Sexual Health & Family Planning Australia

Leading the way in sexual and reproductive health

Improving Sexual and Reproductive Health for People with Disability

Report from the SH&FPA Disability Special Interest Group

May 2013

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1.0   Background

In 2011 the SH&FPA federated body entered into a Funding Agreement with the Department of Health and Ageing, to undertake the 'Growing a National Approach' project.

The project aims are to:

"Expand and strengthen a national approach and improve overall access to activities and information about sexual and reproductive health, including family planning, for all Australians with a focus on high needs and at risk populations, including Aboriginal and Torres Strait Islander Peoples, people from Culturally and Linguistically Diverse backgrounds, people with a disability and people from rural and remote areas."

The four key objectives of the project are to:

- develop national sectoral and national cross-sectoral networks,
- improve access and equity for Aboriginal and Torres Strait Islander peoples,
- strengthen and increase workforce capacity, and
- translate latest evidence.

As part of this project, SH&FPA established a number of Special Interest Groups (SIGs) to meet these objectives. The Disability Special Interest Group (DSIG) was convened to provide SH&FPA with advice and expertise on sexual and reproductive health (SRHR) needs and issues, specifically as they relate to disability. A list of members of the DSIG is at **Appendix A**.

In developing Terms of Reference for the DSIG, it was agreed that the group would undertake work that would help SH&FPA to:

- determine the current evidence base in the area of SRHR and disability,
- define what is best practice in the area of SRHR and disability, and
- determine the major issues and gaps in policy and practice relating to sexual and reproductive health and rights and disability.

In achieving these aims, and in line with the objectives of the Growing a National Approach Project, the DSIG agreed to produce the following:

- a list of key national stakeholders in the area of SRHR and disability,
- a list of relevant conferences and symposiums,
- a list of possible funding donors,
- a list of key articles relating to SRHR and disability,
- information that broadly defines what is best practice in the area of SRHR and disability, and
- a proposal to SH&FPA that outlines current gaps in research, policy, professional development, workforce capacity and practice as it relates to SRHR and disability.

This report represents the compilation of these deliverables.

2.0   Agreed Definition of Disability

In defining and scoping the work of the DSIG, members agreed on the following definition of disability:

Article 1 of the Convention identifies people with disabilities as those who have long term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. In defining disability the policy states that the 'person' must be put first rather than the 'disability'. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove physical, environmental and social barriers.

Disability may include:

- total or partial loss of a person's bodily or mental functions
- total or partial loss of a part of the body
- presence in the body of organisms causing illness or disease
- presence in the body of organisms capable of causing disease
- the malfunction, malformation or disfigurement of a part of a person's body
- a disorder or malfunction that results in a person learning differently from a person without the disorder or malfunction
- a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behavior.

The sexual rights of all individuals, including those with disabilities, embrace human rights that are already recognized in national laws, international human rights documents and other consensus documents. These include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of health in relation to sexuality, including access to sexual and reproductive health care services;
- seek, receive and impart information in relation to sexuality;
- sexuality education;
- respect for bodily integrity;
- choice of partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when to have children; and
- pursue a satisfying, safe and pleasurable sexual life.

3.0   The Current Policy Context

3.1   National

The Australian policy context relating to the reproductive and sexual health of people with disability falls into three main areas including:

1. Disability specific policy
2. Health policy
3. Education policy

3.1.1   Disability specific policy

In 2008, Australia ratified *the UN Convention on the Rights of Persons with Disabilities* (UNCRPD) including the *Optional Protocol* which gives the UN the power to inquire about a nation's reported breach of the Convention. The UNCRPD is a powerful statement of what Australia and the world believe are the fundamental rights of people who have disabilities, and goes some way towards reducing discrimination. The UNCRPD specifically addresses rights around reproductive and sexual health in Article 16: Freedom from exploitation, violence and abuse; Article 23: Respect for home and the family; and Article 25: Health. These include:

- Eliminating discrimination for people with disability in all matters relating to marriage, family, parenthood and relationships
- Ensuring people with disability retain their fertility on an equal basis with others
- Providing people with disability with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including the area of sexual and reproductive health
- Taking all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects

The current Senate Inquiry into Involuntary and Coerced Sterilisation of People with Disabilities in Australia is due to report in June 2013. Written submissions to the Inquiry were made by SH&FPA, Family Planning NSW and Family Planning Victoria and provided the opportunity to advocate more broadly around reproductive and sexual health issues for woman with intellectual disability. In March 2013, Family Planning NSW and Family Planning Victoria also gave evidence at a public hearing in Sydney.

DisabilityCare Australia, the National Disability Insurance Scheme, provides a great opportunity to truly reform disability services and care in Australia. The NDIS will support choice for people with disability, their families and carers, and put people in control of the care and support they receive, based on need. Individualised funding and care across the person's lifetime provides the opportunity to provide services matched to an individual's goals including their sexuality and relationships aspirations. The scheme is set to launch in NSW, Victoria, Tasmania and South Australia in July 2013 with other states and territories to follow from 2014. With DisabilityCare Australia in its infancy it is uncertain to what extent people with disability will be supported under the scheme around their reproductive and sexual rights including access to sexuality education and relevant health services.

Ongoing advocacy is required to ensure the new funding model translates to practical support in all areas of a person with disability's life including their sexual and reproductive health.

The National Disability Strategy 2010-2020 plays an important role in protecting, promoting and fulfilling the human rights of people with disability. The Strategy ensures that the principles underpinning the UNCRPD are incorporated into policies and programs affecting people with disability, their families and carers. It will also contribute to Australia's reporting responsibilities under the Convention. Key areas for future action include addressing issues specific to people with disability as part of the national expansion of key public health strategies including reproductive health programs, so that they explicitly meet the needs of people with disability. The need to develop strategies to reduce violence, abuse and neglect of people with disability is also highlighted in the Strategy.

3.1.2   Health policy

The Sixth National HIV Strategy 2010–2013 outlines priority areas for action including HIV prevention programs which respond to the cultural diversity of gay men including men with cognitive, intellectual or psychiatric disability. The Strategy also acknowledges that some HIV-positive people may have high support needs that are ongoing including people with psychiatric, cognitive or intellectual disability. The over-representation of people with intellectual disability or people who are functionally illiterate in custodial settings is identified as posing a particular challenge for HIV prevention education. The Second National Sexually Transmissible Infections Strategy 2010–2013 makes no specific mention of people with disability.

It is worth noting the absence of a national sexual and reproductive health strategy in Australia. In 2008 the Public Health Association of Australia, SH&FPA and the Australian Reproductive Health Alliance released a background paper called *Time for a National Sexual and Reproductive Health Strategy for Australia*. The paper acknowledges the public health importance of sexual and reproductive health and identifies people with disability as being disproportionately affected by sexual and reproductive ill health. The paper proposes that a national strategy should be principled around sexual and reproductive health as a human right and sexual and reproductive health programs and services should be equitable and responsive, and not limited by discrimination including disability.

3.1.3   Education policy

There are currently a number of national education reforms which provide the opportunity to advocate for the full inclusion of people with disability in education and the importance of sexual health and relationships education in particular. The *Disability Standards for Education 2005* was reviewed in 2011 and the Australian Government response to the review was released in 2012. The Education Standards provide a framework to ensure that students with disability are able to access and participate in education on the same basis as other students. While the standards apply to a wide range of educational settings, no specific mention is made relating to sexual health and relationships education.

The Australian Curriculum, Assessment and Reporting Authority (ACARA) is the independent authority currently developing a national curriculum that supports 21st century learning for all Australian students. The development of a national curriculum provides an opportunity to advocate

around the importance of sexual health and relationships education for students with disability as part of the Personal Development, Health and Physical Education curriculum. The recent Review of Funding for Schooling (Gonski Review) recognised the need to improve Australia's overall education performance. The report recommended that we not only need to lift outcomes of the best performing students, but we also needed to close the gap which exists for a range of students and specifically identified students with disability.

3.2   State/Territory

Current policies at the state and territory level are listed in **Appendix B**.

4.0   Best practice in the area of Sexual and Reproductive Health Rights (SRHR) for people with disability

Introduction

People with disability must be acknowledged as sexual beings, and have access to information and resources to make informed choices about their sexuality and sexual and reproductive health. It is essential that people with disability be supported to make choices and decisions that offer the least restrictive alternative to their health and lifestyle.

People with disability are a diverse group who have historically not had their sexual and reproductive health rights (SRHR) acknowledged. People with disability comprise approximately 20% of the Australian population.

The World Health Organisation[i] states that all people have the right to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services

- seek, receive and impart information related to sexuality

- sexuality education

- respect for bodily integrity

- choose their partner

- decide to be sexually active or not

- consensual sexual relations

- consensual marriage

- decide whether or not, and when, to have children

- pursue a satisfying, safe and pleasurable sexual life

This paper aims to broadly define the principles of best practice to support positive SRHR outcomes for people with disability. Cambridge Dictionaries online defines 'best practice' as, "a working method , or set of working methods, which is officially accepted as being the best to use in a particular business or industry, usually described formally and in detail".

It is important to acknowledge that what constitutes best practice is often defined by the group for whom the practice is created. All attempts have been made to accommodate this principle; however, for the purposes of this document, it is not possible to list best practice for every type of disability. General examples of a broad range of best practices are included.

Key areas of importance:

1. Inclusion of people with disability in decision making about their sexual and reproductive health

2. Implementation of policy and practice guidelines

3. Provision of SRHR education and information

4. A skilled and confident workforce

5. Partnerships between parents/carers and professionals

1. Inclusion of people with disability in decision making about their sexual and reproductive health

Making decisions about sexual health and relationships helps us to define how we want our lives to be and enables us to make choices that in turn enable us to express our needs, wants and rights. Whether we make the 'right' choice each time is part of life's journey and should not necessarily be the marker of whether or not a person is included in a decision about them.

It makes sense that including people in decisions made about them is best practice; it is also a fundamental right. Barriers to inclusion in decision making can be about the access to built environments, language and comprehension levels, access to transport and support, along with medical professionals making assumptions about what a person's sexual and reproductive health needs may be.

The WHO/UNFPA [ii] describe full inclusion as comprising five key elements:

> *"I can't have babies… when I was young I had an operation that means I won't be able to. I would have liked to look after a baby. I think I could have done it with some help."*
>
> Quote from a young woman with an intellectual disability.

Fig. 1. Five actions towards full inclusion of the sexual and reproductive health of people with disability.

An example of best practice comes from the Victorian Department of Human Services [iii]. Included are seven general decision making principles that can be employed when looking at decision making for people with disability.

1. Everyone has the right to make decisions about the things that affect them
2. Capacity to make decisions must be assumed
3. Every effort should be made to support people to make their decisions
4. Capacity is decision specific
5. People have the right to learn from experience
6. People have the right to change their minds
7. People have the right to make decisions other people might not agree with

2. Implementation of policy and practice guidelines

The United Nations convention on the rights of persons with disabilities upholds the rights of people with disability to be provided, "with the same range, quality and standard of free or affordable health care and programmes as provided to other people, including in the area of sexual and reproductive health and population-based programmes," (Article 25) and to "take appropriate measures, including through peer support, to enable people with disabilities to attain and maintain their maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life."(Article 26)

Case Study:

House With No Steps (HWNS)

In 2011 House with No Steps (HWNS) developed guidelines for staff when supporting sexuality and relationships for people with disability. The guidelines are based on promoting positive relationships and sexuality while ensuring that staff feel confident to respond positively to sexual behaviours or relationship issues. The guidelines cover a wide range of issues ranging from living together to responding to masturbation.

Outcomes for people with disability who are supported by HWNS include having their sexuality and relationship needs addressed consistently and in line with what they have a right to receive. In consultation with the people that HWNS supports, the guidelines have been transferred into 'easy english'.

HWNS Practice Advisor Jan Lang says "Feedback from staff has been positive; sexuality related issues are not black and white, so there has been opportunity for further discussion. The guidelines have promoted more conversations and willingness to raise issues in an environment of openness and honesty …they have reduced some of the anxieties typically experienced by staff".

The guidelines have also generated interest across the disability sector, and HWNS has shared resources and consulted with other organisations.

Within Australia there is no consistent policy framework for SRHR and disability. The states that do have government policy documents include Victoria and Tasmania. It is clear that there is no one policy document that can act in the best interests of all people with disability. Policy and practice guidelines need to take into account specific needs and should be underpinned by upholding rights and responsibilities.

An example of best practice within government comes from Victoria [iv]. The Victorian *Personal Relationships sexuality and sexual health policy* scope only extends to those employed within the Department of Human Services, although it can be used by organisations in the funded sector as a guide for creating their own policies if they choose.

The policy document outlines 10 policy principles:

1. Rights and responsibilities
2. Values and attitudes
3. Relationships
4. Social skills
5. Sexuality and sexual health
6. Freedom from exploitation and abuse
7. Privacy
8. Confidentiality
9. Access to education, information and services
10. Competent and skilled staff.

When there is an absence of policy and practice guidelines, staff are often left to devise responses that are based on their own values or are placed in situations where they are unsure what their response should be.

3. Provision of SRHR education and information

All people have the right to have access to education and information that can help them to make safe and healthy choices about their bodies and relationships. People with disability often do not have equal access to information and education for a number of reasons ranging from physical access to classrooms to varied learning needs. Values and attitudes of others, and their decisions about what education or information to provide, also play a significant role.

Sexuality and relationships education is essential learning for young people with disability who are more likely to require direct instruction to learn positive and protective skills and are more vulnerable to sexual abuse and exploitation.[v] Research consistently shows that sexuality and relationships education is important to young people with disability and can be successful in contributing to knowledge and skill acquisition as well as influencing positive behaviour development.

Young people with disability may have additional needs. An example of best practice methods for delivery of education to young people with physical disability was published in 2009. Young people stated that they thought it was, "important for information to be specifically presented regarding the unique features and impact of their disability on their present and future sexual functioning." [vi] Methods of teaching needed to also be relevant, for example for a person with a visual impairment, tactile models are important. Similarly, when delivering education to a young person with an intellectual disability, information may be best supported with visual images and repetition over time. Best practice needs to employ bravery and leadership, with a partnership between young people with disability, their parents and professionals which put the young person's vision and dreams at the centre of the process in ways which foster opportunities and skills to achieve personal relationships, community inclusion, dignity and respect. [vii viii ix(

According to the United Nations Educational, Scientific and Cultural Organisation (UNESCO) as reported in *Sexuality Education in Australia in 2011* [1] the five elements of best practice that are relevant for improving sexual health knowledge and behaviour include:

- programs that include at least 12 or more sessions
- sequential sessions over several years
- capable and motivated educators to implement the curriculum
- quality training to educators
- ongoing management, supervision and oversight

When providing education or information to adults with a disability, consideration must also be given to the specific disability, ideal methods of learning and provision of age appropriate information. Many professionals make assumptions about people's level of knowledge and make decisions about what information is relevant for the person. For many adults with an intellectual disability, some assume that they do not need information about safer sex or contraception, for example, as it is understood to be unlikely they will have sex. This withholding or selective provision of information is in direct contravention of a person's rights to access information that can support positive sexual experiences and health. Indeed, maintaining silence may increase vulnerability to sexual exploitation, unplanned pregnancy, problematic sexual behaviours and sexually transmitted infections.

This pattern of silence or selective provision of information is also experienced by young people and adults with physical or neurological impairments; based on assumptions about body image and 'need to know'. Consequently young people and adults with bodies which do not fit socially normative expectations are more likely to receive less pertinent information about how they can safely and effectively be sexual, engage in intimate relations or reproduce if they choose [x]

Clinicians, developmental educators and disability specialists need to be aware of best practice guidelines when providing sexual health information for people with disability. Family Planning NSW has developed practice guidelines that support best practice in this area. The aims of the guidelines include issues pertaining to informed consent and provision of best practice clinical services for people with disability.[xi]

4.   A skilled and confident workforce

"We already have the skills to teach, you don't need to be a 'sexuality expert' to teach this stuff. We know our students really well and have an understanding of what they need. Yeah, it's a bit nerve racking at first – but I'm looking forward to continuing the journey!"

Quote from a teacher in a Special School who had delivered a SRHR education program for the first time.

Educators and disability sector professionals consistently identify increased training alongside the implementation of policy and procedure as the key factors to increasing their skill and confidence level when supporting SRHR of people with disability. [xii] Much of the research in this area focuses on professionals who support people with an intellectual disability.

The values and attitudes of professionals can have a great impact on the level of sexuality and relationships education that a person with a disability may receive. Often staff can be anxious about the response of parents to the provision of sexuality and relationships education or perhaps believe in the myth that the provision of education about sexual activity leads to young people or adults with a disability to have sex when otherwise they may never have thought about it. In actual fact, a recent study by Family Planning Queensland indicated that most parents want to work together with professionals to have conversations about SRHR and that 90% feel that receiving information about sexuality and relationships would encourage them to discuss the topic with their school-age children. [xiii]

In 2007, Health Scotland [xiv] published a briefing paper on the sexual health needs of young people with learning disabilities. Their findings are based on examples of emerging and promising practice. They conclude that the following elements are accepted best and promising practice when thinking about provision of training and building the confidence and skill of professionals:

- Exploring the values and attitudes of staff towards sexuality and disability may lead training to be more effective
- Involving people with learning disabilities in the provision of training is a powerful approach, that enables professionals to see what it might be like to be on the receiving end of service provision
- Ensuring that professional development is linked to real life situations is practical and user centred

An area of promising practice centres on other forms of professional development such as networking, co-facilitation and the use of technology to connect and share resources. These

methods, along with traditional face to face training, are being developed in the education sector in particular.

A special school in Brisbane was part of a project run by Family Planning Queensland (FPQ) that enabled them to receive face to face training, in-class mentoring and team teaching along with support in developing resources and networking. One of the key teachers who was involved in this project commented, *"……my skills as a sexuality and relationships education teacher have improved as well as my confidence to deliver much needed and important curriculum to my students. The young people I teach are now able to communicate about issues relating to sexuality…It is slowly starting to create a sense of belonging for some of my students who previously due to some behaviours found it difficult to socialise… they are now interacting with peers…"*

The factors that enable professionals to be skilled and confident in supporting SRHRs of people with disability are broader than only having access to appropriate training. The structures that surround professionals play an important role in ensuring best practice occurs.

5.   Partnerships between parents/carers and professionals

Parents and carers play a key role in promoting SRHR. The role of a parent or carer may vary considerably depending on the age of their child and the impact of disability on their life.

Learning about sexuality is a lifelong process, and as a parent, carer or professional, talking about sexuality is an ongoing conversation and not just a 'one-off' talk about 'the facts'. Research[xv] suggests people with disability benefit and learn more from sexuality information that is repeated and reinforced in the home, school and in support services.

Partnerships between professionals and families regarding SRHR may be compromised because of anxiety and concern about sexual matters and there may be differences in opinion over information and attitudes considered appropriate. There is often a belief that a child or young person who doesn't know about sex will have no desire to express their sexuality and therefore be less likely to be at risk of abuse[xvi] Best practice by early intervention professionals therefore includes raising these issues early with parents and carers and for myths about sexuality and disability to be countered effectively. This can be done through the age appropriate incremental sexual health learning of the individual being included in person centred care and education planning throughout life stages.

One of the best ways to provide SRHR education is to share small amounts of clear, correct and positive information. It is best for this information to come from adults in the person's life that they know and trust. Most parents, carers and professionals recognise the importance of children, young people and adults with a disability having accurate, age-appropriate information.

> *"I feel better knowing that we were on the right track, I also know that it is better to talk about these things than wish them away. After all, we do want him to have the most information he can to be safe… now I know where I can find resources to help start the conversation."*
>
> Quote from a parent after attending a workshop designed to support parents to feel more confident talking about sexuality and relationships.

For many parents and carers there is a desire to provide information to their child with a disability but they do not know where to start, what resources to use, and would like support from professionals to build confidence and a consistent approach.

Utilising a family centred approach to working in partnership with families of young people with disability is supported by research. Llewellyn and Fante[xvii] identify key elements that contribute to family centred approaches:

- Acknowledging the family as the constant in the child's life
- Facilitating family-professional collaboration
- Exchanging complete and unbiased information between families and professionals
- Honouring cultural diversity
- Respecting each family's individuality in their adaptation to their child's needs and each family's expressed goals
- Facilitating family to family support and networking
- Ensuring all services are flexible, accessible and comprehensive
- Appreciating families as families and children as children first, taking into account their wide range of strengths, concerns, emotions and aspirations beyond their need for specialised services and support.

A research study by Ruth Garbutt [xviii] with parents about the role that professionals could play highlighted that key points in building partnerships with parents and carers include working in a supportive way with parents and carers, and being sensitive to their experiences and concerns about their child's vulnerability. Also highlighted was the importance of providing information in a proactive manner rather than waiting for a problem to arise.

There is little research about maintaining and building positive partnerships with parents and carers of adults with a disability, with much of the focus in the literature being about the deficits of the system rather than benefits of a partnership approach to supporting SRHR. The powerful role that families can play is highlighted in the report produced from the Proceedings of the Sixth Annual Roundtable on Intellectual Disability Policy, Services and Families Working Together to Support Adults with Intellectual Disability:

> "Families play a key role in influencing emotional development and early attachment which will impact on individual resilience and coping strategies in later life. They also shape an individual's cultural, racial or class identity, or their values and world view. Family roles form part of a person's identity such as brother, sister, uncle or aunt that can create a sense of belonging and provide an opportunity to be someone other than a 'service user'" [xix]

This report also points out that rather than best practice examples of partnerships between families of adults with intellectual disability there are three potential areas of importance:

> 1) the role of services in supporting and strengthening family relationships of adults with intellectual disability,
> 2) supporting families so they are better able to support the quality of life of the adult with intellectual disability
> 3) acknowledging the inevitable aging of parents earlier rather than later, ensuring that services and families form the type of partnership that optimises what each contributes to the quality of life of the adult with intellectual disability.

Conclusion

We have opportunities on personal, organisational and legislative levels to move towards best practice in meeting the SRHR of people with disability.

Learning about relationships and sexual health is an ongoing process for all people. To acknowledge that SRHR should be a part of the every day reality for all people is to acknowledge that all people have the right to receive information in a way that provides real opportunity for informed decision making when it comes to relationships, sexuality and sexual activity.

The range of services that support families and people with disability have a responsibility to work closely together. This includes Government and Non-Government organisations, Sexual Health and Family Planning Organisations (SH&FPOs), tertiary institutions such as TAFE and University faculties. To do this, a higher level of coordination, resourcing and policy development is required. It is also critical that people with disability are included in decision making about SRHR service development and provision.

Best practice requires the basic recognition that people with disability are sexual beings as a starting point.[xx]

A list of key articles informing best practice is included at **Appendix C**.

5.0   Exemplars of Good Practice Programs

5.1   SoSAFE

Sexual Health and Family Planning ACT and Family Planning Tasmania offer training to education and disability services sectors in the SoSAFE! Program. Designed by teachers with extensive experience in education of students with disabilities, and based on demonstrated sound teaching practices, SoSAFE! is a set of visual and conceptual tools designed to facilitate sexuality education, social safety and social skills training. The program was designed specifically to the common learning needs of students with moderate-severe intellectual disability and autism spectrum disorders, and makes use of high levels of visual learning and system and explicit instruction.

5.2   Every Body Needs to Know

Family Planning Queensland produces and distributes the *Every Body Needs to Know* education resource. The resource has been developed in response to the need expressed by educators and workers in the disability field for a teaching/learning package addressing the specific needs of their group, and can be used in conjunction with the sexuality components of Health and Physical Education (HPE), Studies of Society and Environment (SOSE) and Science curricula.

5.3   DASHING - Disability and Sexual Health Information Networking Guide – CD Rom

DASHING is a sexual health and relationship resource for professionals working in the education, health and disability sectors who work with young people with intellectual and/or learning disabilities or acquired brain injury.

Developed by Family Planning Tasmania, it contains information and recommendations on best practice and refers to resources and articles from other service providers that can be used to complement the *DASHING* resource.

5.4   Family Planning Tasmania (FPT) Disability Education Service

FPT Disability Education Service is a comprehensive Relationships and Sexuality Education Service delivering education to people living with disability, their families and professionals working in the disability field.

FPT Disability Education Service provides individual and small group education sessions to people living with disability. These education sessions are delivered according to the principles of best practice in teaching and learning and Sexuality and Relationships Education.

Educators provide a tailored education program to each client to promote knowledge, skills and attitudes to support the client in establishing and maintaining healthy and respectful relationships at all stages of life. In addition, FPT educators provide advice and strategies to clients, workers and family members for specific behavioural and well-being issues.

FPT's professional education services are informed by up-to-date research and our experience in client services. FPT provide the following disability and sexuality workshops:

- Relationships, Sexual Health and Disability
- Relationships, Sexual Health and ASD
- Managing Challenging Social and Sexual Behaviours
- Teaching for Understanding Social and Sexual Development, including Protective Behaviour Skills, in Early Childhood Settings
- Relationships and Sexual Health in Aged Care Settings
- SoSAFE - teaching for sexuality education, social safety and social skills for people living with disability

5.5   Rules About Sex Getting Them Right

Sexual health information networking and education SA, provide a training module and a resource which aims to assist workers in the disability sector communicate effectively with people with adults and young people with border-line and mild-moderate intellectual disabilities about problematic socio-sexual behaviours, personal rights and responsibilities, private sexual behaviours and sexual safety. This resource specifically references legal and ethical considerations as outlined in SA law and interprets these in plain English. It is distinctive in that the visual materials can be combined and layered electronically to help create tailored and personalized visual communication sets; indeed combined with photographs of actual places in which certain behaviors may be occurring so that meanings and clearer connections to reality can be established through conversation.

5.6   Creating Conversations

The *Creating Conversations* project worked to build the confidence of Central Queensland parents and carers to discuss topics such as relationships and decision making, bodies and puberty changes as well as personal safety skills. The project provided opportunities for parents and carers to practice having conversations with their child using multimedia, visual and activity based resources.

This project was developed by Family Planning Queensland, who received the Excellence in Improving Health Outcomes Award at the National Disability Awards in 2012, alongside the Education Initiative Award during Child Protection Week in 2012.

5.7   Sexuality and Relationships Forums for parents and carers

Family Planning NSW has delivered over 12 forums for parents and carers of people with intellectual disability across NSW. The forums aim to address many of the concerns and information needs of parents and carers regarding the sexuality of the person they are caring for. Topics include relationships and dating, puberty, decision making and safety, sexual health and safe sex, contraception and more. Evaluations have shown that participants are more prepared and resourced to support their family member's sexuality and personal development in a positive way.

6.0   Working with Stakeholders

A list of key National and State stakeholders acting in the disability sector is located in **Appendix D**.

The list includes peak bodies and key individuals within the disabled community, parents and carers, advocacy organisations, government, service providers, educators, religious organisations and financial institutions.

Creating the list it was noted that most SHFPA member organisations had links with local accommodation/service providers and educational institutions rather than peak bodies. These links had taken time to develop. Building trust and relationships especially in the complex and at times controversial area of disability and sexuality is a slow process. We recommend that SHFPA explore the developing an ongoing relationship with a few peak bodies, e.g. People with Disability Australia, Women with Disabilities Australia, Young People in Nursing Homes National Alliance, Carers Australia.

It was also noted that the sector is complex and changing rapidly with the introduction of NDIS Disability Care Australia. The DSIG recommends that this database be reviewed annually to check its accuracy.

7.0   Conferences and Symposiums

Much of the sexual and reproductive health and relationships (S&RH&R) work which takes place in the disability sector goes unsupported, unrecognised and uncelebrated. Frequently the work within the disability sector is ad-hoc in nature and strategic approaches to S&RH&R are few and far between. Opportunities need to be opened up for the work which is being achieved to be recognised and to encourage strategic approaches across the sector. Conferences and symposiums which have a disability focus create the opportunity for S&RH&R work and resources to be showcased. Conversely, sexual and reproductive conferences and symposiums create the opportunity for the disability related work and resources of both sexual health services and disability services to be showcased there. Australia's potential for leadership in this field within the broader region and nearby developing countries should not be underestimated.

The list of local and regional conferences and symposiums in Australia and Asia-Pacific which are provided at **Appendix E**, are examples of events which both S&RH&R sector and the Disabilty sector could be participating in towards these ends.

8.0   Recommendations

1. The UNCRPD is used as a basis for a rights based approach to advocating for the reproductive and sexual rights of people with disability therefore upholding Australia's commitment to the Convention.

2. SH&FPA and Family Planning organisations collaborate to identify and address key national advocacy issues around the reproductive and sexual health of people with disability.

3. SH&FPA partner with national disability peak bodies and advocacy organisations, such as People with Disability Australia, to ensure reproductive and sexual health is included in the national advocacy agenda.

4. All member organisations to strengthen and consolidate opportunities for inclusion of people with disability in program design and delivery

5. SH&FPA run a nationwide competition open to schools and services that support people with disability with the aim of showcasing innovative examples of best practice in meeting the SRHR of people with disability.

6. SH&FPA develop national policy and practice guidelines for meeting the SRHR of people with disability in Australia.

7. SH&FPA to develop a national online clearinghouse of resources to support the delivery of SRHR education for people with disability.

8. SH&FPA to advocate for a sexuality and relationships themed event that is linked to International Day of People with Disability.

9. Federal and State Governments to resource service providers in the disability sector to access ongoing support and training in the area of SRHR provided by member organisations.

10. Federal and State funding to be directed towards early intervention services that develop partnership approaches with families to support provision of SRHR education to children with disability.

Appendix A - List of DSIG Members

Mr Glenn Campbell (Chair)	Family Planning Tasmania
Ms Elaine Alderson	Family Planning WA
Mr Ralph Brew	Shine SA
Ms Lauren Hamilton	Family Planning Victoria
Mr Rob Hardy	Family Planning NSW
Dr Clare Holberton	Sexual Health & Family Planning ACT
Ms Georgina Livingstone	Family Planning Queensland
Ms Barbara McMullen	Family Planning Tasmania
Ms Louise Symons	Sexual Health & Family Planning Australia

Appendix B - State/Territory Policy Context

ACT

1. Disability Services Act 1991
2. Guardianship and Management of Property Act 1991
3. Human Rights Act 2004
4. Future Directions: Towards Challenge 2014 (Disability ACT Strategic Plan)
5. ACT Strategic Framework for STIs, BBV & Hepatitis 2005-2012 (extended in anticipation of new national STI/BBV strategies in 2013
6. ACT one of four national NDIS trial sites

NSW

1. NSW Disability Services Act (1993) Review (including NSW Disability Service Standards)
2. National Disability Strategy NSW Implementation Plan 2012 – 2014
3. NSW HIV Strategy 2012–2015: A New Era
4. NSW Sexually Transmissible Infection Strategy 2006-2009 (currently under review)
5. Department of Family and Community Services, Ageing, Disability and Home Care. Sexuality and Human Relationships Policy and Procedures (1996) and; Abuse and Neglect Policy and Procedures (2007)
6. NDIS trial site (Hunter)

Queensland

1. Disability Services Act (QLD) 2006
2. Absolutely everybody: enabling Queenslanders with a disability. Whole of Government Action Plan 2011-2014
3. Restrictive Practices Requirements -Full legislative scheme, Post April 2010
4. Strategic Directions for health care 2010- 2013
5. Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005–2011 (still on QLD Health website)
6. Child Safety Practice Manual, Department of Communities Child Safety and Disability Services

South Australia

1. Draft State Public Health Plan (SA Health and Ageing)
2. Primary Prevention Plan 2011-2016 (SA Health and Ageing)
3. SA Health care Plan 2007-2016 (SA Health and Ageing)
4. HIV Action Plan 2009-2012 (SA Health and Ageing)
5. Sexually Transmitted Infections Action Plan 2012-2015 (SA Health and Ageing)
6. Review of the HIV/HCV Workforce Development Model in SA Final report (SA Health & Ageing)
7. Acquired Brain Injury Model of Rehabilitation for South Australia (Dept Communities & Social Inclusion)
8. Disability Action Plan (Dept Communities & Social Inclusion)
9. Keeping Them Safe: The SA Government's Child Protection Reform Program (Dept Communities & Social Inclusion)
10. Five Year Strategic Plan, 2009-2013 (Dept Communities & Social Inclusion)
11. LGBTIQ Inclusion Strategy (State Govt SA)

Tasmania

1. Disability Services Act Tasmania (2011) –
2. Policy and Guidelines
3. Department of Health and Human Services (Tas.) Tasmanian Disability Services, Personal Relationships and Sexuality Guidelines, (2006) [Reviewed 2007]
4. Department of Health and Human Services (Tas.) Tasmanian Disability Services, Personal Relationships and Sexuality Policy, (2006) [Reviewed 2007]
5. Disability Services (Tas.) Consent by Clients Guidelines (2003)[Date of Review August 2008]
6. DHHS (Tas.) Disability and Community – GATEWAY SERVICES (2011) Baptcare & Mission Australia
7. Disability, Child, Youth and Family Services – Preventing and Responding to Abuse in Services Funded by Disability Services (2009) (date of review July 2010) – Policy Statement and Procedural Guidelines
8. NDIS (Tas.) 2013
9. National Disability Strategy (Tas.) 2010 - 2020

Victoria

1. Disability Act 2006
2. Disability Amendment Act 2012
3. Equal Opportunity Act 1995
4. Guardianship and Administration Act 1986
5. Victorian State Disability Plan 2013-2016
6. Disability Services Personal Relationships, Sexuality and Sexual Health Policy and Guidelines 2006
7. Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan
8. Victorian Health Priorities Framework 2012-2022: Rural and Regional Health Plan

Western Australia

1. DSC: Disability Access and Inclusion Plan. 2011-2016
2. DSC: Strategic Plan 2011–2015
3. Working with Aboriginal People – A resource to Promote Culturally Responsive Disability Services In WA
4. My Way Programme
5. Procurement Reform Delivering Community Services In Partnership

Northern Territory

1. NT Disability Services Act 1993
2. NT Disability Services Standards 1999
3. Anti Discrimination Act2011
4. Adult Guardianship Act 2011
5. Carers recognition Act 2009
6. Australian Government Disability Discrimination Act

Appendix C - Key Articles Informing Best Practice

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Appendix D - Key Stakeholders

Note: A separate database with more detailed information about hese organisations is available from SH&FPA

Disabled community

Australian Federation of AIDS Organisations (AFAO)
Australian Federation of Disability Organisations (AFDO)
People with Disability Australia (PWD) Incorporated
Physical Disability Australia (PDA) - www.pda.org.au
The First Peoples Disability Network Australia

Blind Citizens Australia
Brain Injury Australia
Beyond Blue
Black Dog Institute
Deaf Australia Inc. (formerly Australian Association of the Deaf)
Deafness Forum of Australia
Down Syndrome Australia
Fragile X Association of Australia
Headspace National Youth Mental Health Foundation
Livewire (community for young people with chronic illnesses)
Mind Australia
Mental illness Fellowship of Australia
MS Australia
National Association of People Living with HIV/AIDS
National Disability Services
Parkinson's Australia
Polio Australia
Short Statured People of Australia
Spinal Cord Injuries Australia
Vision Australia

Parents & Carers

Association Of Genetic Support Of Australasia INC (AGSA)
Australian Association for Families of Children with a Disability (AAFCD)
Autism Spectrum Australia (ASPECT)
Carers Australia
Children With Disability Australia
Dementia Care Australia
Working Carers
Young Carers

Advocacy Organisations

Australian Association of Developmental Disability Medicine (AADDM)
Australian Learning Disability Association (ALDA)
Disability Advocacy Network Australia
Every Australian Counts Campaign

National Ethnic Disability Alliance
National Council on Intellectual Disability
Sane Australia
Women With Disabilities Australia (WWDA)
Young People In Nursing Homes National Alliance

Government

Australian Human Rights Commission (AHRC)
Carers (DHS)
Commonwealth Respite and Carelink Services Directory
Department of Family, Housing, Community Services and Indigenous Affairs
Disability Employment Services
Disability Policy & Research Working Group
Home and Community Care Program HACC
National Disability Insurance Scheme

Service Providers

Able Australia
Australasian Disability Professionals
Cerebral Palsy Alliance
Commonwealth Carelink and Respite Centre
Disability Services Australia
Life without barriers
National Disability Services Limited

Politicians/People with Influence

Stella Young - editor of ABC Ramp Up
Prof Helen Meekosha Uni NSW
Kelly Vincent South Australian Dignity for Disability MP

Jenny Macklin - Minister for Disability Reform
Mitch Fifield - Shadow Minister for Disabilities, Carers and the Voluntary Sector
Senator Rachel Siewert - Greens spokesperson on Disability
Parliamentary Friends of Disability Group
Senators Sue Boyce, Carol Brown & Rachel Siewert

John Della Bosca, National campaign Director – Every Australian Counts
Kirsten Deane, Deputy National Campaign Director

Education Sector

Australasian Society for Int. Disability
Australian Disability Clearinghouse on Education and training
Australian Institute of Health and Welfare
Brain Foundation
Royal Institute for Deaf & Blind Children
Social Policy Research Centre (SPRC) Uni NSW

Society of Australian Sexologists (Formally ASSERT Australian Society of Sex Educators Researchers and Therapists)

Academics with special interest in Sexual Health and Disability

Gillian Eastgate - University of Queensland
Patsie Frawley - La Trobe University
Lynne Hillier - La Trobe University
Marita McCabe - Deakin University
Jane McGillivray - Deakin University
Dr Judi Moyle - Deakin University
Russell Shuttleworth - Deakin University
Miriam Taylor - University of Queensland
Caroline Ellison – Flinders University

Religious Organisations

Australian Catholic Disability Council
Anglicare Australia
Baptistcare
Catholic Care (Centrecare)
Salvation Army Disability Services
Uniting Care

Financial institutions/Businesses

The Australian Network on Disability (AND)

Key State Based Organisations

ACT
Thomas Wright Institute

New South Wales
Association for Children with a Disability NSW
Brain Injury Association of NSW
Cerebral Palsy Alliance
DeafBlind Association NSW
Down Syndrome Association NSW
Intellectual Disability Rights Service (IDRS)
Indigenous Disability Advocacy Service
NSW Council for Intellectual Disability
Multicultural Disability Advocacy Association
Parkinson's NSW
Prader Willie Syndrome Association of NSW
Schizophrenia Fellowship
Touching Base
Vision Australia (formerly Royal Blind Society of NSW)

Queensland
Autism QLD
Carers QLD

Cerebral Palsy League
Community Living Association (CLA / CLP)
Community Resource Unit (CRU)
Department of Communities, Child Safety and Disability Services
Department of Education Training and Employment
Down Syndrome Association QLD
Endeavour Foundation
Guide Dogs for the blind Association of QLD
Life without barriers
National Disability Services (QLD branch)
Non School Organisations (NSO)
Open Minds
Parent to Parent QLD
Queensland Centre for Intellectual and Developmental Disability
Queensland Health
Queensland Parent of People with a Disability (QPPD)
Queenslanders with Disability Network (QDN)
Sporting Wheelies

South Australia
Australasian Society for Intellectual Disability (SA Branch)
Australian Disability Professionals (SA Chapter)
Autism Association of South Australia Incorporated
Brain Injury Network SA
Dignity for Disability
Down Syndrome Society of South Australia Incorporated
Mental Health Coalition SA
Mental Illness Fellowship SA
Muscular Dystrophy Association Incorporated
National Disability Services (State Branch) peak bodies of NGOs
Physical Disability Council of SA Inc
Royal Society for the Blind of South Australia Inc
SA Sex Industry Network
Spina Bifida & Hydrocephalus Association of South Australia Incorporated
The Multiple Sclerosis Society of South Australia & Northern Territory Incorporated
The Paraplegic & Quadriplegic Association of South Australia Incorporated

Tasmania
Advocacy Tasmania Inc
Anglicare Tasmania: Social Action and Research Centre (SARC)
Association for children with Disability (Tas) Inc
Autism Tasmania Inc.
Baptcare Family Services
Brain Foundation Tasmania
Brain Injury Association of Tasmania
Carers Tasmania
Cerebral Palsy Tasmania
Down Syndrome Association of Tasmania
Gateway Services
Headway Rebuilding Lives
Independent Living Centre

Launceston Community Legal Service
Mission Australia, Tasmania
Multiple Sclerosis Society of Tasmania
National Disability Coordination Officer (NDCO)
ParaQuad Tasmania
Royal Guide Dogs Tasmania
Speak Out Association of Tasmania
St. Giles Society
Tascare Society for Children
Tasmanian Acquired Brain Injury Service (TABIS)
Tasmanians With Disabilities Inc

Victoria
Action on Disability within Ethnic Communities ADEC
arbias
Autism Victoria
Brain Foundation
Centre for Developmental Disability Health Victoria
Down Syndrome Victoria
E.W. Tipping Foundation
Eastern Disability Access Resources (EDAR)
Epilepsy Foundation of Victoria
Gellibrand Support Services
GLBT Disability Support Services
Grampians DisAbility Advocacy Association
Headway Victoria
Impact
Interchange
Karingal
MacKillop Family Services
Melba Support Services
Mental Illness Fellowship Victoria
Oakleigh Centre
Orygen Youth Health
Parkinson's Victoria
Polio Network Victoria
Prader-Willi Syndrome Association of Victoria
Resourcing Health and Education (RhED)
Scope (formerly Spastic Children's Society of Victoria)
VALID (Vic Advocacy League for Individuals with Disability)
Victoria Disability Advisory Council
Victorian Aboriginal Community Controlled Organisation (VACCHO)
Victorian Aboriginal Disability Network
Victorian Deaf Society
Victorian Indigenous Youth Advisory Council
Yooralla

Western Australia
Association for Blind WA
Australian Spinal Research Trust
Autism Association of WA

Catholic Association Special Education Support
Catholic concerns committee on psychiatric issues
Centre for cerebral palsy
Development Disability Council of WA
Epilepsy Association WA
Even Keel Bi Polar Disorder support group (inc)
Guide dogs for the Blind Association of WA (inc)
ISSAD Pty Ltd.
LADS Learning Attention Disorders Society
Neuro fibromatosis Association of WA
Paraplegic Quadriplegic Association of WA
Parkinsons WA Inc
People with Disabilities WA
Rehab WA
SECCA Sexuality Counselling, Consultancy Agency
Spina Bifida Association of WA (INC)
WA Deaf Society

International Organisations

Australian Disability and Development Consortium (ADDC)
CREA New Delhi / New York
Pacific Disability Forum (PDF)
Point of View
Sexualityanddisability - website

Competitors

WA
Secca Sexuality Education Counselling consultancy agency
Private Counsellors
Disability Service Commission staff delivering protective behaviours sessions
Protective Behaviours WA

Funding Providers

Disability Services Commission WA
Dept of Families Housing, Community Services and Indigenous Affairs
Lotteries

Appendix E - Relevant Conferences and Symposiums

Note: Conferences scheduled in date order (where known):

Brisbane Education Conference 2013
March 2013: Brisbane
Title: Unlocking Potential [Teachers and Educators].
Audience: People working with a child or young adult with Down syndrome.
https://dsaq.worldsecuresystems.com/BookingRetrieve.aspx?ID=65821

Self-Directed Approaches: Giving consumers greater choice, control & ownership
March 2013: Perth
http://www.selfdirectedservice.com/

National Social Inclusion and Complex Needs Conference
April 2013: Canberra
Public Health Association
www.phaa.net.au/documents/Complex_Needs_Call_For_Abstracts.pdf

Pacific Rim International Conference on Disability and Diversity
April 2013: Honolulu
Contact: Charmaine Crockett
Email Pacific Rim International Conference on Disability and Diversity

Asia Pacific Autism Conference (APAC)
August 2013: Adelaide
Title: True Colours: Be Bold. Be Brave. Be Brilliant.
Australian Advisory Board on Autism Spectrum Disorders & Autism SA
http://www.apac13.org.au/

Australian HIV/AIDS Conference 2013
& Australasian Sexual Health Conference 2013
October 2013: Darwin
http://www.anzsnm2011.com.au/

Conference of Asian Federation on Intellectual Disabilities
October 2013: New Delhi
The Conference seeks to provide a forum for sharing of best practices across the globe, welcoming new thinking and promoting participatory approaches to enable the communities and families of persons with intellectual disabilities.
(Deadlines for conference abstracts is up to 11 months prior to actual conference.)
Website: http://www.afid2013.in

ASID Annual Conference (Australasian Society for Intellectual Disability)
November 2013: Sydney
Holds an annual conference late in each calendar year.
SHFPA member organisations have at times discussed the possibility of coordinating with each other and conference organisers to submitting many papers and workshops in order to create a sexuality, sexual & reproductive health and relationships stream in the conference.
http://www.asid.asn.au/

South Australian State Disability Services Conference
August 2014: Adelaide
Biennial conference held usually in August in even numbered years. In 2012 entitled Stronger Together. http://www.sa.gov.au/government/entity/1646/About+us+-+Disability+Services/Stronger+together+-+2012+disability+conference

Other possible conferences & events - dates not scheduled

Arts Activated conference - NSW/National
Accessible Arts - arts and disability NSW
http://www.aarts.net.au/arts-activated-2012/

Strengthening Disability Advocacy Conference - Victoria
Every two years Disability Advocacy Resource Unit partners with the Self Advocacy Resource Unit (SARU) and Disability Advocacy Victoria (DAV) to host this state conference.
In 2012, held in September.
http://www.daru.org.au/strengthening-disability-advocacy-conference

Shared Visions
Biennial state conference historically held by Queensland Department of Communities, Disability Services in odd numbered years. In even numbered years a series of regional forums have been held under the same name. Future of the program unknown.
http://www.communities.qld.gov.au/disability/community-involvement/shared-visions/about-shared-visions

Centre of Excellence for Behaviour Support
Offers training and development in Functional Behaviour Assessment and Positive Behaviour Interventions; including training of other facilitators.
http://www.centreofexcellenceforbehavioursupport.com.au/html/learning.html

QASEL - Queensland Association of Special Education Leaders
Hold an annual conference for workers in special education.
QASEL PO Box 3149 Newmarket 4051
Email: pthie2@eq.edu.au or charg6@eq.edu.au

Appendix F - Potential Donors and Supporters

It is acknowledged that the recommendations made by the DSIG are additional activities for SH&FPA and thus require additional funding support. The DSIG has compiled a preliminary database of potential funding sources for SH&FPA. A list of possible donors is provided below, and a copy of the database is available by contacting SH&FPA.

This information is provided with several assumptions and recommendations to assist SH&FPA. Specifically, the following assumptions have been identified:

- The possible funding donors identified will continue to offer financial support in the way currently specified

- SH&FPA and member organisations will have the resources and expertise to successfully apply for funding possibilities in order to complete the recommendations made by the DSIG

- The database of potential funding donors will be as useful for the member organisations as for SH&FPA

Applying for funding is a resource-intensive activity without a guaranteed outcome. The DSIG makes the following recommendations to improve the likelihood of SH&FPA and member organisations successfully applying for funding:

- Consider membership to funding networks and information services to ensure support and relevant information. An example of these networks is the Australian Directory of Philanthropy http://www.philanthropy.org.au/publications/directory.html

- Delegate responsibility for maintenance of the database to ensure details are current and correct and new possibilities are identified and included

- Consider further skill-development of relevant staff regarding funding applications in professional development opportunities

- Develop a strategy for funding applications which considers the investment of resources for different types of funding with the potential outcome in terms of both financial and relationship building. For example, there may be considerable long-term benefits to building relationships with philanthropic trusts however, this requires a significant investment of resources.

List of Potential Donors and Supporters

Organisation	Scope of funding (e.g., particular groups of disability, particular area of SRH, particular approach)	State (specify)/National
Perpetual Trustees	Social Welfare, Health, Medical Research, Conservation and Environment, Education and Arts and Culture.	Australia Wide
Including:		
The Percy Baxter Charitable Trust		Ballarat/Geelong
Baxter Charitable Foundation		New South Wales
ANZ Trustees	Variety of grants – see website for more information	Australia Wide
Including:		
William Buchland Foundation		New South Wales
Alfred Felton Bequest	For women, children and the educated poor	Victoria
Equity Trustees	Variety of grants – see website for more information	Australia Wide
Including:		
The Equity Trustees Foundation	Focus on a different area of interest each year. In 2012 it was disability	
Equity Trustees Charitable Funds	By Invitation Only	
Fred and Vi Lean Charitable Trust	By Invitation Only	
Ivor Ronald Evans Foundation	Public benevolent institution, a hospital, education	Victoria
The Ivy H and Arthur A Thomas Trust		
Phyllis Connor Memorial Trust		

THE Trust Company Including: The Trust Foundation Fred P. Archer Charitable Trust Estate A. M. White P.F. Pipkorn Trust	Living with disability, positive aging, socially inclusive education and social enterprise	Victoria
Sidney Myer Fund and the Myer Foundation	Education, Special programs, poverty and disadvantage, arts	Australia Wide
Ian Potter Foundation	Arts, environment, science, healthy communities, research and community wellbeing	Australia Wide
Foundation of Rural and Regional Renewal	Renewal of rural and regional communities	Australia Wide
Australian Community Foundation	Young people, disability, education and training, community services and welfare, health and medical research and culture	Australia Wide
Australia's Human Rights Framework - Education Grants	Small grants, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, people with disability or people from diverse age groups, sexuality or gender identity groups are encouraged to apply.	Australia Wide
Respectful Relationships	Support young people in raising awareness of ethical behaviour, to develop protective behaviours and to develop their skills in conducting respectful relationships	Australia Wide
Helen Macpherson Smith Trust	Educational and vocational training, improving health and enhancing life through art and culture	Victoria

R E Ross Trust	Disadvantage and inequality, social inclusiveness, connectedness and health. Accepts applications for vulnerable and marginalised Victorians, public education improvements and young people at risk	Victoria
The Jack Brockhoff Foundation	Children and youth, community development and support and medical	Victoria
The Women's Trust	Positive Social Change, gender equality, reforms to improve conditions for women and girls	Victoria
The Woodend Foundation	Working with disadvantage groups, such as, women and girls, same sex attracted people, homeless, offenders, refugees and indigenous people	Victoria
United Way Ballarat Community Fund	Education, income and health	Victoria
The Lord Mayor's Fund	Education, youth and family, life care, ageing and care and environment	Victoria
Disability Self-Help Grants	Disability	Victoria
Geelong Community Foundation	Focus on Geelong area	Geelong
The William Angliss Charitable Fund	Children and families, The disabled, Hospitals and health services, Youth welfare	Victoria and Queensland
The Danks Trust and the Annie Danks Trust	Written applications, to fit categories of religion, education and relief of poverty	New South Wales
The Mary Potter Trust Foundation	Women and girls, same sex attracted people	New South Wales
Intervention Support Program	Improve the educational opportunities, learning outcomes and personal development of children with disabilities	New South Wales

Health Promotion Project Grants	Promotion of good health in general, with particular emphasis on young people: Children and Youth, Indigenous people, Rural and Remote Communities, People with disabilities, People from culturally and linguistically diverse backgrounds	Western Australia
National Foundation for Women	Opportunity for partnering through donor fund	Australia Wide
Dusseldorp Skills Forum	Opportunity for partnering	Australia Wide
GlaxoSmithKline Australia	May offer potential for partnering	Australia Wide
Macquarie Bank	May offer potential for partnering	Australia Wide
Milton Corporation Foundation	May offer potential for partnering	Australia Wide
National Australia Bank	May offer potential for partnering	Australia Wide
Commonwealth Bank Staff Community Fund	May offer potential for partnering	Australia Wide
Myer Community Fund	May offer potential for partnering	Australia Wide
Mereck Sharp and Dohme Australia Pty. Ltd	May offer potential for partnering	Australia Wide
Mazda Foundation	May offer potential for partnering	Australia Wide
Ford Foundation	May offer potential for partnering	Australia Wide
Bill and Melinda Gates Foundation	May offer potential for partnering	Australia Wide
Marie Stopes Foundation	May offer potential for partnering	Australia Wide
Rockefeller Foundation	Small potential for partnering	Australia Wide
Commonwealth Foundation	Small potential for partnering	Australia Wide
Organisation	**Scope of funding (e.g., particular groups of disability, particular area of SRH, particular approach)**	**State (specify)/National**
THE Trust Company	Living with disability, positive aging, socially inclusive education and social enterprise	Victoria
The Trust Foundation		Victoria
Fred P. Archer Charitable Trust		Victoria
Estate A M White		Victoria
P.F. Pipkorn Trust		Victoria

The Woodend Foundation	Working with disadvantage groups, such as, women and girls, same sex attracted people, homeless, offenders, refugees and indigenous people	Victoria
Perpetual Trustees		Australia Wide
The Percy Baxter Charitable Trust	Focus on Ballarat and Geelong	Victoria
Baxter Charitable Foundation	Focus on NSW	Australia Wide
Anz Trustees		
William Buchland Foundation	Focus on NSW	Australia Wide
Alfred Felton Bequest	For women, children and the educated poor	Victoria
Equity Trustees		
The Equity Trustees Foundation	Focus on a different area of interest each year. In 2012 it was disability	Australia Wide
Equity Trustees Charitable Funds	By Invitation Only	
Fred and Vi Lean Charitable Trust	By Invitation Only	
Ivor Ronald Evans Foundation	Public benevolent institution, a hospital, education	Victoria
The Ivy H and Arthur A Thomas Trust		
Phyllis Connor Memorial Trust		
Reichstein Foundation	Currently is not accepting grants	
Helen Macpherson Smith Trust	Educational and vocational training, improving health and enhancing life through art and culture	Victoria
R E Ross Trust	Disadvantage and inequality, social inclusiveness, connectedness and health. Accepts applications for vulnerable and marginalised Victorians, public education improvements and young people at risk	Victoria
The Danks Trust and the Annie Danks Trust	Written applications, to fit categories of religion, education and relief of poverty	NSW
Sidney Myer Fund and the Myer Foundation	Education, Special programs, poverty and disadvantage, arts	Australia Wide
Ian Potter Foundation	Arts, environment, science, healthy communities, research and community wellbeing	Australia Wide

The Jack Brockhoff Foundation	Children and youth, community development and support and medical	Victoria
The Mary Potter Trust Foundation	women and girls, same sex attracted people	
The Women's Trust	Positive Social Change, gender equality, reforms to improve conditions for women and girls	Victorian
Foundation of Rural and Regional Renewal	Renewal of rural and regional communities	Australia Wide
Vic Health	Support organisations working in health promotions	
Multicultural Foundation		
Foundation for Young Australians	Young people from disadvantage background	
Sport Foundation		
Australian Drug Foundation		
SPECIFIC		
National Foundation for Women	Opportunity for partnering through donor fund	Australia Wide
Dusseldorp Skills Forum	Opportunity for partnering	
GlaxoSmithKline Australia	May offer potential for partnering	
Macquarie Bank	May offer potential for partnering	
Milton Corporation Foundation	May offer potential for partnering	
National Australia Bank	May offer potential for partnering	
Commonwealth Bank Staff Community Fund	May offer potential for partnering	
Myer Community Fund	May offer potential for partnering	
Merck Sharp and Dohme Australia Pty. Ltd	May offer potential for partnering	
Mazda Foundation	May offer potential for partnering	
Ford Foundation	May offer potential for partnering	
Bill and Melinda Gates Foundation	May offer potential for partnering	
Marie Stopes Foundation	May offer potential for partnering	
Rockefeller Foundation	Small potential for partnering	
Commonwealth Foundation	Small potential for partnering	

Australian Community Foundation	Young people, disability, education and training, community services and welfare, health and medical research and culture	Australia Wide
United Way Ballarat Community Fund	Education, income and health	Victoria
CAF Australia	Recipient organisation	
The Lord Mayor's Fund	Education, youth and family, life care, ageing and care and environment	Victoria
The Women Donors Trust	Potential for matching	
Australia's Human Rights Framework - Education Grants	Small grants , Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, people with disability or people from diverse age groups, sexuality or gender identity groups are encouraged to apply.	Australia Wide
Disability Self-Help Grants	disability	Victoria
Geelong Community Foundation	Focus on Geelong area	Victoria
Health Promotion Project Grants	promotion of good health in general, with particular emphasis on young people: Children and Youth, Indigenous people, Rural and Remote Communities, People with disabilities, People from culturally and linguistically diverse backgrounds	WA only
Respectful Relationships	support young people in raising awareness of ethical behaviour, to develop protective behaviours and to develop their skills in conducting respectful relationships	Australia Wide
Intervention Support Program	improve the educational opportunities, learning outcomes and personal development of children with disabilities	NSW only
The William Angliss Charitable Fund	Children and families, The disabled, Hospitals and health services, Youth welfare	Victoria and Qld only

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