

SHiRe-SA



Annual Report

2009–2010

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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 Australian Health Care 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 \$5.4 million (2009–10).

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 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

40 years of service provision to the South Australian community

– Happy Birthday SHine SA

In 2010 we celebrate SHine SA's (established as the Family Planning Association of South Australia) 40th birthday and 40 years of service to the South Australian community.

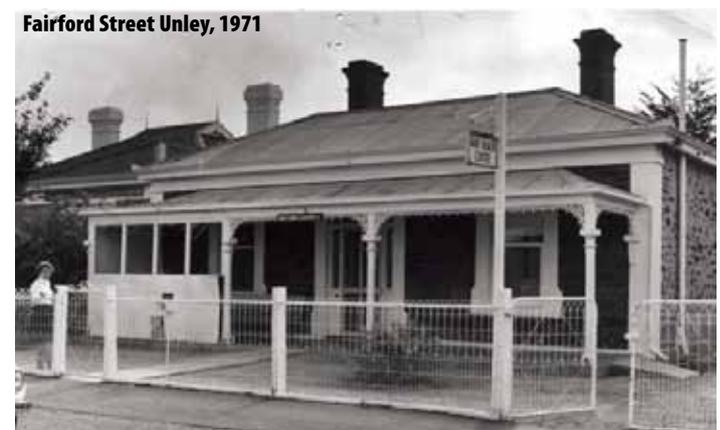
We also celebrate the 50th birthday of The Pill. The Pill became available in Australia in early 1961 but was not readily prescribed by doctors unless the woman was married, had proven fertility and her husband's consent! It was near impossible for unmarried women, particularly teenagers, to get a doctor to prescribe it. Then again the teen birth rate was 67.7 per 1000 15–19 year olds, and there were 879 adoptions of South Australian born children. In 2008 the birth rate in teenagers in South Australia was 16 per 1000 15–19 year olds and there were 3 adoptions.

In 1969 the South Australian Government established a Select Committee of Inquiry to consider amendments to the abortion legislation. Unplanned pregnancy rates among teenagers were high. Abortion was illegal and backyard abortions resulted in maternal morbidity and mortality. Adoption, backyard abortion or a 'shotgun' marriage was the way of dealing with unplanned teen pregnancy. The South Australian Medical Women's Society and the National Council of Women made submissions in support of the proposed legislation, and urged the government to provide support for family planning as a means of reducing unplanned pregnancy and the need for abortion.

In December 1969, a public meeting was held to gauge the level of support for setting up a Family Planning Association in South Australia. As a result of the meeting, a Steering Committee was formed. The state government undertook to provide an establishment grant of \$5400 and followed this with annual funding (Family Planning and SHine SA has continued to receive strong support from successive governments of all parties). In early 1970 abortion was decriminalised in South Australia.

The most important service to establish was the clinics where doctors and nurses provided contraception and information to married and unmarried women. The 1970–71 Social Workers report indicated that 'Of the 459 new patients seen to May 1971, 116 were single girls with no immediate plans to get married'. The clinics grew very quickly from 1870 clients in 1970–71 to 23 696 in 1980–81. Women voted with their feet: they had access to safe and effective contraception, they wanted to be free to control their reproductive choices; they wanted an education, they wanted a qualification and they wanted to work in meaningful jobs. By 1980 the teen birth rate had reduced to 25 per 1000 15–19 year olds and the adoption of South Australian children had reduced to 125. Orphanages began to close down.

In 1972, two part-time education officers were appointed to train volunteers to deliver



17 Phillips Street Kensington, circa 1980s



'sex education' programs in schools. The Family Planning Association of South Australia was the first Association to try out a mobile service to reach areas where a regular clinic was not feasible, and a domiciliary service for disadvantaged women who were unable for various reasons to attend family planning clinics.

In 1986, at the request of the South Australian Minister for Health, a review of Family Planning was undertaken by Penny Kane. This review resulted in a series of recommendations which identified emerging trends in the demand for family planning services, specified the extent to which Family Planning should become involved in meeting that demand, and identified future directions and policies necessary for the proposed changes to be implemented.

One of the most challenging issues to come to grips with was the recommendation that Family Planning withdraw from direct service delivery of sex education programs to schools. The Association's expertise was considered to be better utilised in 'training the trainer' or providing professional education. So began a concentrated effort to refine and expand the already existing professional education courses for doctors and nurses. Professional education programs have been considerably expanded in the 21st century to encompass the development of Aboriginal women, Aboriginal men, youth workers, disability workers and teachers.

Based on the principles of Primary Health Care and Social Justice, the organisation began a process of restructure and reorientation in 1994 to increasingly focus on young people, people with disabilities, the Aboriginal community, rural communities, people of non-English speaking background and the health education and community services workforce. 50% of staff were relocated from Kensington to the northern and southern metropolitan regions, in areas of most need.

In October 1998 we formally adopted a new name, SHine SA (Sexual Health information, networking & education SA) to better reflect the structure and the direction to much broader sexual and reproductive health. In 2007 we relocated from Kensington to Woodville to a new building paid for from the sale of Kensington and a grant from the state government. The facility allows for services to be provided by a range of other service providers including a busy after-hours medical deputising service.



64c Woodville Road Woodville, 2007

A number of programs that build capacity and health literacy have been implemented since 2000. These include the *share* Program (now the *Focus Schools Program*), which has grown from the original 15-school pilot in 2003–05 to having 78 schools involved in 2010, and the *Aboriginal Focus Schools* and *Investing in Aboriginal Youth* programs funded under Close the Gap. Separate articles about these

programs are included in this report.

So what started as an unknown journey in 1970 has taken us to a time and a society that has changed so significantly that it is hard to recognise that we were the same South Australia, the same Australia and the same world.

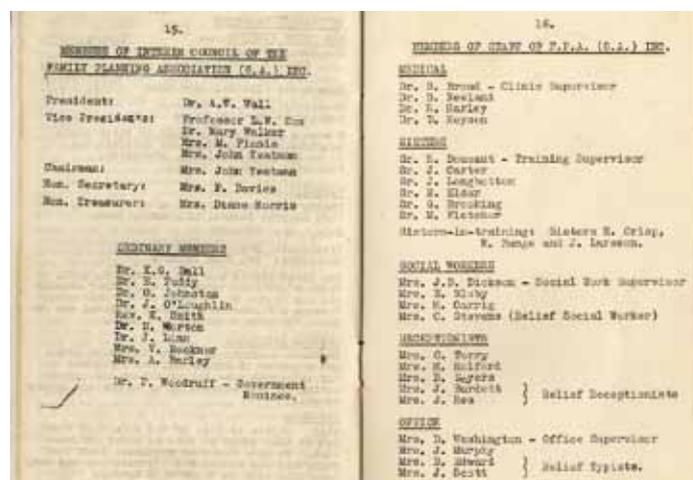
I honour the foresight and determination of the people who established the Family Planning Association of South Australia and became the first members of the interim Council and the staff who provided the services.

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Ms Kaisu Värttö
Chief Executive Officer
SHine SA

Extract from the Family Planning Association (SA) Inc's first Annual Report, 1970/1971



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This publication, together with the 2009–2010 audited financial report, constitutes the 2009–2010 Annual Report for SHine SA.

Youth participation

and peer education



Northern Y@

There are currently four members on the Northern Youth Action Team (Y@), bringing a diverse range of skills and talents to the group.

They have all contributed to what has been another busy and successful year, participating in a range of events which support SHine SA's communities of interest. These included:

- Adelaide's annual Gay Pride march
- Sexual Health Awareness Week (SHAW) activities
- Fringe workshops and marching in the Fringe Parade
- Youth Week rural event in Kadina for Youth Homelessness
- a presentation at a Youth Forum on teenage pregnancy statistics in the Playford area
- launch of *What's Your Story?* DVD at FEAST
- 2010 International Day Against Homophobia (IDAHO) event – Rainbow Café

The Y@ members are currently helping with the development of new resources and updating old ones. Their contribution has been invaluable.

Naomi



East/West

Y@



East/West Youth Action Team (Y@) members have continued to be the 'Face of SHine SA' at events across metropolitan Adelaide, initiating conversations and spreading positive messages far and wide about sexual health and relationships.

We are fortunate to have a group of such intelligent, articulate and passionate people in our midst. In particular, SHine SA and our Y@s had a presence at the Fringe Parade, Uni-Life week, O-Week at a range of campuses and Youth Week.

It was during this year that long-time East/West Y@ member and champion Nick hung up his Y@ hat. We thank him for all of the work he has done for SHine SA during his multiple terms and wish him all the very best for his ongoing advocacy and influence work.

Rob (Y@ worker extraordinaire) has also moved across teams to the Yarning On team. Thank you Rob, your energy and creativity will be missed.

I would like to introduce myself as the new Y@ worker in the East/West. I am incredibly excited to be working with the Y@s. This youth participation model has always been the benchmark to which I have strived.



I have met many amazing people in my short time at Shine SA, who have been working hard to promote healthy messages about sexual health and relationships. Many of them are past Y@s. It is exciting to see the long-term influence of this amazing program.

Finally, we are looking to develop a new generation of Y@s! If you are aged 14–25 years and passionate, open-minded with something to say, and willing to commit time and energy, give Jo a call on 8300 5328.

Cheers!

Jo

Informal client contacts

6837 informal clients were provided services during 2009–10. The top ten reasons for the informal client contact were:

| | |
|---------------------------|-----|
| Sexual health | 93% |
| Contraception | 3% |
| Pregnancy | 2% |
| Substance abuse | 1% |
| Desire discrepancy | 1% |
| Sexuality | 1% |
| General physical | 1% |
| Sexual assault/rape | 1% |
| Menopause | 1% |
| Sexual relationship | 1% |

Southern Y@ members



Southern Y@



It's been a big year of change in the Southern Youth Action Team (Y@) and there are bigger changes ahead!

With a new manager for the program and a new coordinator for the Woodville Y@ we've had the opportunity to use some new brains and take a step back to evaluate the whole Y@ program.

The good news is it's looking good, with a range of options available to Y@s – from professional education to resource development and health promotion training and participation.

One of the big changes is that we've started using Facebook to communicate with Y@s. Talk about two-way learning! I'd like to thank the Southern Y@s for sharing their IT knowledge/skills and, more importantly, for their patience with me... I'll get there!

Southern Y@ members have been involved in a wide range of events, such as youth expos, consultations and ongoing groups. This has given them valuable insight into how we work with young people and is a great way to get instant Y@ feedback on our work. We've taken the SHine SA message of Safety Pleasure Respect to the streets via the Fringe Festival Launch Parade and the Pride March that kicks off the Feast Festival. We've taken on a couple of new Y@ members and are just about to lose another one – two years passes quickly!

A change for 2009–10 has been holding movie nights. It's a great way of maintaining contact between meetings, and we're planning to open the movie nights up to other young people in the community interested in sexual health.

And, to celebrate the first anniversary of our new Christies Beach site, we're thinking of revamping the foyer!

If you're interested in becoming a Y@, visit our website or log in to our Facebook site.

Craig

Sexual Health Awareness Week 2010

there's still time for plan B.
EMERGENCY CONTRACEPTION

WHY CONDOM BROKE? FORGOT YOUR PILL? UNPROTECTED SEX? WHAT EMERGENCY CONTRACEPTION CAN BE TAKEN UP TO 5 DAYS AFTER UNPROTECTED SEX TO REDUCE THE RISK OF UNPLANNED PREGNANCY WHEN REMEMBER, THE SOONER IT'S TAKEN, THE MORE EFFECTIVE IT IS WHERE YOUR LOCAL PHARMACY, SHINE SA, CLINIC 275 AND MANY PUBLIC HOSPITAL EMERGENCY DEPARTMENTS

SAFETY + PLEASURE + RESPECT

SHine SA

WWW.SHINESA.ORG.AU

Sexual Health Awareness Week (SHAW) has run each year since 2002, from 14–21 February, as a public health promotion campaign which has the goal of encouraging young adults to consider the social, cultural and behavioural factors that influence their own sexual health and their relationships. The focus of SHAW activities is on encouraging individuals, groups and communities to talk more honestly and openly about sexual health and wellbeing.

Once again in 2010 the SHAW slogan of **Safety + Pleasure + Respect** was maintained and focused on the topic of Emergency Contraception (EC). The campaign aimed to address misunderstanding associated with EC and to combat stigma concerning access to and use of EC for our SHAW target population of young adults aged 18–30 years.

A range of resources were developed promoting the key message, **There's still time for plan B: Emergency Contraception**.

Resources were intended for ongoing use during the year at appropriate SHine SA events and activities, and included: condom packs, EC wallet cards, drink coasters, poster, stickers and *Busting The Myths* fact sheet.

SHAW 2010 activities focused on de-stigmatising Emergency Contraception and providing correct information for young adults to enable healthy decision-making around their sexual health, unwanted pregnancies and relationships. A strategy was developed to work with pharmacies and hospitals to promote wider visibility of EC and easier access to EC in the SA community. SHine SA hosted various events through regional team sites as well as supporting community events through the SHAW Community Grants Program. Shine SA Community Health Workers gave EC presentations to their local networks, using a PowerPoint presentation on EC developed to complement the *Busting The Myths* fact sheet.

Local pharmacies were targeted by Shine SA Primary Health Care Teams with EC resource packs, and the range of prices at which EC was for sale was collected to improve our information to clients.

SHine SA staff worked with community artists to build a float and signs to march in the Fringe 2010 Launch Parade. 30 SHine SA staff and Y@ (Youth Action Team) members were involved and the float and signs were very well received by the crowds lining the route.

Emergency Contraception wallet card – a new initiative

A new resource was created for SHAW 2010 in response to research conducted at LaTrobe University which suggested that the issues of stigma and privacy can be barriers to Australian women approaching a pharmacist to ask about emergency contraception. Where there is no opportunity to speak to a pharmacist in a confidential manner

about this sensitive matter, this can be a significant barrier for access to emergency contraception. The Emergency Contraception wallet card, which asks 'Can I talk to you about Emergency Contraception?', was developed as a strategy to ease this barrier. This card can be handed over the pharmacy counter, helping to open a sensitive conversation. This card was widely promoted and distributed during SHAW and will continue to be available as a SHine SA resource.



Kathy

there's still time for plan B.
EMERGENCY CONTRACEPTION

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SAFETY + PLEASURE + RESPECT

SEXUAL HEALTH AWARENESS WEEK

WWW.SHINESA.ORG.AU

SHine SA

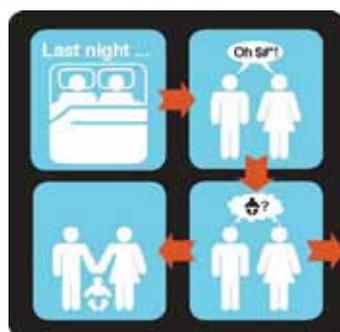


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SAFETY + PLEASURE + RESPECT
WWW.SHINE.SA.ORG.AU



Youth participation

Work with schools

Focus School Program

The Team

Changes to staffing, primarily due to the creation of the 'Yarning On' Aboriginal Focus Schools and Investing in Aboriginal Youth Programs, necessitated the appointment of three new Schools Coordinators to our team. We now have two Coordinators located in each Primary Health Care Team. These new workers come with a wealth and variety of experience and expertise within education, as well as a great deal of enthusiasm. Each Schools Coordinator has taken on an area of special interest, i.e. Disability, CALD, GLBTIQS, Primary and ICT (Information and Communication Technologies). This specialisation will allow the Program to further develop our support for schools in these areas by offering specialised training and the development of specific resources. The development of resources for Aboriginal students will be as a result of our collaboration with the Yarning On team.

New schools

There are now 78 schools involved with the *Focus Schools Program*, all having received Principal and Governing Council endorsement. Roxby Downs and Woomera Area schools have joined as a result of our invitation to schools from the Far and Mid North regions. In July 2009 we approached schools in the Murray Mallee. This region has the second highest teenage pregnancy rate in South Australia. Of the ten schools we met, five have become *focus schools* – Waikerie High, Glossop High, Cambrai Area, East Murray Area and Coomandook Area. The other five schools have expressed an interest to be involved and are currently consulting staff and Governing Councils. During May this year we visited schools with a secondary component from the Limestone Coast region. All schools responded favourably to our invitation and we anticipate that we will have the majority of these schools involved in the future following further consultation with key stakeholders. We have also acknowledged that a number of schools had completed their period of intensive support but the continuity of delivery of their



Relationships and sexual health education

health, respect & life



relationships and sexual health (R&SH) education program had been affected. This may have been due to staff turnover; the complexities of their students' needs, particularly in areas of disadvantage; or the importance and priority of Health education within the curriculum had changed. As a result, we offered to extend our agreement of partnership to Mark Oliphant College (previously Smithfield Plains High) particularly as they will be transitioning into the Super School campus next year, and to Port Lincoln High School for an additional three years of intensive support.

Professional Development

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 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 2009 to end June 2010, 220 teachers have received this training. 58% 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 87.5%! Additionally during 2010, the *Focus Schools* team has been responsible for delivering the general holiday courses. These are offered to any Middle Years teachers and have attracted teachers from *focus* and *non-focus*, Independent and Catholic schools.





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 again produced externally. In addition to our set Years 8–10 curriculums, 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 Accountability Framework and have considerable synergy with the Child Protection Curriculum, *Keeping Safe*. We have mapped this overlap and have found that schools have greatly welcomed this as it has assisted them to develop their R&SH program and to integrate the Child Protection Curriculum.

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 361 teachers have participated in these update sessions. Each school has been provided with one copy of the 2010 Teacher year level booklets and a CD of the activity masters allowing them to easily update their program. Our Program schools have also received a complimentary copy of our latest teaching resource, the *Choices in Contraception* flipchart. We have also developed a collection of energisers specifically related to R&SH issues to be used in the classroom and our *10 Principles of Best Practice* poster has been upgraded to 12 Principles to include:

Relationships and sexual health education should:

- be delivered by the classroom/health teacher
- be of sufficient duration and intensity to produce change

Copies of this new poster have been distributed to all schools. SHine SA's continued inclusion as part of the DECS Courier system has been widely used by many schools, allowing access to our resources without constraints of distance, postage costs and/or time.

Achievements

The Schools 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 and in some instances to gather student feedback on the program. This year over 4300 students from 39 different schools benefited from these services talks. The Coordinators have also participated in various Youth Expos and Open Days around the state (e.g. Clare, Victor Harbor, Mount Compass and Yankalilla). These are often run in conjunction with other Health and Community agencies and as part of the schools' focus on student health and wellbeing.

As in previous years, we continue to offer to present, and support schools to deliver, information sessions to Governing Councils, staff and parent groups. Presentations were held at Cambrai, Coomandook, Karoonda and Keith Area schools with great interest. We also participated, with the support of a Community Health Nurse, in a parent evening at Golden Grove High School focusing on the topic of contraception, and another separate session at Unley High School focusing on disability.

Our support of schools has also extended to some within the Independent and Catholic systems with teachers accessing professional development (e.g. Westminster, Woodcroft, Trinity, Thomas Moore colleges) and service talks to students (e.g. St Dominics and Immanuel colleges). There are also a number of non-government schools that are members of the Resource Centre and regularly borrow resources.



Same-sex attracted students

We have continued to offer and promote our *Safety in our schools – responding to homophobia* workshops. The northern team has continued to support the *Responding to Homophobia: Just Safe and Free to Be Me* Project and been actively involved as members of the Northern Alliance Against Homophobia in Schools (NAAHS).

Support for Aboriginal students

The creation of the Yarning On programs has allowed us to work collaboratively and will result in some of the existing *focus schools* with a high Aboriginal student enrolment benefiting from greater support and more culturally appropriate resources. As this program progresses there will be many opportunities for us to work together to ultimately maximise the outcomes for Aboriginal young people.

Focus newsletter

The second edition of the Focus newsletter was produced and distributed to all DECS, Independent and Catholic schools with a secondary component. This edition highlighted the achievements of the schools involved in the *Focus Schools Program*, explored issues relevant for young people, such as 'Gender and Power', and provided details of new resources, information and ideas to assist schools. It also included a fact sheet on Emergency Contraception (EC) to increase the knowledge about the safety, effectiveness and availability of EC for teachers to refer to when supporting their students. 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.





Focus schools student evaluation



In 2009, 20 focus schools participated in the evaluation of the Relationships and Sexual Health course that they had delivered.

1235 students completed and returned the student evaluation form. These numbers are increased from 2008 where only 8 schools and 734 students participated in the evaluation.

Of the 1235 students, 49% of respondents were female, 48% male, with 3% of responses being indeterminate. The majority of students were from Year 9 (55%) with Years 8 and 10 representing 38% and 4% of respondents respectively. A small number of respondents were from Years 6 and 7 (4%) and were likely part of vertical grouped classes in Area Schools.

Students were asked a range of questions about the course and the information they had received with 89% responding that it was good to excellent (84% in 2008).

Information about STIs, body parts/puberty and safer sex were the three most important things learnt.

- *You need to talk to your partner about safe sex.* Year 9 boy
- *Don't let yourself be pushed into something you don't want to do.* Year 9 girl
- *Without learning this stuff I would certainly have been completely clueless about what happens or could happen in relationships.* Year 8 girl

The majority of students (84%) indicated that the course was useful to them now or in the future.

- *It will help me have safe relationships in the future.* Year 9 boy
- *It really made me think about my life. I don't want to be a guy who gets a girl pregnant at the age of 16.* Year 9 boy

25% of students indicated that they had spoken to a family member about a course-related topic. Some of the comments clearly show that the course had helped them feel more comfortable talking about the topic.

- *Makes it easier to talk about at home when we have more knowledge.*

75% of students said they did not talk to a family member or carer about their relationships and sexual health program.

When asked what topics were most useful, students indicated safer sex, STIs, relationships and where to go for help.

The evaluation supports SHine SA's belief and commitment to the *Focus Schools Program*.

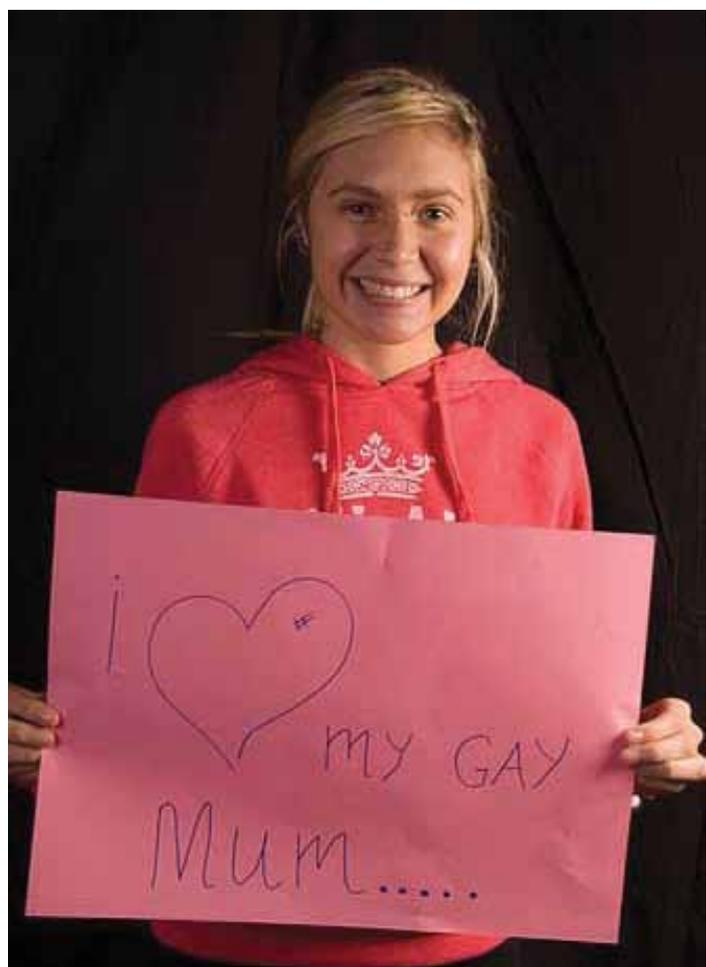
Community education @ a glance

There were 19 179 participants in community development programs for 2009–10.

These programs included:

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

There were 344 registered participants in community groups who attended 40 sessions for 2009–10. These groups included Youth Action Teams, *V8 Dads peer parenting program* and *Cross Cultural & Sexuality workshop*.



Safe and Free To Be Me project



The Northern Alliance Against Homophobia in Schools (NAAHS) is an alliance of SHine SA, The Second Story Youth Health Service, Shopfront Youth Health & Information Service, Department of Education & Children's Services, South Australia Police and a range of community members who have come together in the effort to prevent homophobia in schools, as well as the wider community.

In 2009, NAAHS was successful in winning a South Australian Government Crime Prevention and Community Safety Grant to fund the *Safe and Free To Be Me* project. As the Project Officer, I have worked alongside school communities within the northern region of Adelaide to increase awareness around homophobia and increase safety for same-sex attracted students.

Over the 12 months duration of the project, the following resources have been developed:

- *Mugs*: Designed by a same-sex attracted young person from the northern region and distributed to northern school teachers and community members.
- *Training Program*: Includes a full day and a half day follow-up training (held 6 months later). A trial of this program was delivered to 12 school counsellors from 8 schools in the northern suburbs of Adelaide.
- *Educational DVD*: Created in partnership with the Media Resource Centre and 15 local young people from the northern region of Adelaide. This resource will be available for schools to use within classrooms by 2011.
- *Teachers Manual*: Includes information, lesson plans and local referral information. This will also be available for schools in 2011.



This project was an amazing initiative and provided many opportunities to engage the local community around the significant issue of homophobia, which affects all young people. I am looking forward to seeing how the project's resources will continue to assist local school communities to address and minimise homophobia in the northern region of Adelaide.

Kirsty



Work with schools

Community education



Kadina Youth Homelessness Event

The Kadina Youth Homelessness Event occurred for the second consecutive year in April 2010, coinciding with National Youth Week activities.

This saw the union of many youth services. Naomi and two of the Northern Y@ members, Chey and Beth, were invited to hold a stall. The condoms and puberty brochures proved to be extremely popular by disappearing instantaneously, while many of the other brochures and information also gained a lot of interest. The condom basketball game was a big hit with the crowd once again, and many parents sought advice on behalf of their children. The day was really successful, receiving a lot of positive feedback about SHine SA from both workers and members of the community.

Naomi

Cavan Training Centre

During the last six months of 2009, Brad and Naomi continued to offer the Sexual Health and Relationships program to the young men residing in Cavan Training Centre.

After delivering two more of the five-week programs, a more intensive nine-week program was requested and delivered. During this time the participants and facilitators were able to positively connect and explore issues in a more critical way. Topics included:

- gender
- power
- sex and the law
- being a man – What does he look like?
- safer sex
- STIs
- human sexual response
- the impact our own values have on our relationships with others

The environment established allowed for many insightful conversations to take place and a safe space to ask questions, so hopefully the sessions will have an ongoing benefit for the young men.

Naomi

and development



V8 Dads

The 12-month V8 Young Dads peer education project, funded through Communities for Families – Anglicare SA, concluded in December 2009.

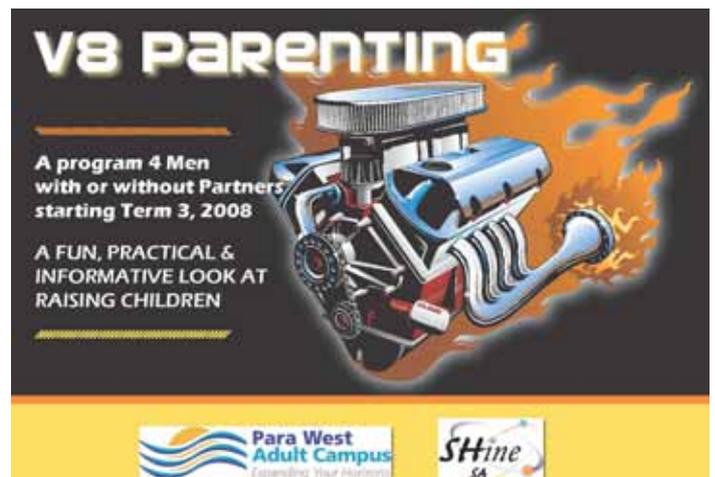
It proved difficult to recruit and retain young men for this project. Family commitments, work opportunities and life events impacted on their ability to remain engaged but there were some very good outcomes.

Five young dads went through the peer education training, with two of those being young Aboriginal fathers who came on board through links with The Aboriginal Sports Training Institute based at Para West Adult Campus. All the young fathers who went through the training acknowledged that they found it very useful in terms of their roles as fathers and that it added to their fathering skills.

The group expressed a wish to develop a DVD as a resource for workers who work with young fathers, about the importance of positive fathering and male role models on children's lives. Although participants were excited about the opportunity to be involved in the development and production stage, work, study and family commitments did not enable them to complete the resources development.

Participants identified how being involved in the project had improved their relationships with their children and partners, and two of the young fathers found full-time employment and another started attending TAFE studies.

Brad





Cara and Naomi with participants of the Afghan Women's Group

Afghan Women's Group

The Northern Team received a \$500 grant from the SA Cervix Screening Community Small Grants Scheme, to run an Afghan Women's Group Pap Smear Awareness Week event.

The event was held in two parts. Naomi, the Community Health Worker, visited Ingle Farm Family Zone where an Afghan Women's Group meets every Thursday morning. She worked with 14 women and their babies, discussing contraception and sexual relationships, and did lots of myth busting through discussion about a range of issues.

The second part was the Afghan women visiting the SHine SA Northern Team at Davoren Park. They registered with SHine SA if they weren't using our service already, then had a sexual health consult with a doctor or nurse. The main aim was Pap smears – however, as expected, many other issues were discussed and managed. The funding covered the costs of two Dari female interpreters as well as a catered morning tea and lunch. It was fantastic that the women from the Afghan community were able to participate in the event.

The women thoroughly enjoyed the day and their feedback was very positive – 'The people we came into contact with at the centre were caring, very helpful, thorough'. The women also said their cultural needs were met when speaking with the doctors and nurses. They were very thankful that the interpreters were there as they helped the women understand what was happening to them and their bodies.

Overall the event was a great success as women that attended either of these two days have since come back to our clinics in the north.

Cara & Naomi



Disability education in the East/West



One-to-one education of people with a disability has continued this year. There has been a focus on identifying key support people in the lives of participants.

We have worked with these important and valued family members, carers, neighbours, friends and support workers so they feel confident and comfortable to continue these conversations around sexual health and relationships on an ongoing basis.

In addition to our individual work with people with disabilities, SHine SA has delivered relationships and sexual health programs at Glenside Campus and James Nash House.

The East/West team has a new Community Health Worker, Jo, bringing years of experience working with people with disabilities in a range of organisations across Adelaide. Thanks to Rob for his commitment and expertise over the years in this position. We wish him well in his new role with the Yarning On team.

Jo

Programs for Aboriginal young men



The East/West Team has been working closely with key agencies including The Second Story (West), Youth Central, Kura Yerlo and the Flexible Learning Options (FLO) program to deliver a wide range of relationships and sexual health sessions to Aboriginal young men.

This has involved a range of schools and FLO programs including Ocean View, Le Fevre and Woodville High Schools and the Evolution program. The young men all indicated they enjoyed learning about relationship and sexual health issues and agreed that more young people should not be ashamed to talk about the topic. Having a safe place, where no-one judges you, to find out the right information was important to the young men who participated in the sessions.

Rob

FLO workshops at Kadina Youth Centre



Naomi was asked to run a Sexual Health and Relationships workshop for a group of students involved in the Flexible Learning Options (FLO) program in Kadina.

Due to the lack of youth health services in the area, the young men found the session really useful, particularly as most of them had missed their sexual health and relationships education at school. Naomi was able to work with the group to dispel many of the myths around safer sex and STIs, contributing to a successful session.

Naomi



What's Your Story?

SHine SA collaborated with Incite Stories to develop a DVD which explores gender, sexual orientation and alternative family structures through the true life experiences of 18 people.

The DVD called *What's your story?* contains 18 digital stories and was launched at the Mercury Cinema during Feast in November 2009.

In 2002, the Ministerial GLBTI Advisory Committee in Victoria released a research paper that summarised health issues under the headings of physical health, mental health, life stage issues and drug and alcohol use. One common theme across the report is the impact of heterosexism on GLBTI people which can be seen in issues relating to violence, isolation and social invisibility.

As part of its work with the GLBTIQS communities SHine SA is aware of the issues which impact on individuals, particularly in relation to being marginalised or misunderstood, both by mainstream institutions and their own families. There are clearly a number of unmet needs when it comes to educational resources that reflect diversity, while raising awareness and fostering understanding.

A Facilitator's Guide has been developed to support the use of the DVD as an educational tool. The DVD and the guide will be invaluable in educational, health and social service environments. They can be used in one-to-one, small group and larger groups settings.



The Facilitator's Guide has two sections. The first section provides key themes, questions and take home messages for exploring each of the digital stories. The second section includes activities that can be used with groups to further explore gender and sexual diversity.

We hope that the guide will give educators and health workers confidence to have a go in working with others to reduce the discrimination and bullying that people of diverse sexual and gender identity often experience.

Jane

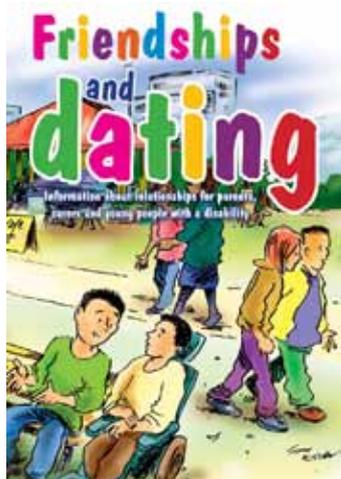
Friendships and Dating DVD



The *Friendships and Dating*: information about relationships for parents, carers and young people with a disability DVD has arrived on the shelves at SHine SA.

This much anticipated DVD will support people in their education around healthy relationships and protective behaviours.

The goal was to create a visual resource to work alongside existing resources to reinforce learning and to make discussing sexual health information less daunting for parents, carers, teachers and workers, as well as SHine SA clients receiving one-to-one disability education. The DVD complements the *Friendships and Dating* booklet, which is available from SHine SA free of charge. The DVD can be purchased or borrowed from SHine SA.



The project involved six disability actors from the No Strings Attached Theatre of Disability in a creative process of scripting and performing in the DVD, with the support of their artistic director, a filmmaker and coordinated by a SHine SA Project Coordinator. Copies of the DVD are being distributed through SHine SA's disability networks.

A launch of the DVD was held on 6 April with several of the disability actors speaking at the launch, along with Kellie Vincent of Dignity for Disability and Richard Bruggemann, who has a long history of work in the disability field. The launch provided the opportunity to thank all those involved in the project and it was inspiring hearing from the actors about their experiences and commitment to the project.

Lyn

Talking to children and young people about sex



Where do babies come from? What does lesbian mean? What's sex? What's a tampon? How did that baby come out? How can a girl wee if they don't have a penis? Why does my penis go hard?'

Talking to children and young people about sex and relationships is an important role for parents and guardians. SHine SA Southern Community Health Workers have had a number of opportunities to open up these conversations with parents and guardians around the challenges and their experiences. These groups have provided an opportunity to have a laugh about some of the honest questions children ask, the awkward times and places they ask them and the ways in which we can provide them with honest, appropriate and accurate answers to their sometimes very confronting questions.

Parents and guardians may be prevented by some fear and embarrassment and may have misinformation when talking to children and young people about sex and relationships, yet it is still important to make opportunities to have these discussions. These conversations can be opened by picking up on what's happening in a relationship on a TV series, or the 'longer sex' billboard as you are driving down the road, or even talking about some of the highly sexualised lyrics to a song.

When do you begin to talk about sex to your children? We can start from birth. Begin by educating them about various feelings they are experiencing by naming what you can see. For example: 'I can see you have woken up very happy this morning'. Also, describing what you are doing: 'I just need to wipe your bottom to clean it'. Ensure children have the correct terms to use for their body parts. If we think about it, we call an arm an arm, but penises and vaginas have so many 'other' names.

Why is it important? By being open to communicate about sex and sexuality we are giving children and young people an opportunity to ask questions and letting them know it's OK to chat to adults about this. Positive and open communication encourages a healthy sexual identity. When young people have concerns, open communication enables them to know that they can come and talk to you. In the longer term open communication and education can assist to prevent unwanted and unprotected sex, encourage safer choices and reduce the risk of unplanned pregnancies and contracting sexually transmitted infections.

Kelly



Community education

Want a Hot Tip? Go KO-TIP!



Change can be an opportunity for growth but it can also bring up a lot of fear and uncertainty. It can be a tricky time when a family changes structure, but what about when a parent changes gender?

The transition process is huge and sometimes a child and their needs can be sidelined while their parent moves more fully into their true selves. Transitioning can raise a lot of feelings for children – shame, fear, guilt, confusion, anger – and it can raise a lot of questions. . .

- Are they the same person?
- What do I call them?
- How do I introduce them to my friends?
- What does it mean for me?
- Where can I get support?

If you live in Australia your options for information can be limited. You can find information aimed at a transgender or intersexed parent or information for the kids of same-sex attracted parents but nothing specifically for KO-TIPs (Kids of Trans and Intersexed Parents).

Internationally, the COLAGE Project (Children of Lesbians and Gays Everywhere) hosts the KOT (Kids Of Trans) Resource which is targeted at KO-TIPs – but since it is based on the other side of the world, it can add to feelings of isolation. There was definitely a gap here in Australia.

KO-TIP today is the result of five years of research, conversations, dead ends and lots of hair pulling – but the KO-TIP website has been well worth the effort. KO-TIP creator, Victoria, approached SHine SA to see if we could provide support. We decided to work together to present a series of forums to raise awareness of the website and to provide a safe space for KO-TIPs to share their stories with workers from a range of agencies. The first forum, 'A taste of It' was attended by a mix of workers and community members. Feedback was excellent, with participants reluctant to leave and everyone looking forward to the next forum.

At the moment Victoria is busy upgrading the website and planning the first of many social gatherings. Stay tuned for Forum 2 which will focus on hearing from both sides. KO-TIPs and their parents will discuss the transitioning process – what helped and what got in the way.

Finally, a message that came through clearly from the first forum – it's important to remember that when someone transitions their family does too, and that transition is only one part of the family dynamic equation. Communication is the key.

For more info on KO-TIP go to www.ko-tip.com

For more info on COLAGE go to www.colage.org

Sexual Healthline statistics

| | | | |
|---|------|-----------------------|-----|
| In 2009–10, 1657 clients contacted the Sexual Healthline. | | Top 10 reasons | |
| Mode of contact | | Contraception issue | 45% |
| • Telephone | 86% | Sexual health | 19% |
| • Electronic (email) | 12% | STI | 5% |
| • Written/Fax | 1% | Pregnancy issue | 4% |
| • Face-to-Face | 1% | Herpes | 3% |
| Type of clients | | Conception | 2% |
| • Male | 11% | Abortion | 2% |
| • Female | 84% | Menopause | 2% |
| • Professionals | 9.7% | Chlamydia | 1% |
| | | Menstruation | 1% |

Community Health Workers down South



Apart from the usual one-to-one education, group work and networking, this past year has brought a range of opportunities for working with a wide variety of community groups.

We have been working with foster carers in rural and regional areas, international students at Flinders University, young parents on camps and in parenting groups, young people at risk of leaving school in our *Just Chillin'* and *Choice* programs, the children of Transgender and Intersex Parents (see KO-TIP article) and peer educators from a range of health promotion projects.

An initiative we've been trialling is monthly drop-in sessions at a range of accommodation and alternative education settings. This has allowed us to build ongoing relationships with young people at these services.

In partnership with the Y@s, we've been developing two new resources, one looking at 'pleasure' and the other exploring 'jealousy' – two aspects of relationships that impact on the health, wellbeing and ultimately the success of any relationship.

We have been supporting the Workforce Development & Resources team at Shine SA to deliver the Pleasure Positive elective as part of the new FRESH course and have been active members of a network of therapists and educators exploring the issue of pleasure in health promotion for better sexual health.

Some of the bigger projects we've been involved with include an internal review of our drop-in pregnancy testing service, activities promoting and celebrating the International Day Against Homophobia (IDAHO) and, of course, promoting emergency contraception as part of Sexual Health Awareness Week (SHAW).

The Community Health Worker role is currently being reviewed within the organisation and next year will bring a range of new opportunities for our work.

Craig & Kelly

Craig



Community education

Multicultural Women’s Peer Education Program

The Multicultural Women’s Peer Education Program is jointly facilitated by SHine SA and the Migrant Health Service.

This program was designed to improve the participation rates of recent arrival refugee women, engaging with women’s health and screening services through education and information sharing. The program utilises peer education as a community education and capacity building tool.

Peer education is a popular model used in a wide range of community development settings. It typically involves members of a particular culture, sub-cultural group or community effecting change within the group to which they themselves belong. Generally peer education aims to modify knowledge, attitudes, beliefs and behaviours. Peer education is a successful way of working with ‘hard to reach’ client groups and is successful for a variety of reasons which hinge around the peer educator being a credible source of information because they are an ‘insider’ with the group. Peer education is a model that has been successfully used with women from culturally and linguistically diverse (CALD) backgrounds because it capitalises on the existing ways in which these women interact, usually through community functions, social gatherings and group meetings.

In the first phase of the program, 12 women from a range of backgrounds, including the Middle East, Africa, Burma, Bhutan and Uzbekistan, were formally recruited to become educators. Bilingual women with reasonable literacy skills were targeted because of the level at which the training would be delivered. Women also needed to demonstrate how they would be able to organise group sessions utilising their community contacts.

Following their training, the women were supported through a mentoring system involving the program facilitators, to deliver a series of information sessions to women in their communities. The women were paid for the delivery of each individual session conducted and provided with support and resources for the preparation and delivery of topics. The women were expected to deliver a total of three sessions each in the first year, based on the topics learned in the training program. Education sessions were conducted in a wide range of community settings and at different times of the week depending on the needs of the community. The size of each session varied from 5–30 participants.

The second phase of the program involved a second round of training for the peer educators, and an expectation that each educator would deliver a further 2 sessions to their communities. Based on the participant evaluation feedback from 2009, the second training program was broadened to include ‘social determinants’ and ‘chronic disease’ issues – both seen as factors contributing to poor health and the risk factors for cancer in new and emerging communities.

The program aimed to:

- Increase the knowledge and skills of 12 women from a refugee background, in relation to cervical screening, health promotion and other sexual health and reproductive health issues, in order to become peer educators and women’s health advocates in their respective communities.
- Increase the knowledge and understanding of women from a refugee background regarding sexual and reproductive health issues and the importance of women’s health screening.
- Improve the participation rates of women from refugee backgrounds in cervical screening programs and improve women’s access to appropriate health services.



The program’s noted outcomes were:

- Increased knowledge and awareness among the peer educators regarding sexual and reproductive health issues and the importance of well women’s screening and the services available.
- Increased knowledge and awareness among the peer educators regarding a holistic view of health, including the importance of chronic diseases, emotional health and wellbeing, child protection, domestic violence, parenting, adolescents, sexuality and sexual diversity and important services available to community women.
- Increased confidence and skills of the peer educators regarding all health topics covered, the ability to run education sessions and the importance of a holistic view of health – including the relationship between lifestyle factors, chronic diseases and overall health and wellbeing.
- Increased knowledge and awareness among women from communities attending peer educator led sessions regarding: sexual and reproductive health issues, the importance of well women’s screening, the importance of chronic diseases, emotional health and wellbeing, child protection, parenting, adolescents, sexuality and sexual diversity, and important services available to CALD community women.
- Increased participation rates among women from new and emerging

communities in women’s health screening programs at both SHine SA and MHS.

We noted that the peer education model was a highly successful way of engaging with community women on a broad range of important health topics. Although increasing women’s participation in women’s screening was the primary aim, the program was able to respond more generally to women’s general health information needs and acknowledge the wide range of factors which contribute to health and wellbeing. The program content was shaped by the feedback which the educators received from community women.

This program was successful because the peer educators provided an avenue into communities and groups of women which we would not have had. They delivered important health messages in ways which were both culturally appropriate and meaningful. As ‘insiders’ to the community they were allowed access, accepted, understood and believed in a way which could not have been achieved by the program facilitators alone.

Importantly also, the program enhanced the confidence and skills of the peer educators to become women’s health advocates and for many to go on and develop other skills and links. This was an immeasurable outcome and a tremendous investment in new arrival communities.



Jacqui

Consultation to develop a Respectful Relationships program



Kimberley Region, Western Australia

It has been a privilege for SHine SA to contribute to the development of a respectful relationships intervention program for Aboriginal and school communities in the Kimberley region of Western Australia. The WA Department of Families, Housing, Community Services and Indigenous Affairs contracted SHine SA to undertake a consultation for the development of a respectful relationships education program for Halls Creek, Fitzroy Crossing and Oombulgurri communities in the Kimberley region.

The aim of a respectful relationships program is to work with young people (particularly young men) to:

- raise their awareness of ethical behaviour
- develop protective behaviours
- develop their skills in conducting respectful relationships

SHine SA undertook a situational analysis in the communities to establish:

- the issues and aspirations of young Aboriginal people around reducing relationship violence and creating healthy respect
- the issues and aspirations of school communities including principles, teachers and Aboriginal education workers
- the issues and aspirations of parents and carers

The three communities are as diverse as they are similar. Some of the similarities include: their remoteness, high Aboriginal population, lack of employment opportunities, severe housing shortages, overcrowding, alcohol restrictions or bans. Another similarity is the level of reporting and media around the high rates of suicide, issues of alcohol and drug abuse, domestic violence and child abuse. There have been several large reviews which document these issues and make recommendations for a way forward.

Despite the similarities there are significant diversities: Fitzroy Crossing services 14 communities, speaking four different languages, up to 75km away; Halls Creek services fewer communities, some up to 40km away; and Oombulgurri is a small isolated community. The number of services within the communities varies and in the case of Fitzroy Crossing and Oombulgurri, considerable financial investment has been made in public infrastructure.

The two-week consultation by SHine SA was made to inform the development of a respectful relationships program that met the real needs and aspirations of the local people. We consulted school staff including Aboriginal and Islander Education Officers (AIEO), Aboriginal and non-Aboriginal staff within community-based government and non-government agencies, parents and students. They provided valuable local information to support the development of a program targeted to young people between 13 and 16 years of age.

While the outline and content of the program is standard and able to be utilised in all three schools, the delivery to young people in each of the communities will require



community input to ensure that the program is culturally and locally relevant. It will need to be delivered by the local community in partnership with the school and aimed at building respect between young people, Elders and the community. This will require the development of the capacity of AIEOs and community members and the resourcing of communities to implement the program.

Respect for self, community, culture and others were seen as an important part of any respectful relationships program. More strongly was the belief that until the social determinants of health were addressed, especially issues of housing, overcrowding, poverty, employment and hunger, a respectful relationships program would have limited impact.



SHine SA's proposal recommended that the respectful relationships program:

- is delivered in partnership with community
- is adapted by each community to reflect local culture and beliefs
- develops relationships between Aboriginal Elders and young people
- is linked to literacy to meet Department of Education and Training requirements
- supports culture and local ways but is also founded in ethical and protective behaviours
- builds the capacity of AIEOs or other community workers and teaching staff to deliver and support a respectful relationships program
- includes a community capacity building program to address issues of violence within the community

SHine SA acknowledges the generosity of the Aboriginal people, school communities and agencies that have once again told their stories or shared their knowledge and experiences.



Sue & Ros

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

Youth clinics

Salisbury Shopfront

Thursday pm

Shop 4/ 72 John Street, Salisbury

Appointment recommended: **8256 0700**

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

Woodville

Tuesday and Friday pm

64c Woodville Road, Woodville

8300 5301 or drop in

Southern clinics

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

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



Drop-in pregnancy testing

A drop-in pregnancy testing service is available from all Primary Health Care Team bases.

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

| | |
|-----------------|------------------|
| North | 8256 0700 |
| South | 8186 8600 |
| East/West | 8300 5300 |

Disability work in the South

With an increasing number of requests for one-to-one education in the southern area, this remains a significant part of our work.

The Southern Team members have a real passion for working with individuals and this has been demonstrated by their willingness to attend training and learning opportunities in the area of disability. Where it has been difficult to meet the specific needs of each disability request, we have aimed to provide support to both parents and disability workers and those in their care by exploring a range of service options and resources.

We continue to try to increase the awareness of what SHine SA can offer to disability workers. We have received a number of requests, including one from the Southern Mental Health team at Marion. This opportunity allowed us to discuss with their service what we could offer with the view of working collaboratively later in the year.

The annual Disability Expo enables us to promote the services we offer as well as to meet with workers in the disability field. The Expo has recently changed locations, providing better access for clients and broader exposure of our services to the community.

Moving office sites has been a good change for our team and we are hoping that our improved wheelchair access will help us offer a service to a broader range of clients than previously.

Lyn



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.



Sexual Healthline

1300 883 793

9 am to 1 pm Monday - Friday

email Sexualhealthhotline@health.sa.gov.au

country callers 1800 188 171

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

Programs for international students

Over the past year, SHine SA has been involved with many programs and health expos specifically for international students enrolled in South Australian educational institutions.

These included UniSA, Adelaide Uni, Adelaide TAFE, Le Cordon Bleu, Regency TAFE, Eynesbury College, other private colleges and high schools. Many of the students involved came from Asia, the Middle East, South America, India, Europe and the USA. In most instances students participated in gender-specific programs. Sessions covered SHine SA's services, safer sex issues, sex and the law in South Australia and relationships issues.

The methodology in providing information, education and separate female and male student sessions was intended to respect cultural beliefs, practices and sensitivities when discussing sexual health issues with CALD communities. As stated by the students, it is "women's" and "men's" business. This was an important factor in cross-cultural work practices that successfully addressed sexual health issues with CALD communities.

Feedback received from the students and the institutions' staff expressed that the sessions were very informative, and increased participants' knowledge and awareness of the SHine SA services they can access. Importantly, the sessions empowered people to address their sexual health issues while they studied and worked in South Australia.

Jacqueline & Vincent



LM Training Centre

Over this past year, SHine SA Community Health Workers have provided information and education sessions to newly arrived migrants and refugees from around the world who are learning English at the LM Training Centre.

We have provided separate sessions to female and male students on a range of sexual health issues such as relationships, sex rules and the law in South Australia, safer sex, men's and women's health check-ups, as well as navigating SHine SA's health services. At times, we arranged for interpreters to assist where language was a barrier. After the sessions, the students were encouraged to approach SHine SA's Community Health Workers and discuss their individual sexual health issues on a one-to-one basis.

Over 400 students have participated in the sessions. As a result many female and male students have been using SHine SA's clinical services, visiting our website, as well as phoning SHine SA's Sexual Healthline.

The sessions were very well received by the students and LM Training staff. They provided the opportunity for newly arrived communities to gain further information and awareness of sexual health issues and, importantly, how to access available services.

As a result of these sessions, LM Training staff requested that SHine SA runs a monthly outreach health and wellbeing session. Students will use these sessions to book appointments to see SHine SA Community Health Workers, address their sexual health concerns and seek referrals to services which they require.

Jacqueline & Vincent



East/West Team manager's report

- It's estimated that in Australia 83% of females and 32% of males with a disability have been victims of sexual assault. Dependence on caregivers and limited communication means abuse is often undetected and undisclosed.
- One-third of sexually active Year 10 students reported not using a condom. A quarter of sexually active school students stated they were drunk or high in their most recent sexual encounter.
- Four out of every five same-sex attracted young men reported experiencing physical assault at school. Same-sex attracted young people are up to seven times more likely to have attempted suicide.
- STI infections for Aboriginal people are up to 10 times higher than non-Aboriginal people. Low birthweight births among Aboriginal women of all ages are three times higher than non-Aboriginal women.

These few examples are indicative of many sexual health inequities within South Australia. As a new 'Shiner', I am relishing the opportunity to work with a multi-disciplinary team of people who are highly accomplished and passionately committed to improving sexual health and wellbeing.

We focus on sectors of the community with the greatest need and least access to sexual health services. With a holistic primary health care approach, the East/West Team prioritises early intervention, health education and promotion. In summary, our activities over the year included:

Capacity building for workers and the community: By training others to provide sexual health information and services, the East/West Team extended its reach and enabled sustainable community development. Training was delivered to doctors, nurses, teachers, community workers, youth volunteers, peer educators, school students and community members.

Clinical services for the community: The team's Medical Officers, Community Health Nurses and Sexual Health Counsellors provided a total of 12 891 services over the past 12 months, including specialised youth and multicultural clinic sessions. Services were provided from both Woodville and Gilles Plains sites.



Partnerships with other agencies: Working collaboratively with other community and health care agencies was a key strategy for the East/West Team. It enabled us to share resources, encourage synergies, and expand the level of engagement with our communities of interest.

Leadership and advocacy in sexual health reform: Through participation in external advisory committees, delivering conference presentations and widespread professional networking, the team influenced strategic and operational decisions within health, education and community organisations.

Community participation with targeted groups: In taking a participatory approach, the East/West team's programs were relevant to each community group's specific needs, leading to sexual health outcomes that were both successful and sustainable.

Specific examples of this work are detailed throughout the annual report.

The outcome-focused East/West Primary Health Care Team will build on the year's successes, meeting challenges and seeking opportunities. We aim to achieve extraordinary outcomes that demonstrate the positive life-changing impact of improved sexual health and wellbeing for South Australians.

Rob



Gay (centre) with Theresa and Alice at her farewell celebration. Gay retired after 36 years working as a Community Health Nurse within Shine SA.



Community education

Northern Team manager's report

My time as manager of the Northern Primary Health Care Team finished after almost 10 years in December 2009. In January 2010 I took up the position of Program Manager of the Close the Gap – Aboriginal Sexual Health Program, still within SHine SA but based at Woodville. Reflecting back on the 2008–09 report I wrote, which started with 'This year has been a memorable one for the Northern Primary Health Care Team with several staff changes', I note how that comment and the context it was in is even more of a reality this year.

Change always brings about opportunity, fresh ideas and approaches. Unfortunately, when a number of staff leave at once, the period between staff leaving and new staff being employed and orientated can leave the rest of the team working under pressure to keep services unchanged for consumers. I applaud those staff members in the Northern Team who ensured client services continued at a high level despite the number of staff leaving or transferring to other programs or sites within SHine SA. Not only did the team say farewell to myself but also to Anna (Regional Focus Schools Coordinator), Kathy (Administrative Support Worker), Brad (Young Dads Project Worker), Natalya (Regional Focus Schools Coordinator), Kay (Clinic Receptionist) and Sandra (Community Health Nurse). Many of these have left the team for 3½ years to work with the Close the Gap team where their great depth of experience and knowledge is invaluable to start off the new program. Kay retired from her role as Clinic Receptionist after 19 years with SHine SA. Kay is sorely missed as she had many years of experience and knowledge which ensured the effective and smooth administrative functioning of the clinical services in the north.

Vacancies always create opportunities and the team welcomed Jill and Jude in the positions of Regional Focus Schools Coordinators. Jean took up the position of Administrative Support Worker, and Victoria and Deanna joined the team as Clinic Receptionists. In March 2010, the Manager's position was filled for a short time by Matthew until he took up a position at Uniting Care Wesley. This created an opportunity for Desmond, previously East/West Team Manager, to return to SHine SA after a nearly three year absence. The team and SHine SA management welcome Desmond back into the organisation as Northern Team Manager.

Despite the significant changes in staffing it was an exciting year with many initiatives either commencing or being completed. Coming to an end was the V8 Dads project,

funded through the Communities for Families, Playford North (C4F) initiative and in part by Community Benefit SA. V8 Dads was a community development program which aimed to recruit and train young fathers to be peer educators around the importance of positive male role models in children's lives. The article on the program highlights the difficulty in recruiting and retaining young men into programs, with many participants finding work or reconnecting with learning.

In July 2009, the 12-month project Safe and Free to Be Me, funded through the SA Government Crime Prevention and Community Safety Grants program, and in collaboration with the Northern Alliance Against Homophobia in Schools (NAAHS), commenced. This project worked with a number of northern schools developing a model of best practice to make schools a safer place for young same-sex attracted students. Research shows that for same-sex attracted young people, school is the most dangerous place with 38% of 750 young same-sex attracted participants from across Australia reporting unfair treatment on the basis of their sexuality, and of these, 74% experienced abuse at school.

Negotiations with funders SA Health, SHine SA, Shopfront Youth Health & Information Service, Northern Division

of General Practice and Muna Paiendi Aboriginal Community Health Service resulted in an expansion of clinical services to young people in the north. Initially for 18 months, the expansion includes the provision of an extra Nurse and Medical Officer clinic at Shopfront by SHine SA's Northern Team, and community workers based in the other services will engage and support young people to access the service. This model is a collaboration which supports the most vulnerable young people to access a range of services.

Working in partnership is a strength in the north and the team has maintained, formed or strengthened partnerships with a number of agencies. These include: Anglicare; City of Playford, especially through the Playford North redevelopment; the Paralowie High School Wellbeing Hub; the Elizabeth GP+ initiative; and various youth and cultural networks. SHine SA continues to work with ICAN (Innovate Community Action Networks). This year saw the Northern Team work in partnership with the Workforce Development & Resources Team to develop a professional development program for FLO (Flexible Learning Options) case managers to work with students around relationships and sexual health issues. It is hoped that this initial program will develop and be available in other ICAN regions.

The Northern Team is looking forward to the coming year and all the excitement that change and new initiatives offer.

Sue



Southern Team manager's report

The Southern Primary Health Care Team has just celebrated the first year in our new office at Christies Beach.

We are delighted with our new home which is more central in the southern suburbs and offers the opportunity for increased collaboration, co-working and referral opportunities with other Christies Beach and Noarlunga organisations and services. We now have a visible 'street front' office and we are happy with the increase in clients 'walking in' to access information and appointment bookings, pregnancy testing and emergency contraception.

Over the past 12 months we have welcomed some new team members and farewelled others. Our long-standing Focus Schools Coordinator Cheryl left to work with ACHPER and one of our doctors, Georgina, is home with a new baby. We've welcomed much needed casual Clinic Receptionists Bronwyn and Chris, casual nurse Amy and new doctor Noni.

We've also had an expansion of the *Focus Schools Program* in the south and have been joined by Natalya and Sarah. We are excited about this increase in our capacity which will enable the *Focus Schools Program* to be integrated and supported in more rural and regional schools throughout the south and south-east of the state.

Our clinical services continue to be in great demand, with many clients booking appointments weeks in advance. An ongoing review of our clinical services is aiming to improve our ability to prioritise our services for those in our communities of interest who have 'most need and least choice'. We have also had a significant focus this year on how we offer our services for pregnancy testing and providing emergency contraception, increasing our links with pharmacies and promoting better awareness in the community.

Team members have been involved in the development of a number of new SHine SA resources this year including the *Friendships and Dating DVD* and the *What's Your Story?* digital story telling project. We had a big focus on SHAW this year and our partnerships have continued with The Second Story, Mission Australia, Southern Adelaide Primary Health, The Woolshed and Marion Youth, among others. We've co-worked and supported programs such as *Just Chillin'* for young women and *Choice* for young men, IDAHO, KO-TIP



(Kids of Trans and Intersex Parents), Nunga Men's Healing Group and young pregnant and parenting workshops and camps.

We have been very involved in the planning of the design of the GP Plus Super Clinic Noarlunga, where we expect to be offering services from 2012. We will also be providing services from the Marion GP

metropolitan area of Adelaide.

As a manager I've had the opportunity to participate in several statewide SA Health initiatives as a representative for SHine SA, including strategies for reducing the incidence of low birthweight infants (and the related potential to reduce future chronic disease) as well as a project for reducing and preventing HIV transmission in culturally and linguistically diverse communities in SA.

As a team we have had a number of great team building experiences this year, including a fabulous viewing of the pandas and a personal guided tour of the Adelaide Zoo (thanks to Chris's Mum!) which explored the reproductive variations of the zoo's occupants. We've tasted chocolate together at Haigh's, we've learned to juggle together and have spent time at the beautiful Warriparinga Living Kurna Cultural Centre expanding our knowledge of the Kurna people in the southern region.

Anne

Plus site from 2011 and service planning with partner agencies has been underway this year. Our involvement with the GP Plus centres gives us the opportunity to provide sexual health services in an integrated and coordinated manner with a range of accessible health services, improving our scope and visibility in the southern



Community education

Close the Gap



Aboriginal and Torres Strait Islander people and their communities experience poorer sexual and reproductive health outcomes than other population groups.

January 2010 saw the commencement of the Close the Gap – Aboriginal Sexual Health Program initiated by SHine SA and funded for four years through the National Indigenous Partnerships (Indigenous Early Childhood Development and Close the Gap on Indigenous Sexual and Reproductive Health). The program will develop 'Sexual Health Education Programs Targeting Aboriginal Young People' which aim to improve the sexual and reproductive health, wellbeing and safety of young Aboriginal South Australians.

The program has been renamed *yarning on* and has developed its own unique branding. Yarning on stands for 'youth and relationships, nurturing Indigenous growth onwards'.

The Manager and Administrative Support Worker positions, followed by three Regional Schools Coordinators and three Regional Coordinators for Investing in Aboriginal Youth, a total of eight full-time positions, were filled between January and April 2010. The six Regional Coordinators will work across the 19 targeted communities, and although Adelaide based, the team have transport and staff are expecting and willing to travel.

The program is funded to develop and deliver two programs, both using a community capacity building approach to ensure skills, knowledge and resources remain in the community after the life of the program. The programs are the Aboriginal Focus School Program and Investing in Aboriginal Youth Program. Both these programs have been implemented successfully by SHine SA previously.

The schools and sentinel communities that SHine SA will initially work with are found on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia's far-north and north-west, the communities of Oodnadatta and Marree in the state's north, Oak Valley, Yalata and Koonibba in the far-west, Port Augusta, Point Pearce in the mid-north, and Wakefield, Kurna Plains and Raukkan communities.

The **Aboriginal Focus Schools Program** is based on the best practice *Focus Schools Program*, which is currently being delivered in almost 90 metropolitan and

yarning  **n**

youth and relationships,
nurturing Indigenous growth onwards

rural schools in SA. This program aims to build the capacity of teachers and Anangu Education Workers through training and provision of resources to deliver respectful relationships and sexual health education to students in Years 5–10. The program ensures Anangu and Aboriginal students have the same opportunity to access comprehensive relationships and sexual health education as students do in other metropolitan and rural schools.

The program develops curriculum which uses a building block notion of introducing an issue in Year 5, reinforcing the message in Year 6 and introducing new concepts on the issue that grow over the years with the maturity of the students. Funded to contribute to reducing teenage pregnancy, STIs and relationship violence, the focus schools curriculum has been mapped against the Child Protection Curriculum, *Keeping Safe*, to ensure it supports the effort in keeping children safe.

One of the strengths of the Aboriginal Focus Schools Program is the community consultation process to ensure that the lesson content, activities and resources are culturally and age appropriate. Like the *Focus School Program*, the development of an Aboriginal-specific program and curriculum is based on the 12 principles of best practice in relationships and sexual health education. The principles include the aim of providing students with lifelong skills, recognising and respecting the importance of family as a source of information, education and values, and encouraging the delay of sexual activity by education being delivered in a safe environment by teachers/school staff over a sufficient duration and intensity to produce change.

The program will provide:

- curriculum which is age appropriate and culturally relevant



- resources to support the curriculum for teachers, students and parents/family
- training for teachers, Anangu Education Workers and Aboriginal Community Education Officers
- support for teachers, Anangu Education Workers and Aboriginal Community Education Officers for the life of the project by a Regional Schools Coordinator
- support for staff to provide parent/family information sessions or programs
- free access to the SHine SA Library & Resource Centre and items sent free of charge or through the DECS courier

The **Investing in Aboriginal Youth Program** aims to provide training and support to community and youth workers to use peer education as a model for engaging young people aged 12–24 out of the school system around respectful relationships and sexual health. There are small community grants available for workers who undertake the training to recruit and work with the young people on a relationships and sexual health community identified project.

Peer education recognises that young people are our greatest resource. They have experience relevant for their age and can reach other young people that adults often can't. Through training and support, young people can not only be great educators but they can learn lifelong skills, and sometimes they may choose to become the community workers/educators/leaders of the future through this opportunity and experience.

The Investing in Aboriginal Youth Program will provide:

- training for community, youth or education workers and key community members on peer education and relationships and sexual health topics – workers who complete the training can gain competency in *Unit CHCCED311A: provide sexual and reproductive health information to clients* (from the Community Services Training Package)
- a step-by-step handbook for workers on peer education
- resources for young people to support the program
- support for trained workers for the life of the program to work with young people as peer educators
- support for workers to provide parent/family information sessions or programs



The resources, program and curriculum for *yarning on's* two programs are being developed in consultation with communities and relevant agencies. On the APY Lands, negotiation is occurring with the Pitjantjatjara Yankunytjatjara Education Committee, who have policy and operational control of education on the Lands, about the possible implementation of the Aboriginal Focus Schools Program.

Partnerships are crucial to the successful implementation of this program. This commenced with the formation of a State Reference Committee (SRC) which has representation from the Department of Education & Children's Services (DECS), Aboriginal Health Council of South Australia, SA Health, Wiltja Residential Facility and two community members, Mr Lewis O' Brien and Ms Josie Agius. The SRC contributes to the development, implementation and evaluation of the program by sharing of experience, knowledge and ideas and by actively promoting and supporting the program. The SRC also advises on the coordination with other related education, health and wellbeing projects and initiatives, and on emerging issues relating to relationships and sexual health in targeted schools and communities.



resources. Links and ways of working with other Council of Australian Governments (COAG) initiatives are being explored to ensure our effort in contributing to the improvement in sexual health and reproductive outcomes for Aboriginal people in SA can be most effective.

At the end of six months the program has developed:

- an action plan for the life of the program
- a communication strategy
- a program logic to guide the structure and evaluation of the program, in partnership with SACHRU
- a draft Aboriginal Focus Schools curriculum and lesson resources for consultation
- a draft Investing in Aboriginal Youth handbook
- draft training programs for both programs
- relationships with many communities



Other vital working relationships, after the first six months of the program, are in the first stages of development or well underway with a variety of government and non-government agencies. These include: Nganampa Health Council; Aboriginal Health Council SA; Families SA; Child & Adolescent Mental Health Services; South Australian Community Health Research Unit (SACHRU); DECS; and Flinders University through Professor Irabinna Rigney who will advise on health literacy through the curriculum and

- and schools
- working relationships with a number of agencies

SHine SA looks forward to implementing the two programs in partnership with Aboriginal people, agencies and communities over the remaining life of the program.

For further information contact the Program Manager, Sue Arwen on (08) 8300 5343 or susan.arwen@health.sa.gov.au

Close the Gap

Workforce development



A FRESH look at nationally recognised training

Over the past two years there have been significant changes to education for workers in the community services and health sector, including workforce restructuring and a greater emphasis on e-learning.

In addition, midway through 2009 SHine SA extended its scope of registration to include the new revised units of competency in the area of sexual health. These changes, together with a decline in enrolments, meant that it was timely to suspend operations and restructure the four SHine SA nationally recognised courses (ATSI Women, ATSI Men, Disability and Youth Worker courses).

This restructure commenced in October 2009 and was completed in June 2010. The new FRESH course (FREedom to Explore Sexual Health) aims to provide workers with an increased level of confidence when working with clients in the area of sexual and reproductive health and relationships. Participants will enhance their skills in addressing clients' needs through assessment, program development, delivery and evaluation. The FRESH course has a flexible design which enables participants from the same occupational groups to share time together exploring client issues and community needs. Participants can complete the core modules, then may choose electives and assessment pathways based on individual preference.

| Core | Elective | Assessment |
|---|-----------------------------------|--------------------------------------|
| Introduction to Sexual Health | Anatomy & Physiology | CHCCED311A |
| Gender & Diversity | Sexual Violence | Program Planning & Delivery |
| Community Focus (ATSI women, ATSI men, Disability, Youth, CALD) | Pleasure Positive | CHCCED511A |
| | Contraception & Pregnancy Options | Advanced Program Planning & Delivery |
| | STIs & Safer Sex | |

For a Course Information & Enrolment Handbook phone 8300 5317 or email SHineSACourses@health.sa.gov.au

Lucy

FRESH



FREEDOM TO EXPLORE SEXUAL HEALTH

A NATIONALLY RECOGNISED COURSE FOR WORKERS

The **FRESH** course, SHine SA's new sexual health course for workers

Core

Introduction to Sexual Health, Gender & Diversity, Community Focus

Elective

- Anatomy & Physiology
- Sexual Violence
- Pleasure Positive
- Contraception & Pregnancy Options (Self directed learning package)
- STIs & Safer Sex (online learning package)

Assessment Options

CHCCED311A:

Provide sexual and reproductive health information to clients.

CHCCED511A:

Develop, implement and review sexual and reproductive health education programs.

Enquiries

Tel: 8300 5317

Email: SHineSACourses@health.sa.gov.au



New Aboriginal Education Coordinators

Wendy Lawrie is a proud Mirning Woman from the Far West Coast region of SA and is the new Aboriginal Women's Education Coordinator. The role was previously held by Ros Pierce who has now moved into the Close the Gap 'Yarning On' Project at SHine SA.

Wendy comes to SHine SA with an extensive background in Aboriginal health, having worked as an Aboriginal Health Worker, nurse, community development officer and most recently a policy officer with the Aboriginal Health Division. Wendy says that her greatest role to date is being a mother.

Dominic Guerrera is a proud Ngarrindjeri and Kurna person who has recently started in the role of Aboriginal Men's Education Coordinator. Dominic began his career in health at Nunkuwarrin Yunti where he worked for six years. He has also previously held positions with Aboriginal Sobriety Group and the Hepatitis C Council of SA, where he was the first Aboriginal Hep C Educator.

Dominic and Wendy are very excited about their appointments at SHine SA. They look forward to building the capacity and knowledge of sexual and reproductive health among the Aboriginal & Torres Strait Islander workforce through education sessions and health promotion campaigns.

Wendy and Dominic both believe that sexual health is an integral part of the overall spheres of Aboriginal health and wellbeing and needs to be incorporated at the community level by an adequately trained workforce.

Both are looking forward to the challenge of exploring sexual health issues such as family violence, sexual violence, homophobia, gender roles, cultural influences and the unacceptably high rates of sexually transmitted infections in Aboriginal communities.



Nurse and midwife education



Pap Smear Training

Pap smear training provided by SHine SA involves both a theory and clinical component. There continues to be high demand for training, particularly from practice nurses around SA. This places significant pressure on SHine SA clinics to meet the demand for nurses/midwives to complete the clinical component. We have been working very closely with SA Cervix Screening Program and the Divisions of General Practice to establish an external preceptor model that would enable some nurses/midwives to complete the clinical component with experienced and trained nurses in clinics other than SHine SA. This year we have run four Pap Smear Provider courses for a total of 32 nurses/midwives, including one at the Lyell McEwen hospital for midwives working in the antenatal department.



Participants of the Sexual Health Update workshop held in November 2009 for the Sexual Health Nurses Network

Certificate in Sexual Health

Since July 2009, 37 nurses/midwives have completed the theoretical component of the certificate course, with 14 participants to date having completed the clinical component, enabling them to achieve their full Certificate in Sexual Health. A comprehensive workbook was introduced as a new assessment model for the certificate course. The feedback from participants has been that the workbook took lots of time to complete, but was an excellent way of consolidating their knowledge. From a Coordinator's point of view the workbook prepares the participants more thoroughly for their clinical component and provides the opportunity to explore all of the units covered in the course in more detail.

Pregnancy Choices Training

The Pregnancy Choices Training day has continued to be popular, with 10 participants from a range of disciplines completing the course this year. This year we implemented a few changes based on feedback, including more practical scenarios, and we extended the course an extra half day to space out the delivery of so much information. The participants agreed this worked well.

Sexual Health Nurses and Midwives Network

The network has had a record number of new members this year, with total membership of 99 nurses and midwives. The network provides members with an opportunity for

information sharing via email while some members particularly enjoy the face-to-face meetings. In November SHine SA and SA Cervix Screening Program ran a Sexual Health Update Day. The day ran smoothly with several guest speakers covering topics such as ovarian cancer, menopause and desire discrepancy. It was very well attended by approximately 50 participants. Feedback was very positive and it was great catching up with people face-to-face.

Additional training

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

The SHine SA Preceptor Training was run for the second time with new nurses/midwives now able to support course participants as preceptors. The Preceptor Training is being further developed so we can provide training for external preceptors who meet the criteria to support Pap Smear Provider nurses/midwives with their clinical practice in their own workplace. The first external Preceptor Training will take place in August.

Sonia



More professional education courses

The courses we offer include:

- Sexual and reproductive health education for **doctors**
- Sexual health education for **nurses and midwives**
- Relationships and sexual health education course for **teachers**

For further information please contact:

Course Administrator

telephone (08) 8300 5317

(SA country callers 1800 188 171)

email SHineSACourses@health.sa.gov.au

website www.shinesa.org.au

Sonia, Coordinator - Nurse & Midwife Education and Annie, Community Health Nurse - South

Teach it like it is

The teacher resource *Teach it like it is* (written during 2001–02) is the basis for the Years 8–10 relationships and sexual health curriculum outline that SHine SA provides to schools.

Through 2009–10 I have been working on a revised version. It is vital that the resource be updated as it contains out-of-date information, but most importantly life in 2010 is very different to 2002 for young people. YouTube and Facebook have just turned five. In 2002 MP3 players and iPods were not widely available. The mobile phones available were not the multimedia platform they are today. This revised edition of *Teach it like it is* incorporates new activities that enable teachers and students to explore the impact of new technologies such as mobile phones and the internet (including the use of social networking sites) on self-esteem, relationships and sexual health of young people. The new activities encourage students to develop strategies to minimise harm while enjoying the huge benefits of new technologies, while exploring the impact of the internet pornography as an issue is a legitimate topic for teachers to discuss with young people. Viewing pornography can have a negative effect on young people's relationships and sexual health, their self-esteem and body image.

The revised version also includes activities that explore the inappropriate sexualisation of children in Australia in advertising and popular media. Research has linked sexualisation to unrealistic and unsafe attitudes, expectations and behaviours, feelings of anxiety and shame about sexuality and appearance, eating disorders, low self-esteem and depression. Comprehensive relationships and sexual health education can provide an appropriate place for young people to develop an understanding of how they may be exploited through advertising and to develop protective strategies.

The 2002 edition of *Teach it like it is* had ten principles of relationships and sexual health education to guide schools, teachers and parents with the questions of what, how and why teach relationships and sexual health education. This list has been expanded to twelve in line with nationally recognised elements of best practice. The additional two are that relationships and sexual health education:

- be delivered by the classroom/health teacher
- be of sufficient duration and intensity to produce change

This edition also provides information for teachers to make links between the DECS Child Protection Curriculum *Keeping Safe* and relationships and sexual health education. Teachers in South Australia have a legislated responsibility to empower students to recognise and report abuse. There is significant overlap between the desired learning in comprehensive relationships and sexual health programs and the Child Protection Curriculum. Teachers deal with a crowded curriculum, and it is valuable for teachers to realise that these two areas are complementary. Teachers who are confident and skilled to teach relationships and sexual health education can easily understand and incorporate the concepts integral to the Child Protection Curriculum.

Teachers have been given opportunities to provide feedback on the current resource and advice around new issues they want included, and many have also trialled some of the new activities. The revised edition should be available to schools early 2011.

Jane



Youth worker education

The six-day SE&X course (Sexuality, Exploration & Xpression) continued to be well attended through the second half of 2009. Participants have attended this course from all parts of South Australia including the far west coast, south coast, south-east coast, far north and metropolitan Adelaide.

During the past year the course has continued to evolve with updated information from multimedia, moodle and other online sources. Many of the SE&X discussions have been punctuated with YouTube clips, funny animations or information garnered through hours of online research. While these can add something different and interesting to the learning of all involved, nothing reaches out to participants as much as real people telling real stories. Much of the focus on teaching about sexual health is based on self exploration, encouraging participants to 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 I don't agree with in this current culture?', and 'How does this affect the clients that I work with?'. We see workers becoming more active in areas such as the sexualisation of young people in the media, and sexual violence against women and children.

In addition to the SE&X course SHine SA continues to offer custom designed youth worker education training to a range of organisations on request. Workshops have been run in the past year at Tabor College, TAFE SA and through the South Australian Government's Youth Engagement Strategy training for ICAN workers (Innovative Community Action Networks).

The SE&X network blog is going strong with approximately 300 hits per month. The blog is a way for all people in the network (over 150 members) to maintain current awareness of issues that affect young people and their sexual health. This blog identifies current issues, links to other websites, provides uploaded educational resources and much more.

Being based on the south coast with the Southern Fleurieu Health Service and the Yankalilla Council has provided opportunities for me to reach southern workers in a personal and effective manner. In the past 12 months I have provided support to a youth 'mythbusters' program, youth and worker monthly 'drop-in' service, a unique and innovative SE&X course, the Southern Fleurieu Youth Network, and lots of support for workers developing programs for local services in such areas as stopping violence against women, supporting students with an intellectual disability and providing young mums with up-to-date and accurate sexual health information.

Lud



Workforce development

Medical education

The last 12 months have been quite eventful for the Medical Education team.

The coordinating team of Drs Katrina Allen, Anne Stephens and Silvana Mazzaro is fortunate to have a dedicated and skilful group of doctors within SHine SA who assist us with our regular training and who represent SHine SA in a number of ways through their professional networks and in the community. Most SHine SA doctors work part-time and have other roles outside SHine SA, often in related areas, and this strengthens our community reputation and influence.

Our doctors also work in general practice, BreastScreen SA, Pregnancy Advisory Centre, Northern Women's Health Centre, Women's & Children's Hospital antenatal clinics, general practice obstetrics, Aboriginal health, emergency departments and Clinic 275. The education and training, clinical expertise and varied networks ensure positive regard for SHine SA within the community.

Medical student training

We have gradually standardised the medical student training and have found the links with the regional primary health care teams are important. This fosters knowledge of SHine SA and access to further training for these budding doctors.

Many thanks to Dr Margaret Butler and Dr Mathilde Schaefer-Buss (Southern team), and Dr Anusha Visvanathan (Northern team) for their participation in the medical student programs. We are also very grateful to the nurses involved with the medical student teaching program. Many of us remember our first exposure to sexual and reproductive health in the sessions with the Family Planning Nurse and greatly value high quality practical information provided.

Courses for doctors

The Introductory Course in Sexual and Reproductive Health is run for GPs in training (registrars) during the initial part of their first community placement. We run the course in March and September. GPs who wish to do Implanon or IUD training can join the relevant sessions in this course. In the last 12 months we have had 52 GPs in training and 5 GPs undertake this course. The practical sessions are always particularly popular.

In May the 2010 Certificate in Sexual and Reproductive Health was run. This provides participants with more extensive training and a nationally accredited certificate when they have completed both the theoretical and clinical parts.

Clinical training

The clinical training is a demanding but rewarding part of the role of SHine SA doctors. Our role is to provide excellence in clinical service to our clients while simultaneously providing training opportunities and mentoring to the doctors we are teaching. Our procedural clinics (Implant and IUD insertion and removal) are very popular. We have needed additional IUD training clinics to meet demand for this specialised training. Both urban and rural doctors are trained which has a positive ripple effect in the community with increased access to these services for women. SHine SA doctors providing this excellent clinical training during the past 12 months include Drs Alison Clarke, Mathilde Schaefer-Buss, Anna Neoh, Anusha Visvanathan, Chris Hinton, Jane Baird, Wye-Yee Herbert, Margaret Butler, Tonia Mezzini and Nicola Chynoweth.

Education meetings

A dedicated group of SHine SA doctors and nurses attend these regular updates aimed at providing current relevant education in sexual and reproductive health for GPs.



These sessions are also attended by other practitioners with a specific interest in women's health. The meeting topics for the past 12 months have been:

- *Men's business: advances in male reproductive technology* – Guest speaker Dr Kelton Tremellon, Sept 2009
- *All about IUDs: a detailed pragmatic exploration of IUDs in practice* – Guest speaker Dr Melissa Sandercock, April 2010

As well as the education meetings we run a 'Small Group Learning' program accredited through the RACGP which ensures that we reflect on the education meetings and clinical practice formally.

In addition to doctor and medical student education, we teach pharmacy students, international medical graduates and respond to various other requests for sexual and reproductive health education from general practice, international aid workers, rural GPs, pharmacists, nurses and community health forums.

MEDS newsletter

Dr Silvana Mazzaro has been single-minded in her work on the Medical Education Data Sheet

(MEDS) newsletter, providing up-to-date summaries of interesting presentations at conferences attended and details of relevant changes in sexual health care practice.

We maintain our role in defining best practice in sexual health care by the collaborative efforts of the medical staff of SHine SA, reflecting on our practice with insights from conferences attended and collegial consideration of our own practice. Our thanks to all who contribute to this process and our work.

Anne & Katrina

Dr Anne Stephens (right) training a Medical Education course participant to administer injectable contraception.



Disability sector workforce training



In 2009–10, SHine SA continued to provide training and development opportunities to the disability sector with some changes in approach.

For several years, SHine SA has been providing various Registered Training Organisations an introductory module on sexuality and disability, *Accommodating Sexuality and Human Relations*. While this has created exposure to these matters for large numbers of people, it has been extremely resource intensive. Also, a number of these workshops were being delivered to preservice students, many of whom are not looking at a long-term career in disability work. Following an evaluation of this service activity SHine SA decided to offer a series of full-day workshop where students from different training organisations could opt in. So far there has been a limited response and strategies are currently being explored to increase enrolment.

In addition, Registered Training Organisations have been asked to consider sending their own teaching staff to SHine SA's nationally recognised course, with a view to building their competency to deliver sexuality and disability training to their students.

Flinders University's School of Disability and Rehabilitation Studies and SHine SA have negotiated a new partnership arrangement, whereby all first year students will receive an introductory lecture on sexual and gender diversity, followed by a series of three short workshops in their second year focused on sexuality and disability issues. Now that the new FRESH Course at SHine SA is up and running, disability studies students in their final year also have the opportunity to pick up more intensive training and practice in

sexuality and disability. This specialisation in sexual health will be recognised as part of their degree qualification.

Tailored in-service training on sexual health and disability has been provided to Life's for Living, Arts Access, parents connected with Autism SA and concerned members of the Sex Industry Network. A presentation was also made at Old Parliament House on the UN Convention on the Rights of Persons with a Disability.

A small forum program aimed at disability sector workers is continuing, with some sessions now being planned for the coming financial year.

There has also been a stream of training requests from the mental health sector, with training provided to workers with the Mental Illness Fellowship of South Australia, and students completing

Certificate IV in Community Mental Health. Keynote addresses have been made at the Western GP Mental Health Network and the NSW Mental Health Coordinating Council's state conference, Outside In. This is an area with rich and complex issues in sexual health and all interactions make it evident that significant change in priority, attitudes and policy are required within the sector before improvement in sexual health outcomes, such as reduced vulnerability to sexual exploitation, can ever be expected.

Staff from some disability sector organisations in South Australia are also working to improve their written policies on Sexuality and Human Relationships. SHine SA has been able to contribute to this process and supports the courage and leadership being exhibited by these organisations and their staff.

Ralph

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>

Frances, Brad and Robyn - Close the Gap team at Oodnadatta with Warren (left).



Frances - Close the Gap team

Workforce development

Clinical services

The past year in Clinical Services has seen many improvements and changes affecting staff and clients.

In December 2009, SHine SA implemented the electronic medical records program, Medical Director, which has increased the existing high standards of our medical record system. We thank the Medical Director committee for their hours of planning, decision-making and formulating the guidelines. Also thanks to clinic reception, nursing and medical staff for working through all of the changes associated with moving from a paper-based to an electronic medical records system.

On a more practical side, we have noticed a marked increase in procedural requests and consultations from clients, especially regarding IUD information, referral, assessment, insertion and follow-up. In partnership with Bayer-Schering, we also train external GPs in this procedure and refer some clients on to them.

We also have a continuing issue with extended waiting times for clinical appointments, sometimes up to eight weeks duration. As our clinical services are a finite resource and cannot be increased without additional funding, we are undertaking a review to research and implement how to positively prioritise appointments for our communities of interest, so that people who need our services the most may gain easier access to clinical services.

Another exciting change for clinical services has been the implementation of improved telephone services at the northern and southern bases, which has allowed us to staff the Sexual Healthline regionally. This has decreased travelling time for sexual health nurses, improving staffing issues and team-based services.

Clinical training is an ongoing service provided to nurses, midwives, doctors and medical students. We have had an increased demand for Pap smear provider clinical placement from nurses who work in general practice in metropolitan and rural areas. We also train nurses, midwives and GPs on extended clinical placement after completion of their relevant theory component of the Certificate in Sexual Health.

Amanda continues to offer wonderful support through her duties in the utility room, ordering and maintaining all clinical equipment and consumables, resourcing all SHine SA clinics, including the one at Ceduna/Koonibba. She also maintains the Clean Needle Program resources at Woodville.

Other clinical administrative work completed this year has been the rewriting of the *Orientation Program for Registered Nurses, Midwives and Medical Officers*, which also includes an initial tool for assessment of competence to practise and the *Peer Review and Assessment of Competence for Registered Nurses and Midwives*. Nursing staff will regularly use this tool as evidence of continuing competence and participate in the peer review process every 18 months. Our new *Administration and Clinic Reception Service Delivery Guidelines* have also been completed.



Sue, Annie, Gay and Sue, SHine SA Community Health Nurses

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 2009–10, 20 727 clinical services were provided from 12 948 clinic visits to 4845 unique clinic clients. Of these:

- 97% of clients were women, 2% were men
- 11% were under 19 years of age
- 27% were 20 to 29 years of age
- 2% identified as Aboriginal
- 5.7% identified themselves as having a disability
- 18% identified as culturally diverse
- 2% identified as being gay, lesbian, bisexual or transgender
- 2.5% required the use of an interpreter
- Clients came from 110 different countries of birth, identifying with 98 different ethnicities and speaking 40 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

A major piece of work nearing completion is the complete updating and rewriting of the *Clinical Service Delivery Guidelines*. The implementation of these guidelines will form the basis and standards for clinical practice at SHine SA. Many staff members have had input into this project, coordinated by Sandra.

East/West Primary Health Care Team: Woodville & Gilles Plains

A highlight of improvements at Woodville clinics this year is the success of special CALD clinics running bi-weekly for culturally and linguistically diverse groups of women who have not previously accessed sexual health services. Women attending are from Chinese, Bhutanese, Iraqi and Afghani backgrounds. The East/West Team's multicultural worker Jacqueline has been networking effectively with other multicultural workers to promote and implement these sessions.

We are fortunate at Woodville and Gilles Plains clinics to have had a very committed and loyal workforce for some time. This year saw the retirement of one of our longest serving staff members, Gay, who has worked at SHine SA and formerly Family Planning SA for almost 35 years. We will miss Gay's wisdom and vast experience, and wish her well for a busy and well-deserved retirement. Other staff changes include farewells to Hedy, Marg and Kellie, and welcomes to Tonia, Alice, Theresa and Nikki.

Thanks also for the continuing hard work and perseverance of all remaining East/West clinical staff including Anna, Alison, Silvana, Anne, Judy, Janet, Linda, Shelley, Gillian, Dennise, Martina, Pam and Jodi.

Southern Primary Health Care Team: Christies Beach, Noarlunga Health Village & Flinders Medical Centre

We are currently sharing the Noarlunga clinic accommodation with the Southern Primary Health Aboriginal Family Clinic. This clinic will be relocating to their very own

new building adjacent to the Noarlunga Health Village in November 2010. We look forward to continuing our links with this service and thank them for their collaborative work with us to better serve the ATSI community.

Southern clinical staff have been actively involved in the planning and design of clinical services for both the Marion GP Plus site, due for completion in 2011, and the GP Plus Super Clinic Noarlunga which is anticipated to provide services in 2012. This will be a great opportunity to provide a range of appropriate and accessible services for clients with 'most need, least choice', in partnership with other health services in the southern region.

We welcomed two new casual clinic receptionists, Chris and Bronwyn, casual nurse Amy and new doctor Noni, replacing Georgina who is currently on parenting leave. Our clinical staff are a wonderful group of dedicated and resourceful individuals who work collaboratively to provide optimal care to their clients. Thanks to Mathilde, Chris, Margaret, Maralyn, Anne, Donna, Sue, Judy, Stephanie and Rebecca for their valuable contribution.

Northern Primary Health Care Team: Davoren Park, Salisbury Shopfront, Ceduna Koonibba & Adelaide Womens' Prison

The Northern Team continues to provide regular clinical services from Davoren Park and Salisbury Shopfront sites. We have had some staff changes with Community Health Nurse Cara joining the team 'running' covering a maternity leave. Cara has provided us with some excellent IT skills and we hope she will stay with us. Sandra, Community Health Nurse, continues work on our *Service Delivery Guidelines* and has shifted to a casual position. Sue, a very experienced Community Health Nurse has just been recruited to the team. Medical Officer Tonia has come and gone, to pursue Sexual Health Physician training (we hope she comes back!). Medical Officers Anusha, Nicola, Wye Hee, Mathilde and Jane continue to provide excellent medical support. The clinic receptionists ensure the smooth running of the clinics and we welcomed Deana, Victoria and Sarah-Jane to the team and farewelled a long time, very experienced worker and friend, Kay, who retired after 20 years. We wish her the best time with her 'granny' duties.

The SHine SA service at the Adelaide Women's Prison at Northfield is now in its seventh year. This weekly Friday morning clinic is coordinated by the Northern Team and staffed by a Community Health Nurse and Medical Officer. The clinic is well attended by women who are at risk of sexually transmitted infections, are overdue for Pap smears and have

poor sexual health. The women are grateful that they are able to attend to these issues while in prison.

The Ceduna/Koonibba Well Women's Screening clinic is funded by SA Cervix Screening and has been running for nearly two decades. Clinical services are provided by a Community Health Nurse and Medical Officer from SHine SA's Northern Team in partnership with the Ceduna/Koonibba Aboriginal Health Workers and clerical staff. Currently the service is being reviewed due to staffing constraints. The clinic has been held once this year, staffed by two nurses with a Shine SA Medical Officer available for consultation for one day. The clinic was well attended.

Annette, Sue & Annie

Multicultural clinics



SHine SA's CALD Community Health Workers and CALD Peer Educators have been actively working with Chinese, Bhutanese, Iraqi and African women, delivering training sessions on women's health check-ups. Topics included the importance of preventing cervical cancer, contraception issues, menopause, breast checks, period issues, relationships and domestic violence.

Many of the CALD women participating in training accepted our invitation to attend monthly multicultural clinics at SHine SA's Woodville site. Our clinical staff worked with the assistance of interpreters, CALD Peer Educators and the Community Health Worker. A room was set up for the women to meet, complete medical forms with the assistance of interpreters and wait to see the doctor or nurse in comfortable surroundings.

Prior to seeing clinical staff, SHine SA's CALD team discussed health and wellbeing issues with these clients, or 'told our story' of our own experience of living between two cultures. Our aim was to create a relaxed environment in which to discuss women's health issues. We arranged a morning tea at each clinical session, which was a good opportunity for the women to socialise and have a few laughs while having their sexual health check needs met.

Jacqueline

Community Health Nurses, past and present, April 2010



Counselling services

Sexual Health Counselling

This year the counselling team has undergone many changes, keeping us all on our toes. The major change to our professional practice is that of records management, with casenotes going electronic.

The introduction of Medical Director software has been an interesting experience for us as practitioners. As a new way of recording client stories it has been challenging. However, writing up notes has become much more streamlined, and all other information is now scanned into Medical Director.

Supervision has been changed, with both Jo and Lyn now seeing a new external supervisor for one-to-one supervision. We felt that this would allow greater time for discussion of individual cases or specific concerns than group supervision. The plan is to see how this change is working out over the next 12 months and then to review it.

We've had a number of new training experiences this year. Traditionally, the counselling team is involved in the doctors training, nurses courses and other courses such as SE&X. Last year Jo (E/W) and Lyn (South) were also invited to run an education/training session on Desire Discrepancy at the annual update for the Sexual Health Nurses Network.

Internal training for administration workers on handling difficult calls has also been a new training opportunity for the team, assisting front-line staff in their important roles.

Face-to-face work continues to be the most important part of our role. Our communities of interest remain our key focus and the work we all love is so broad and varied it keeps us completely engaged.

In the East/West Team, a student Social Worker, Scott, came on board under Jo's supervision. He assisted in evaluating the SE&X course and in reviewing the procedures for drop-in pregnancy testing at SHine SA. We found it very enjoyable having a student in our team and a reminder that new insights are always valuable.

Jo also acted as East/West Team manager for a while, involved in recruiting new staff and rearranging work stations, among other duties. It has indeed been a time of change at Woodville, with the new Yarning On team in our midst, and a new team manager.

As a counsellor, Jo has contributed to research and also new resources during the past year, most recently applying with Lyn for funds to produce a DVD on some 'hot topics' in sexual health counselling. We have received a grant of \$10 000 to produce this over the next year, and we believe it will be a great help, especially in providing immediate information and assistance to those who can't get in to see us straight away.

Jo ran additional training for workers at various places such as Victor Harbor and a physiotherapist's practice (for Women's Health & Continence SA), as well as a session for new staff at SHine SA on 'Sex and the Law'.

A session for school counsellors was also run during SHAW, about how to respond to young people presenting after unprotected intercourse. This covered risks (including responding to disclosures of abuse and violence), clarifying reporting requirements/confidentiality, options (such as EC, pregnancy tests and STI checks) and building skills to engage with young people.

In the Northern Team, Abby is continuing work one-on-one with counselling clients, dealing with a range of issues. Desire discrepancy is still the number one issue that people (couples and singles) present with, although there are plenty of other issues to keep the work interesting and challenging. Abby observes that people of all ages

Sexual Health Counselling

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

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

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

| | |
|-----------|-----------|
| North | 8256 0700 |
| South | 8186 8600 |
| East/West | 8300 5300 |

continue to present with issues based on sexual misinformation – all the more reason for SHine SA to continue what we do to get the best information and knowledge out there to the community.

Abby has started a regular presentation session at Hampstead Rehabilitation Centre in Northfield, with both staff and patients welcome to attend. The feedback after the first session was excellent and she has now added new information to the presentation based on this information.

Abby also presented at Clare on issues around (reclaiming) intimacy and sexuality in relation to abuse and violence. The Lower-Mid North Health community services run a workshop for child sexual abuse survivors and domestic violence survivors which is very helpful for those in attendance.

Earlier in the year Abby also acted as Northern Team manager. It was challenging and at times difficult, during a period of enormous and often tumultuous change to the team after long-term stability. Although finding the experience enjoyable, Abby found it reassuring to return to her role as counsellor and appreciates it with fresh eyes!

The counselling team had a planning day off-site which was a great way to re-connect and review policies and procedures for our group. A big focus for our planning was the Nurses Counselling Course and Pregnancy Choices Training, along with other courses we run. We also considered processes relating to the use of vaginal dilators.

Professionally, the counselling team has embraced a new counselling method called Acceptance and Commitment Therapy (ACT). The team finds the principles of this therapy work well in sexual health and is working towards a high level of proficiency. It is a useful addition to the broad repertoire of therapies used by the team.

Jo, Lyn, Abby

Therapeutic counselling statistics

There were 191 registered therapeutic counselling clients who received 646 services for the 2009–10 period. 74% of clients were women and 24% were men. 1222 non-registered therapeutic counselling clients also received services.

Clients identified with the following community of interest:

- young people 15–29 (44%)
- disability (19%)
- gay, lesbian, bisexual, transgender (13%)
- Aboriginal & Torres Strait Islander (3%)

Top three reasons for attendance were:

- Sexual relationship (34%)
- Sexuality (17%)
- Couple relationship (10%)



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 533 new library borrowers registered this year. We have added 195 new items to the library collection and processed over 1377 loans. The free access to the Internet in the library has continued to be popular with 945 sessions this year (200 more than last year). The users are primarily secondary school aged young people, and it is great to see so many young people feeling comfortable to work in a sexual health organisation.

The Resource Centre has a large selection of videos/DVDs and teaching resources available for loan to organisations and individuals in South Australia who have paid an annual membership fee. There have been 2268 loans processed and we have added 65 new resources this year. There are 84 organisations with a current subscription to the Resource Centre, and membership is free to schools in the Focus Schools Program (82 teachers have used this free service in the past year).

SHine SA also has two smaller libraries located at our northern and southern offices at Davoren Park and Chrisites Beach. All the libraries have free membership, and the public are welcome to come in, 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.

Sharon

Resources

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**

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.



Website statistics

There were 92 433 visitors who viewed 249 297 pages on our website from 1 July 2009 to 30 June 2010

Summary of pages viewed:

| | |
|-----------------------------------|------|
| Services..... | 28% |
| Contraception..... | 27% |
| Information & resources..... | 15% |
| Sexual Health..... | 10% |
| Workforce development..... | 7% |
| Other/organisation..... | 4% |
| Community development..... | 4% |
| Media and news..... | 1% |
| Sexual Health Awareness Week..... | 0.9% |
| Focus Schools..... | 0.4% |

Top 10 countries accessing the website:

| | |
|---------------------|-------|
| Australia..... | 78% |
| United States..... | 6.6% |
| United Kingdom..... | 6.5% |
| Canada..... | 1% |
| India..... | 0.95% |
| Philippines..... | 0.7% |
| Germany..... | 0.6% |
| Ireland..... | 0.6% |
| New Zealand..... | 0.6% |
| South Africa..... | 0.5% |

Keeping the community informed

Throughout 2009–10 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 resources most commonly ordered this year were:

| | |
|--|--------|
| • Emergency contraception confidentiality wallet card..... | 12 590 |
| • SHine SA youth card..... | 8980 |
| • Tell it like it is..... | 8328 |
| • SHine SA clinics..... | 7906 |
| • Choices in contraception..... | 7817 |
| • Sexual health services..... | 7325 |
| • Guys sex stuff..... | 6444 |
| • Girls sex stuff..... | 6224 |
| • Sexually transmitted infections..... | 5408 |
| • Emergency contraception..... | 4342 |

The total number of resources distributed in 2009–10 was 184 297.

Sexual health and safety of international students in Australia and South Australia

Concerned about the increasing number of international students presenting for termination, one South Australian hospital called for a meeting with Universities, Education Adelaide and SHine SA in late 2008. Information from the hospital indicated that 50–75% of the terminations of pregnancy per week comprised of international students.

The need for further discussion and action on a prevention, education and early intervention strategy was recognised at this meeting. As a result SHine SA hosted a Forum for international students and health and education service providers in November 2009. The Minister for Employment, Training and Further Education had also established a Taskforce to conduct a review on the broader issues for international students in South Australia. A report was released in December 2009 identifying the key issues for international student safety, health and welfare. The report and recommendations are expected in 2010.

Coming to Australia for an education opportunity should not be marred by lack of knowledge about sexual and reproductive health and safety, the laws that govern consensual sexual relationships, where to go for help, and how to access appropriate contraception. To prevent unplanned and unwanted pregnancy leading to a termination, this should be a given for any international student.

In 2008, Australia had 455 263 international students studying in Australia on a temporary student Visa (Dept of Immigration & Citizenship 2009). Australia is the third largest international education exporter, preceded by the USA and the UK, attracting 7.5% of the global international student population (Access Economics 2009). The international student education industry is Australia's third largest export industry after coal and iron ore, generating \$14.164 billion for the year 2007–08. In addition, economic income is also generated via accommodation and other living expenditures, as well as visitation of families and friends, at a projection of one visitor for every two students (Access Economics 2009).

Thus, the contribution of the education export industry to the South Australian economy is considerable, growing from 23 000 international students in 2007 to 30 000 in 2009, and earmarked for continued growth within the South Australia Strategic Plan, which aims to double South Australia's portion of international students by 2014 (Study Adelaide 2009).

Over 80% of the students are from Asia, including China, India, Malaysia, South Korea, Hong Kong, Japan, Vietnam, Taiwan, Singapore and Thailand. Dr. Adrianna Buchard from Adelaide University discipline of General Practice found in her 2009 research that generally, students from these countries have had little exposure to sexual and reproductive health knowledge including puberty and contraception or where to go for help when in South Australia. This is reflected in the concern by a number of health service providers as well as education providers in the private and public sector about the increase in the number of international students requiring a termination of pregnancy, and the sexual health and safety of international students. They also do not have access to free medical services under Medicare and must have private health insurance according to visa requirements or pay for services up-front.

The impact of a termination can be profound and long-lasting, and if a woman is not seeking to become pregnant, there is a need to promote better and safer contraception options to both male and female international students. The importance of health



promotion around sexually transmitted infections and sexual safety is also critical.

SHine SA will be developing an internet-based information resource for international students on their sexual health and safety, where to go for help, and the laws that govern consensual sexual relationships in South Australia, as well as continuing to support the training providers and the students through our partnerships.

Kaisu





National LGBT Health Alliance: Health In Difference Conference

SHine SA is a member of the National LGBT Health Alliance, a coalition of organisations from across Australia that provide health related programs, services and research targeting lesbian, gay, bisexual, transgender and other sexuality, sex and gender diverse people.

The Health in Difference Conference is a unique forum for those interested in health issues relating to sexuality, sex and gender diversity to gather and share knowledge, practice, research, policy and advocacy concerns and strategies as well as to network, listen, learn and laugh.

At the 2010 conference, *Doing Diversity*, held in Sydney in April, SHine SA presented *Whats Your Story?*, a DVD of 18 true-life digital stories of personal experiences of gender, sexual identity and/or homophobia. This DVD comes with a facilitator's guide and is to be used as an educational resource for schools, workplaces and social service providers to raise social awareness.

Mel

IDAHO 2010: Northern Rainbow Café event

IDAHO (International Day Against Homophobia) celebrates the day that the World Health Organization officially removed homosexuality from its list of mental illnesses.

This year the NAAHS (Northern Alliance Against Homophobia in Schools) committee held a Rainbow Café event to increase community awareness about homophobia. This was a joint effort, supported by workers from Shopfront, The Second Story North and SHine SA. Twelve 25 (Salisbury Youth Enterprise Centre) kindly donated their venue for the event.

The focus of IDAHO this year was Homophobia in Sport. The community were invited to come and share in some food, listen to local musicians and join in on some activities. These activities included having their photo taken for the 'This is Oz' campaign and a screening of *Walk Like a Man*, a documentary about homophobia in sport involving a gay rugby team and their achievement at a tournament in the US.

The event was attended by over 100 community members. Some of the Second Story and Shopfront peer educators and SHine SA Youth Action Team members assisted and supported the workers in the planning and running of the event. We even had a visit by AFL players from both Crows and Port Power, who joined in the activities. It was great to see such a big turn out.

Naomi



Advocacy

Forum on the UN Convention on the Rights of Persons with Disabilities



SHine SA was invited by the late Paul Collier, from Dignity for Disability, to present at a forum on the UN Convention on the Rights of Persons with Disabilities, held at Old Parliament House on 4 December 2009.

At this forum a number of speakers presented, all calling for state, non-government and private organisations to take up the challenges which the UN Convention presents in real terms.

The advent of the UN Convention represents an opportunity for SHine SA to advocate for changes to the way services are provided, looking through a sexual rights lens. To date, there are no formal relationships between sexual health services in this state and Disability SA.

Following is a slightly edited version of the presentation which was made by Ralph Brew, Coordinator of Disability Worker Education.

People with a disability are estimated to have about four times the risk of sexual exploitation and assault as the general population. This is the result of a community and a system which denies people with disabilities sexual rights and relationships through their life cycle, including having a voice to say NO and having access to a range of people who listen and take action. It is also true that if we use our power to stop persons from learning about sexuality or from engaging in consensual sexual activity (even on their own), then we are also engaging in a form of abuse (Hingsburger & Tough 2002, pp 8–17). Indeed, we contribute to their vulnerability.

Hingsburger & Tough also identify that:

- Expression of sexuality in people with a disability is a major area of conflict in families, community and in Disability Services.
- Unhealthy environments lead to unhealthy sexuality.
- Psychological problems experienced by the disabled in relation to sexuality are iatrogenic – they are induced by the system.

SHine SA receives a steady stream of requests and enquiries from people with disabilities, their family members and most often from workers in disability services and sometimes from mental health and correctional services. Many of these people are coming from a position of panic, distress, lack of power or fear for the future. These dynamics are what we need to work towards changing.

If we are serious about the general principles in the Convention such as respect for inherent dignity, individual autonomy and independence, full and effective participation, and equality between men and women, then this requires some specific kinds of work to be done in relation to sexuality and sexual health. This is not a cost-neutral exercise.

Care workers and service coordinators work against the odds to support and inform the sexual expression and sexual dignity of their clientele. Sometimes they do so under threat of being 'moved on,' on the basis that they are 'taking too personal an interest in their clients.' Often disability support workers will say to me, 'It's our managers who need this training.'

Others report great support from their managers while at the same time grappling with the lack of time, scope and resources to really do the work that is required.

Staff in government agencies who are being supported to undertake sexual health training sometimes report that group work is not allowed to be used as a service model in their units. We know that social learning about sexuality and relationship matters is often an intensely liberating experience as it can help to de-pathologise clientele and

their sexuality, break social isolation, and give permission for further conversations about sexual health and relationships to occur in other parts of people's lives.

Few disability services in this state have an active policy on sexuality and human relations. Where such policies do exist, the policies and procedures should not only describe what is not allowed, but also outline what is possible and what is allowed.

The themes of permission (and lack of it) and fear of engaging with clients about sexual and relationship matters run through many of the interactions SHine SA has with the sector.

However, there are positive things occurring. Some services appoint staff to hold a sexuality portfolio so they can act as a specific resource and reference person within a team. Some services make sure that they have a positive sexuality and relationships culture with permission to ask questions and engage in conversations and they just quietly get on with the work.

The following recommendations were then put to the forum:

- Getting beyond 'behaviour management' and 'service brokering'.
- Automatic inclusion of sexual health knowledge, awareness, motivations and interests in all comprehensive assessments of need.
- Specific education and therapy services for people with a disability who are getting caught up in criminal justice because of assumed or actual sexual offending.
- Tailored sexuality and human relationships education programs which are age-specific, for people with disabilities, family members and staff, in schools, disability services and community settings.
- Sexual assault services that cater specifically to people with a range of disabilities.
- Education and training programs for parents and workers which cover issues from growth and development, puberty, effective teaching of menstrual management, sexuality, understanding sexual behaviours and sexual health checks, through to protective behaviours education which goes beyond 'stranger-danger'.

- The Guardianship Board (or an agency which they can refer clients to) needs to be resourced to provide specific supports, resources and training for people with a disability and their families around menstrual management when requests for sterilisation are refused.
- Greater social access by people with a disability to the mainstream social scene: more lifts, better wheelchairs and more trained social support attendants.
- Disability beds and lifters in more clinics and hospitals to enable Pap smears and other sexual health checks.
- Training of staff within health services to be able to meet the need.
- Easier access to more sexual health education materials and more people who can provide training in their use.
- Training programs and resource development for police to improve capacity to effectively interview people with cognitive impairment and special communication needs.
- Ongoing sexual health and relationships education programs for people with a disability across the state.
- Sensible clarification and enabling of laws regarding engagement of adult services by people with a disability and the role that support workers may play.

In conclusion it was suggested that in general, policies and practices must avoid the continued infantilisation of people with a disability, and consistent effort must be put into supporting parents and families to come to terms with this reality at the earliest possible time.

References

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Govt of SA (2001): *Policy 116 Human Relations and Sexuality*, Intellectual Disability Services Council

Cambridge & McCarthy (1997): *Developing and implementing sexuality policy for a learning disability provider service*, *Health and Social care in the Community*, 5, 4, 1997, pp 227–236, Blackwell Science

Advocacy

Former and current staff of SHine SA and Family Planning South Australia, April 2010



Occupational Health & Safety Committee

As the current Chairperson of the Occupational Health & Safety Committee, I would like to take this opportunity to thank the committee members for their hard work, 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.

SHine SA now has a *Smoke-free* policy, modified from SA Health's policy, so as to increase the safety of clients and staff. Also, staff at SHine SA are offered the opportunity to join a smoking cessation program where support is given to those wanting to quit smoking.

An *Alcohol and other drugs (prescription and non-prescription) in the workforce* procedure has also been developed to provide a clear statement of SHine SA's position and response in relation to alcohol and other drugs in the workforce.

A *Travelling in remote locations* procedure is new this year. This procedure establishes administrative, safety and health arrangements for driving in locations classified as remote and for the driving of vehicles over long distances or off-road.

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

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

Annual Report Committee

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

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

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 Advisory Committees 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 2009–10:

- There were no WorkCover claims.
- There were two 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.

Mel

President and Council

The past year has been one of continuing development in SHine SA's core programs of community and professional education, information, counselling and clinical services, supporting the ongoing sexual and reproductive health of South Australians.

SHine SA has a budget of \$5.5 million, and funding is partly tied to specific program delivery in areas such as Indigenous sexual and reproductive health and Focus Schools.

The *Focus Schools Program* has been an outstanding success with support for school communities expanding to 78 schools. Developed by SHine SA's relationships and sexual health education specialists, the program is endorsed by the Department of Education & Children's Services and funded by SA Health.

As part of the Federal Government's 'Respectful Relationships' initiative, SHine SA was approached to undertake a consultation with three communities in the Kimberley area of Western Australia, in relation to the development of a school program on respectful relationships.

Work is currently being undertaken in improving access to emergency contraception (EC) in all areas of SA. The proposal will increase access by young women to low or no cost EC, with the aim of reducing unplanned or unwanted pregnancy and the flow-on effect of increased school retention.

SHine SA is a member of Sexual Health & Family Planning Australia and the International Planned Parenthood Federation, and contributes to policy, advocacy and planning at a national and international level.

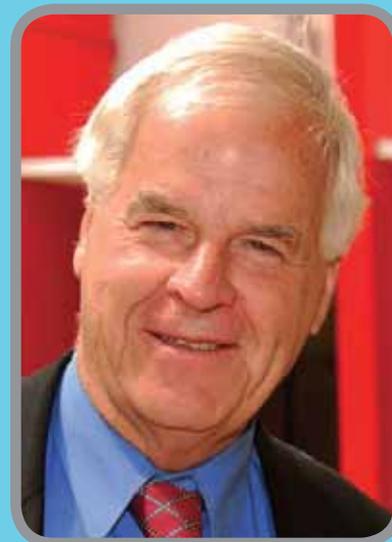
The SHine SA Council welcomed Dr Helen Calabretto and Chris Horsell during the year as new members. We are very enthusiastic about the wealth of experience they both bring. The Council has met regularly and worked harmoniously with CEO Kaisu Vartto and her dedicated staff for yet another fulfilling year's activity.

Grant Gilbert
President 2010

Grant Gilbert, President, with outgoing Council member Meg Lewis and Sue - Manager Close the Gap at the 2009 Annual General Meeting



Council members 2009–10



Mr Grant Gilbert
President - SHine SA Council

Grant Gilbert
President

Dr Kylie O'Connell
Ministerial nominee and
Deputy-president

Kathy Edwards
Staff nominee

Allison Willis
Professor Bruce Johnson

Philip Jackson

Angela Lawless

Helen Calabretto

Chris Horsell

SHine SA staff presentations @ conferences

What's Your Story

Doing Diversity: Health In Difference Conference 2010 (National LGBT Health Alliance) Sydney, April 2010

Mel Cameron
Regional Schools Coordinator

Celebrating Diversity: An early intervention model for reducing abuse against same sex attracted young women

6th Australian Women's Health Conference
Hobart, 18–21 May 2010

Lucy Girocco
Manager, Workforce Development
Sue Arwen
Manager, Yarning On Aboriginal Health Program



Shirley, Admin Support Worker in the Executive Team with Angela, SHine SA's external Accountant



Sue, Community Nurse - South team, and Sue, Community Nurse - East/West team, receiving their Years of Service awards for 20 years working with SHine SA.

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.

SHine SA says thanks!



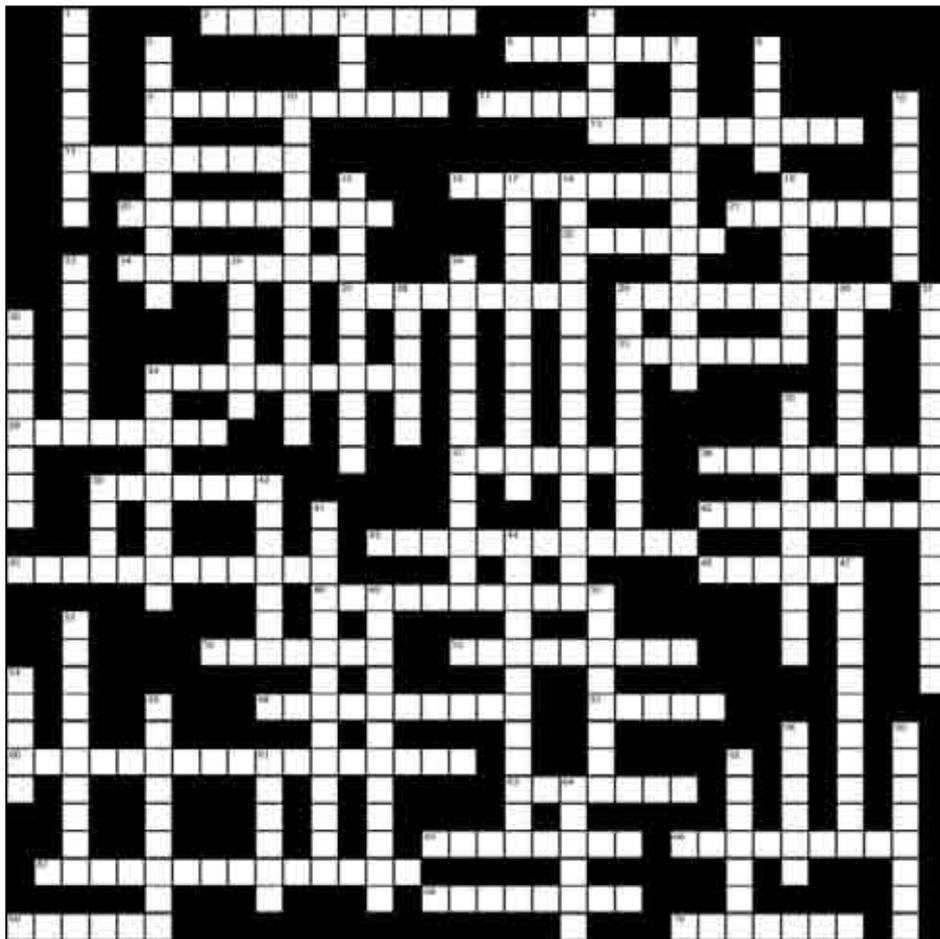
Council, management and staff of SHine SA would like to thank:

- 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

Kerrynne, former SHine SA Media Officer, with Kaisu Vartto, Chief Executive Officer, at her farewell presentation.



Entertainment



Across

- 2 Freedom from doubt; belief in yourself and your abilities (10)
 6 Being long-lasting and recurrent or characterised by long suffering (7)
 9 Any basic right or freedom to which all human beings are entitled and in whose exercise a government may not interfere (including rights to life and liberty as well as freedom of thought and expression and equality before the law) (5,6)
 11 A number that has no factor but itself and 1 (5)
 13 Full of or exhibiting respect (10)
 14 Applicable to or common to all members of a group or set (9)
 16 The relative frequency of occurrence of something (9)
 20 The number of inhabitants (either the total number or the number of a particular race or class) in a given place (country or city etc.) (10)
 21 Being of the age 13 through 19 (7)
 22 SA Aboriginal Community (6)
 24 Move something or somebody around; usually over long distances (9)
 27 Having knowledge of (9)
 29 Characterised by unrest or disorder or insubordination (10)
 33 The state of having little or no money and few or no material possessions (7)
 34 Bestow a quality on (10)
 36 Mistake one thing for another (8)
 37 Concerned with work or important matters rather than play or trivialities (7)

- 38 Occurring or existing before birth (9)
 39 A system of projects or services intended to meet a public need (7)
 42 A sexually transmitted infection caused by bacteria (9)
 43 SA Aboriginal Community (6,6)
 45 SA Aboriginal Community (6,6)
 46 Failing to speak or communicate etc when expected to (6)
 48 A group of people living in a particular local area (11)
 52 Any condition that makes it difficult to make progress or to achieve an objective (7)
 53 Help develop, help grow (9)
 56 Readiness to embark on bold new ventures (10)
 57 An important question that is in dispute and must be settled (5)
 60 SA Aboriginal Community (7,4,6)
 63 To make better (7)
 65 SA Aboriginal Community (8)
 66 SA Aboriginal Community (3,6)
 67 Any malignant growth or tumour caused by abnormal and uncontrolled cell division of or relating to the cervix of the uterus (8,6)
 68 A determination of the place where something is (8)
 69 Make less severe or harsh or extreme (6)
 70 Financial resources provided to make some project possible (7)

Down

- 1 A complex mental state involving beliefs and feelings and values and dispositions to act in certain ways (8)
 3 A substance that is used as a medicine or narcotic (4)
 4 Possession of controlling influence (5)

- 5 The way a person behaves toward other people (10)
 7 Including all or everything (13)
 8 A young person (5)
 10 A state involving mutual dealings between people or parties or countries (13)
 12 A formal association of people with similar interests (7)
 15 SA Aboriginal Community (4,7)
 17 Characteristic of the present (12)
 18 Violence or physical abuse directed toward your spouse or domestic partner; usually violence by men against women (8,8)
 19 Having or indicating good health in body or mind; free from infirmity or disease (7)
 23 SA Aboriginal Community (7)
 25 The state of being certain that adverse effects will not be caused by some agent under defined conditions (6)
 26 Make sexual, endow with sex, attribute sex to (13)
 28 The right to obtain or make use of or take advantage of something (6)
 29 A mental state characterised by a pessimistic sense of inadequacy and a despondent lack of activity (10)
 30 A person given to fanciful speculations and enthusiasms with little regard for what is actually possible (9)
 31 SA Aboriginal Community (9,6)
 32 Ability to perform or produce (8)
 34 Providing protective supervision; watching over or safeguarding (9)
 35 The quality of prevailing generally; being widespread (10)
 39 A person who is of equal standing with another in a group (4)
 40 Keep tabs on; keep an eye on; keep under surveillance (7)
 41 Unfair treatment of a person or group on the basis of prejudice (14)
 44 The act of intervening (12)
 47 Consisting of or derived from tradition (11)
 49 Relegate to a lower or outer edge, as of specific groups of people (12)
 50 One who lives through affliction (8)
 51 Capable of being attained or accomplished (10)
 54 Involving risk or danger (5)
 55 The ratio of deaths in an area to the population of that area; expressed per 1000 per year (9)
 58 Common to or shared by two or more parties (6)
 59 The act of intimidating a weaker person to make them do something (8)
 61 Cut down on; make a reduction in (6)
 62 SA Aboriginal Community (7)
 64 People in general considered as a whole (6)

Down: 1 Attitude, 3 Drug, 4 Power, 5 Behaviours, 7 Comprehensive, 8 Youth, 10 Relationships, 12 Society, 15 Port Augusta, 17 Contemporary, 18 Domestic violence, 19 Healthy, 23 Cartoon, 25 Safety, 26 Sexualisation, 28 Access, 29 Depression, 30 Visionary, 31 Erabella Anangu, 32 Capacity, 34 Custodial, 35 Prevalence, 39 Feet, 40 Monitor, 41 Discrimination, 44 Intervention, 47 Traditional, 49 Marginalised, 50 Survivor, 51 Attainable, 54 Risky, 55 Morality, 58 Mutual, 59 Bullying, 61 Reduce, 62 Rankan, 64 Public.

Across: 2 Confidence, 6 Chronic, 9 Human rights, 11 Prime, 13 Respectful, 14 Universal, 16 Incidence, 20 Population, 21 Teenage, 22 Marée, 24 Transport, 27 Awareness, 29 Disruptive, 33 Poverty, 34 Contribute, 36 Confused, 37 Serious, 38 Antenatal, 39 Program, 42 Chlamydia, 43 Mimiit Anangu, 45 Karuna Plains, 46 Silent, 48 Communities, 52 Barrier, 53 Nurturing, 56 Initiative, 57 Issues, 60 Kenmore Park Anangu, 63 Improve, 65 Koombba, 66 Oak Valley, 67 Cervical cancer, 68 Location, 69 Modity, 70 Funding.

Aries
21 March – 20 April



Traits

Positives: Adventurous, energetic, pioneering, courageous, enthusiastic, confident, dynamic.
Negatives: Can be impulsive and impatient.

People born in Aries are spontaneous and assertive. Sex can be very spur of the moment so they should always have a stash of condoms and dams by their bed as well as in their bathroom cupboard, kitchen draw, glove box, jeans pocket, wallet or handbag.

Thought for the day: Look after your special person by preparing a nice **ROAST LAMB** dinner – can't have them feeling too secure can we?

Taurus
21 April – 21 May



Traits

Positives: Patient, reliable, warm-hearted, loving, persistent, determined
Negatives: Can be jealous and possessive.

Taureans are inspired by touch and taste, they'll usually have a smorgasbord of flavoured lube. Taureans are said to be excellent lovers but, for some unknown reason, lousy dancers. If you watch cows, you'll understand Taurus.

Thought for the day: If your Taurean forgets to pamper **YOU** take their credit card and spend obscene amounts of money on yourself!

Gemini
22 May – 21 June



Traits

Positives: Adaptable, versatile, witty, intellectual, youthful, lively
Negatives: Can be nervous and tense.

Gemini lovers tend to be fast and furious and more concerned with satisfying themselves than their partners. The Gemini likes walking naked around their home, irrespective of the other members of the household's views or opinions. To keep a Gemini's interest, know a lot about something and they will hang out with you until they learn it too (meanwhile learn a lot about something else!).

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

Cancer
22 June – 22 July



Traits

Positives: Emotional, loving, intuitive, imaginative, cautious, sympathetic.
Negatives: Can be changeable and overemotional.

Cancerians have a need for constant encouragement. Cautious by nature, Cancerians are more likely to bury themselves in the sand rather than make the first move. Once started Cancerians can surprise you by their imaginative side when it comes to sex.

Thought for the day: Cancer is just too good to be true, so next time you take them to the ocean – push them in the water, just to keep up an element of surprise!

Leo
23 July – 22 August



Traits

Positives: Generous, warm-hearted, creative, enthusiastic, broad-minded, faithful, loving.
Negatives: Can be patronising, intolerant.

Leos are creative, resourceful and impulsive, so when the mood takes them their natural instinct will be to find love in places where people are either inebriated or sexually liberated. Your Leo needs to be happy with how the world perceives them, if enough praise is not forthcoming, you will have a sulky, growly lion!

Thought for the day: Throw some meat at your lover occasionally and watch to see how they react!

Virgo
23 August – 23 September



Traits

Positives: Modest, shy, meticulous, reliable, practical, intelligent.
Negatives: Can be overcritical, fussy, perfectionist.

Beneath a Virgo's cool-as-a-cucumber exterior smoulders a very sexy, deeply passionate person just waiting to be unleashed. They maintain the highest safe sex statistics, having learnt to say NO to unplanned sexual encounters.

Thought for the day: Shock therapy can help the perfectionist Virgo. Try emptying the vacuum bag on the floor or writing their name in Vegemite in the bath – always gets interesting results!

Libra
24 September – 23 October



Traits

Positives: Diplomatic, romantic, charming, easygoing, sociable, idealistic, peaceful
Negatives: Can be indecisive, changeable and flirtatious.

Librans love to be admired and are more than a little exhibitionistic. They have a definite kinky side. Sometimes devious in the pursuit of their desires, Librans will insist on both partners shopping together to buy sex toys that are mutually pleasing and seek other shoppers' help in the quest given half the chance.

Thought for the day: If you get sick of lavishing things pleasing to the senses on your Libran lover try giving them a parcel of smelly old bones, after all they certainly will do something to the senses!

Scorpio
24 October – 22 November



Traits

Positives: Determined, emotional, intuitive, powerful, passionate, exciting.
Negatives: Can be jealous, compulsive and secretive.

Scorpio lovers are lustful, sexy animals who are inquisitive, searching and experimental. Scorpions tend to have a very poor sense of time, often losing it altogether. Well versed in safe and stimulating sex practices, they will have a secret stash of condoms, dams, lube, toys, books, videos, scented candles and chilled Champagne on stand-by.

Thought for the day: Give your Scorpio partner, friend, boss lots and lots of expensive presents, make their life a joy!!

Sagittarius
23 November – 21 December



Traits

Positives: Optimistic, loving, good-humoured, honest, straightforward, intellectual.
Negatives: Can be careless, tactless and restless.

Sagittarians are fun, energetic and engaging when it comes to sex. Their uninhibited spirit can then leave them unprepared for impulsive love-making. Sagittarians are likely to be least offended when you mistake them for an aging rockstar, and most Sagittarians are pleased that you noticed them at all.

Thought for the day: Sagittarius partners are thought to be a good luck charm so think about having them shrunk and used as a charm on a charm bracelet, then you won't have to worry if they are unhappy or depressed!

Capricorn
22 December – 20 January



Traits

Positives: Practical, ambitious, disciplined, patient, careful, humorous.
Negatives: Can be pessimistic and rigid.

Capricorn lovers don't need much foreplay – they go from zero to **WOW** in nothing flat! They have great stamina and staying power, which can have its positives when it comes to sex. However, they usually lose their spiked shoes and fish-net stockings along the way.

Thought for the day: Capricorns strive for success in their careers. See if you can get your Capricorn to enter politics, or form a computer corporation – that way you can reap some of the rewards of money and position!

Aquarius
21 January – 19 February



Traits

Positives: Friendly, humanitarian, honest, loyal, independent
Negatives: Can be perverse and unpredictable.

Aquarians prefer a variety of foreplay before getting down to it. They can be overly careful, insisting that all partners participating in the physical festivities wear a full body condom. Aquarians are very interested in talking about sex, playing foreplay games and experimenting in unorthodox or unusual sexual encounters.

Thought for the day: As Aquarians are such a slippery lot match presents to this trait. Try an electric eel for a birthday present, a banana skin for Christmas, be creative!

Pisces
20 February – 20 March



Traits

Positives: Imaginative, sensitive, compassionate, kind, selfless, sympathetic
Negatives: Can be idealistic, secretive and easily led

Pisceans take the lead in lovemaking and are impatient if they don't get a swift response. They are sexually liberated and enjoy a wide range of eroticism. To seduce a Piscean, appeal to their empathetic nature and show you understand them.

Thought for the day: Try living with a Pisces and you will learn that all they need is a good talking to, a no nonsense attitude and they will learn not to be so wishy washy!

A woman with a blue beanie and scarf is smiling and holding a green sign. The sign has the text 'LOVE HAS NO GENDER' written on it in a simple, hand-drawn font. The sign is decorated with small, colorful stars and dots in shades of red, orange, purple, and green. The background is dark, making the woman and the sign stand out.

LOVE
HAS NO
GENDER