations in the last twelve months. This has included the Senate enquiry into *Sexualisation of children in the media*, and the enquiry into men's health. We also submitted to the consultation into Primary Health Care, Australian Human Rights, and the National Council to Reduce Violence Against Women and Children.

Council decided to fit-out premises we have leased at Christies Beach when the Southern Team had to relocate from Woodcroft Community Centre after 14 years of occupancy. The team is now accommodated in a more appropriate setting for a health service.

SHine SA continues to be represented on the Sexual Health & Family Planning Australia (SHFPA) Board, with your president as its current representative and treasurer. SHFPA is slowly gaining traction as a respected national authority on sexual and reproductive health through its CEO Naomi Knight's dedication and focused stewardship based in Canberra.



The President, Grant Gilbert (centre) with Kaisu Värttö, Chief Executive Officer (left) and Ms Allison Willis (right), SHine SA Council

Council has met regularly to maintain strategic and governance oversight. I am grateful for the ongoing enthusiasm of Council members. We farewell Richard Bruggemann and Meg Lewis, who are completing their terms, and we have welcomed Angela Lawless, Allison Willis and Debra Kay as new members.

Kaisu Värttö and the staff at SHine SA have again discharged their roles with professionalism and Council and I congratulate them for their dedication.

**Grant Gilbert**  
President, SHine SA Council

*There are few data available that capture the prevalence of sexual health concerns for people from CALD backgrounds. Some issues, however, consistently are identified by CALD people of all ages:*

- relationship issues—in particular, gender/power imbalances—including domestic and sexual violence, difficulties in negotiating the number of children in a family and making choices about contraception
- building respect and value for cultural diversity
- mental health—the impact of stigma, isolation and discrimination
- reproductive health issues—antenatal, birthing and post-natal care and support

SHine SA Fact Sheet 16

**Sexual health of people from culturally and linguistically diverse (CALD) backgrounds**

*t was found about same-sex attracted young people in an Australian survey that:*

- around one-half reported experiencing verbal abuse including name-calling, threats and rumour-mongering, and almost 2 of every 5 same-sex attracted young people reported having experienced physical assault
- school was perceived as the most dangerous place for same-sex attracted young people to be; 4 of every 5 same-sex attracted young men and half of the young women had experienced abuse at school
- school-based health education and promotion programs, which mainly portray heterosexuality, often do not address the needs or experiences of same-sex attracted young people

SHine SA Fact Sheet 17

**Sexual health of people of diverse gender and sexuality**

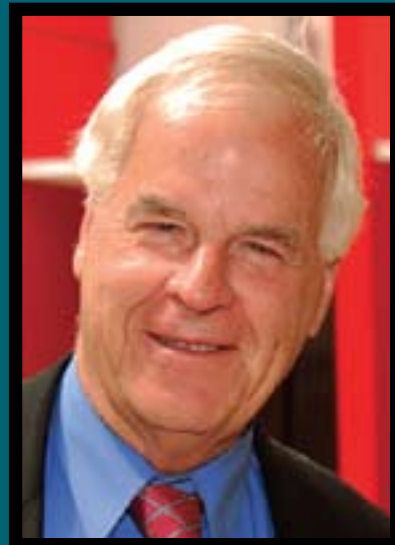
# SHine SA says thanks!



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

The President, Grant Gilbert (centre) with Kaisu Värttö, Chief Executive Officer (left) and Council member Ms Christine Putland (right)



**Mr Grant Gilbert**

President - SHine SA Council

## Council members 2008–09

### 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

### Richard Bruggemann

Disability portfolio

### Allison Willis

Regional, rural and remote portfolio

### Meg Lewis

Culturally & linguistically diverse portfolio

### Professor Bruce Johnson

Workforce development

### Philip Jackson

Aboriginal & Torres Strait Islander portfolio

### Deb Kay

Young adults 20 to 30 years portfolio

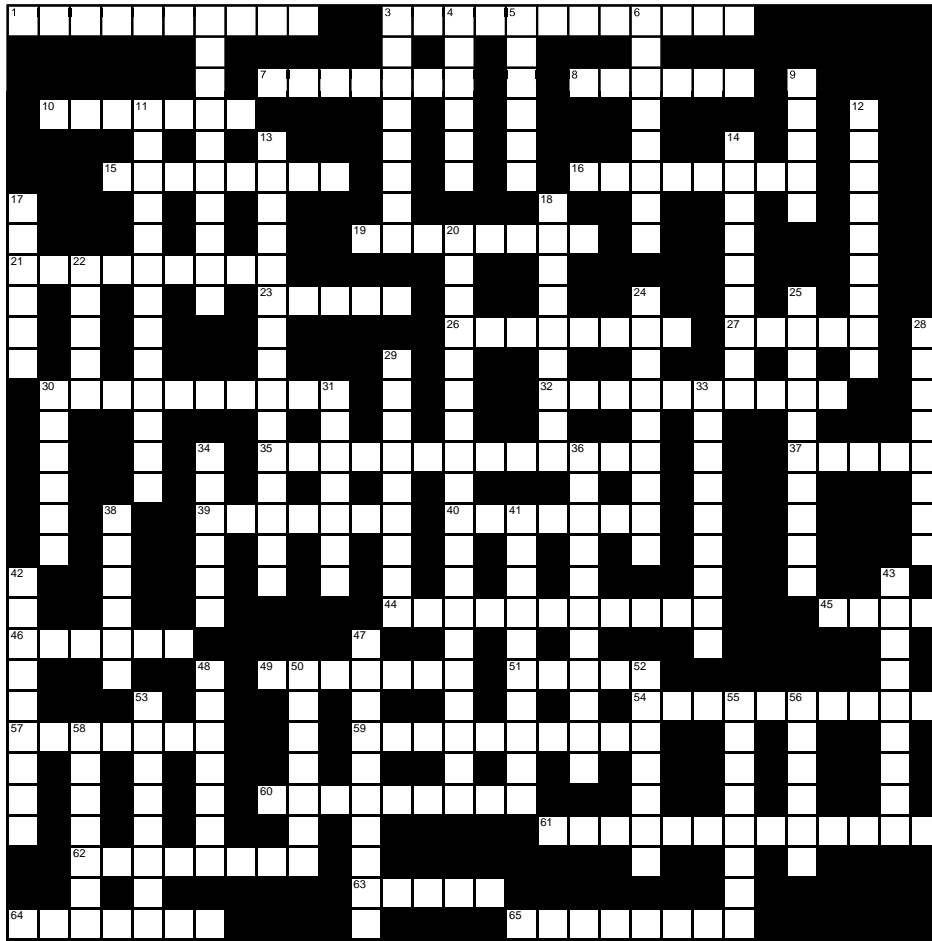
### Angela Lawless

Young people 19 years and under portfolio

### Kathy Edwards

Staff nominee

# Entertainment



## Across

- 1 A leader engaged in civil administration (10)
- 3 The act of intervening (12)
- 7 A grouping of a number of similar things (7)
- 8 Common to or shared by two or more parties (6)
- 10 A formal association of people with similar interests (7)
- 15 A complex mental state involving beliefs and feelings and values and dispositions to act in certain ways (8)
- 16 A human offspring (son or daughter) of any age (8)
- 19 A common venereal disease caused by the treponema pallidum spirochete; symptoms change through progressive stages (8)
- 21 Occurring or existing before birth (9)
- 23 The loose soft material that makes up a large part of the land surface (5)
- 26 The point in an orbit farthest from the body being orbited (8)
- 27 Open and observable; not secret or hidden (5)
- 30 A common venereal disease which symptoms are painful urination and pain around the urethra (10)
- 32 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)
- 35 Make sexual, endow with sex, attribute sex to (13)
- 37 A detailed critical inspection (5)
- 39 In a courageous manner (7)
- 40 Any condition that makes it difficult to make progress or to achieve an objective (7)
- 44 A statement asserting the existence or the truth of something (11)
- 45 A substance that is used as a medicine or narcotic (4)

- 46 Failing to speak or communicate when expected to (6)
- 49 Tending to occur among members of a family usually by heredity (7)
- 51 Something that causes great unhappiness (5)
- 54 A state or condition markedly different from the norm (10)
- 57 A person whose occupation is teaching (7)
- 59 Uncertain or unable to decide about what course to follow (10)
- 60 The relative frequency of occurrence of something (9)
- 61 A statutory offence that provides that it is a crime to knowingly cause another person to engage in an unwanted sexual act by force or threat (6,7)
- 62 One having both male and female sexual characteristics and organs; at birth an unambiguous assignment of male or female cannot be made (8)
- 63 Involving risk or danger (5)
- 64 The condition of being free; the power to act or speak or think without externally imposed restraints (7)
- 65 Ideas or actions intended to deal with a problem or situation (8)

## Down

- 2 Bestow a quality on (10)
- 3 Close or warm friendship (8)
- 4 The swift release of a store of affective force (6)
- 5 Cut down on; make a reduction in (6)
- 6 A session of intensive tuition given by a tutor to an individual or to a small number of students (8)
- 9 A backless sandal held to the foot by the big toe and the second toe (5)

- 11 Concerning or belonging to all or at least two or more nations (13)
- 12 Moral soundness (9)
- 13 The ratio of the speed of recession of a galaxy (due to the expansion of the universe) to its distance from the observer (7,8)
- 14 Move something or somebody around; usually over long distances (9)
- 17 A starlike object that may send out radio waves and other forms of energy; many have large red shifts (6)
- 18 A social anthropologist who is expert on rites and ceremonies (9)
- 20 Inflammation of the liver caused by a virus or a toxin (9,1,9)
- 22 An inhibition or ban resulting from social custom or emotional aversion (5)
- 24 A person given to fanciful speculations and enthusiasms with little regard for what is actually possible (9)
- 25 A mental state characterised by a pessimistic sense of inadequacy and a despondent lack of activity (10)
- 28 The act of intimidating a weaker person to make them do something (8)
- 29 A sexually transmitted infection caused by bacteria (9)
- 30 A collection of star systems; any of the billions of systems each having many stars and nebulae and dust (6)
- 31 A vague unpleasant emotion that is experienced in anticipation of some event (7)
- 33 A contraceptive in the form of a pill containing oestrogen and progestogen to inhibit ovulation and so prevent conception (9)
- 34 An immense cloud of gas (mainly hydrogen) and dust in interstellar space (6)
- 36 Readiness to embark on bold new ventures (11)
- 38 To incline or bend from a vertical position (6)
- 41 Move in a direction contrary to the usual one (10)
- 42 Of or relating to or used in or practising obstetrics (9)
- 43 Providing protective supervision; watching over or safeguarding (9)
- 47 The way a person behaves toward other people (10)
- 48 A person's partner in marriage or life (7)
- 50 Either of two times of the year when the sun crosses the plane of the earth's equator and day and night are of equal length (7)
- 52 Temporary loss of strength and energy resulting from hard physical or mental work (7)
- 53 Hinder or prevent (the efforts, plans, or desires) (8)
- 55 Systematic investigation to establish facts (8)
- 56 The right to obtain or make use of or take advantage of something (6)
- 58 Expressing offensive reproach (7)

**Across:** 1 Politician, 3 Intervention, 7 Cluster, 8 Mutual, 10 Society, 15 Attitude, 16 Gonorrhoea, 19 Syphilis, 21 Antenatal, 23 Earth, 26 Apoapsis, 27 Overt, 30 Gonorrhoea, 32 Indicator, 35 Sexualisation, 37 Study, 39 Bravery, 40 Barrier, 44 Affirmation, 45 Drug, 46 Silent, 49 Genetic, 51 Grief, 54 Aberration, 57 Teacher, 59 Ambivalent, 60 Incidence, 61 Sexual assault, 62 Interspersed, 63 Risky, 64 Freedom, 65 Approach.

**Down:** 2 Contribute, 3 Intimacy, 4 Thrill, 5 Reduce, 6 Tutorial, 9 Thong, 11 International, 12 Integrity, 13 Hubble's constant, 14 Transport, 17 Quasar, 18 Ritualist, 20 Hepatitis B infection, 22 Taboo, 24 Visionary, 25 Depression, 28 Bullying, 29 Chlamydia, 30 Galaxy, 31 Anxiety, 33 Anovulatory, 34 Nebula, 36 Initiatives, 38 Angled, 41 Retrograde, 42 Obstetric, 43 Custodial, 47 Behaviours, 48 Partner, 50 Equinox, 52 Fatigue, 53 Thwarted, 55 Research, 56 Access, 58 Abusive.

**Aries****21 March – 20 April**

Competitive, eager, youthful and dynamic. Your adventurous spirit and charismatic personality means that you love to take on a challenge and have no problems getting people to join you for the ride.

Spontaneous and decisive, you know what you want. Teamed with your courage and determination, you are an unstoppable force. Draw on these characteristics this year as you ram your way through some unexpected obstacles. Look out for your friends, they will benefit from your strength and ability to move forward. Most importantly go for that holiday adventure you keep putting off. You deserve it!

**Best mates:**

Aries, Taurus, Leo.

**Leo****23 July – 22 August**

Proud, mighty Leo. You like to be the centre of attention and adore positive praise. You are self-assured and people love to be around you. However, you are fiery and fierce so they know best to stay on your good side. Always the protector, your loved ones benefit and feel safe and secure knowing that you are there for them. Ever charming, passionate and warm, you bring a lot to the table. But your pride sometimes holds you back, as you don't like to risk failure. Use your courage this year and take on that new challenge. You won't be disappointed.

**Best mates:**

Aries, Libra, Scorpio, Sagittarius.

**Sagittarius****23 November – 21 December**

Silly, energetic Sagittarius. You like attention and know just how to get it. Always the life of the party, people are drawn to you like moths to a flame. But you never stay still long, loving to travel and meeting new people along the way. Quite a philosophical sign, you are optimistic and broad-minded. And even though you really should learn to count to 10 before opening your mouth and letting whatever untactful piece of information you feel like sharing with the world come tumbling out, you are compassionate and can be counted on to have other people's interests at heart.

**Best mates:**

Leo, Libra, Aquarius.

**Taurus****21 April – 21 May**

Strong, dependable Taurus. A lover of the finer things in life and caring friend who will be there with you through thick and thin. You are a sensual and tactile sign, loving the feel and texture of interesting fabrics and getting your hands dirty cooking in the kitchen. The most dependable of signs, your friends appreciate your advice and simply enjoy your comforting energy. Romantic, patient and musically talented, you are fun to be around and the life of the party. But watch out for your temper tantrums! You will do well to avoid your stubborn streak this year, compromise and relax. Take up a hobby or try your hand at that creative pursuit you have always wanted to give a go.

**Best mates:**

Cancer, Sagittarius, Scorpio, Leo

**Virgo****23 August – 23 September**

Meticulous, practical with keen attention to detail. You know how to get things done and take great joy from achieving each task and crossing it off your well-organised list. So long as there is order, Virgo is happy. However, your no nonsense attitude and down to earth sensibilities are sometimes perceived as being cold and detached. You are quite the opposite and your deep sense of the humane means that you are a caregiver like no other. This year take some time out for yourself. Your precious lists will still be there when you return, and the family will not be in complete chaos. You, however, will be refreshed, rejoiced and ready for action.

**Best mates:**

Gemini, Cancer, Aquarius.

**Capricorn****22 December – 20 January**

Dependable, grounded Capricorn. Your strong values, respectful nature, and commitment to those you love, makes your friends and family lucky to have you around. Not only can they count on you to be there in times of need, but your quirky, quick wit makes sure they will be smiling and laughing with you back to a better place. Sexy, intelligent and completely irresistible, you're also highly organised and utterly competent. There is not much you can't achieve once you put your mind to it, so stop expecting the worst and get out there and do it.

**Best mates:**

Taurus, Scorpio, Pisces.

**Gemini****22 May – 21 June**

Here come the Gemini twins. . . but which one are you going to get? Will it be the fun, flirtatious, outgoing twin ready for mishap, fun and adventure? Or is it the serious, contemplative and sometimes restless twin that doesn't quite know what to do with themselves? With so many personalities floating around, your friends are never bored and truly love your unpredictability. They also adore your sunny disposition, the way you share your thoughts and ideas, adaptability and keen curiosity. You have a unique ability to communicate with others and help them see things in a new light. Do not underestimate this skill and use it wisely this year to help you achieve your goals.

**Best mates:**

Leo, Scorpio, Aquarius, Libra, Aries.

**Libra****24 September – 23 October**

Peace loving Libra. You like to make sure everything is in balance. This includes yourself, those around you and even the nosy neighbour down the street. You have a keen sense of right and wrong, and your friends benefit from your ability to see clearly in a situation, weighing up the options and choosing a course of action. That is of course when you're not being indecisive, which can happen often as you do not like to hurt people's feelings and struggle to find solutions where everyone is happy. You are warm, caring, unique and easily attract like-minded people to you. Make sure you take some time out this year and find balance between all your many commitments.

**Best mates:**

Aries, Gemini, Leo, Sagittarius, Aquarius.

**Aquarius****21 January – 19 February**

Original, sensitive Aquarius. How you like to float through life, drifting in and out of your own personal reality. Always up for a party, your spontaneity and love of all things new and unconventional makes you one fun friend to have around. You have very strong values and stand up for what you believe in at the drop of a hat, especially when of a humanitarian nature. Choosy with your friends, those lucky enough to have made it into your inner circle will greatly benefit from the honesty, love and true commitment you give to those you love.

**Best mates:**

Aries, Gemini, Libra, Sagittarius, Aquarius.

**Cancer****22 June – 22 July**

Moody, loony Cancer. You can be deeply intuitive and highly emotional with an intense sensitivity. This makes you sympathetic, empathetic and means you have a good shoulder for others to cry on. With all this emotionality running around, you often hide beneath your hard exterior and can make it difficult for people to get to know you. While you like to side step confrontation, you protect your loved ones with a fierce tenacity and will do almost anything to support your friends. This is the year to let go of the past. Move forward and embrace what's just around the corner.

**Best mates:**

Taurus, Leo, Virgo, Scorpio, Pisces.

**Scorpio****24 October – 22 November**

Passionate, stubborn Scorpio. Underneath that cool exterior is a determined, reliable and hard-working individual whose resourcefulness and excellent problem-solving skills makes you a vital part of any group. You are intelligent, brave and a true friend, always aware of others and their needs and how to help them. But watch out for your sting — Ouch! You will do well to watch your temper this year and forget all about being possessive or jealous. Instead, draw on your deep intensity and pure honesty to talk through solutions with those you care about.

**Best mates:**

Gemini, Cancer, Scorpio, Pisces.

**Pisces****20 February – 20 March**

Quirky, creative Pisces. You are the most caring and affectionate of all the signs with your acceptance and understanding of others second to none. You draw in all sorts of people and don't discriminate against anyone. Your social life thus blossoms with the diversity of energy that comes from such a mix. Sensitive, gentle and easygoing, your friends and family love to be around you. While not generally the natural born leader like the fierce Leo, Pisces will do well this year to take the opportunity and let their natural charm and charismatic attitude lead the way.

**Best mates:**

Cancer, Scorpio, Capricorn, Pisces.



# Sexual Health Awareness Week

**Feb 14 – 21**

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

