



Cairns Sexual Health Service Case Study

Cairns Sexual Health Service (CSHS) has a long and successful history of providing culturally appropriate health promotion and clinical services to Indigenous communities in Cairns and across Far North Queensland. The focus of this story is on the successful work that CSHS has undertaken with Aboriginal and Torres Strait Islander young people in school and out of school settings.

CSHS is a specialist sexual health service that provides testing and treatment of STIs and blood borne viruses (BBVs), such as HIV and hepatitis, contact tracing, contraception including condoms and long-acting reversible contraceptives, and sexual health education and counselling. The service employs an Indigenous Sexual Health Worker team, and works in partnership with a number of organisations supporting young people.

CSHS has strong local partnerships with other organisations, including local Community Controlled Health Organisations (Gurriny Yealamucka Health Service, Apunipima Cape York Health Council, and Wuchopperen Health Service) and the Queensland AIDS Council, particularly the 2 Spirits program which aims to improve the sexual health of Aboriginal and Torres Strait Islander gay men and sisters. Through outreach, CSHS also reaches:

- students at other local schools,
- at-risk Indigenous young people, particularly those dealing with alcohol and other drug issues, through its partnership with YETI (Youth Empowerment Towards Independence)
- young Indigenous people in Mossman, through Mossman Youth Services

- young at-risk women participating in Project Booyah – a 20-week diversionary program run by the Queensland Police Service, which covers life skills such as health and wellbeing, education and training, and social skills and development
- students from PNG studying at TAFE Queensland North.

ABOVE Cairns Sexual Health Service staff “space cadets” at their annual Sex Essentials professional development day in 2016 which was themed as “The Big Bang” and the “STI Wars”.



This mangrove represents good health through nourishment, strength & community



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The sexual health team provide outreach services to a school about 20km south of Cairns which enrolls Indigenous students from across Cape York, the Torres Strait Islands, Yarrabah, Cairns and surrounds, as day students and boarders. A sexual health nurse and an Indigenous Sexual Health Worker from Cairns Sexual Health Service attend the college once a week during term time, providing screening, treatment and health education.

CSHS provides support to the students on issues including puberty, sex, safe sex and contraception, STIs and BBVs, relationships, pregnancy and fatherhood, and broader health and hygiene. The objectives of the service are to increase STI screening, improve access to sexual health services and information, and build

the capacity of Indigenous young people to take responsibility for their sexual health.

The nurse and Health Worker provide the clinic from a small demountable room located at the back of the College in a discreet location that allows students to visit with privacy. The Elders in residence at the College support good health and wellbeing among its boarders, and with the executive team at the College, are committed to the program's continuation, recognising that CSHS contributes significantly to the health and wellbeing of their students.

“Cairns Sexual Health Service are leading the way and other areas [of health promotion] are looking to it for ideas and resources.”

– Indigenous Sexual Health Worker



“For me, as an Aboriginal person, there was none of this when I was growing up. They are so lucky to have this service.”

– Indigenous Sexual Health Worker

ABOVE Cairns Sexual Health Service Project officer Aaron Selsby with Condoman and Lubelicious at Youth Week events in 2015.

BELOW LEFT Condoman promotion at the 6 Nations Youth Pasifika Games in 2015.

BELOW RIGHT Cairns Sexual Health Outreach team at Mossman Youth Centre mural.



“I don't know what we'd do without them because these students need them. The students go home happier, treated and healthier.”

– Community partner

OUTCOMES

Key outcomes

Data for the period 1 Jan 2014 to 31 Dec 2015 shows

- ✓ 495 young Aboriginal and Torres Strait Islander people received the outreach clinic service
- ✓ 1318 young Aboriginal and Torres Strait Islander people received the clinic service at Cairns North
- ✓ 8 Aboriginal and/or Torres Strait Islander people are trained sexual health workers involved in the program delivery
- ✓ 138 sexual health education sessions were delivered
- ✓ Reduced rate of STIs and teenage pregnancies
- ✓ Greater uptake of contraception use
- ✓ Safer relationships and increased STI screening

Other outcomes include

- ✓ Increased knowledge of sexual and reproductive health literacy, wellbeing and safety for young people
- ✓ Targeted promotional material provided to all young people.
- ✓ More young people are seeking advice for sexual health, contraception, pregnancy, wellbeing and relationship issues.
- ✓ Healthy relationship choices made.
- ✓ Identification and management of young people who might be at risk of an STI
- ✓ Support from the community for the services delivered by CSHS
- ✓ Optimising the health and wellbeing of Aboriginal young people

Elements of success

- ✓ Delivered directly in local communities
- ✓ Promotion of the program at Aboriginal Community Controlled organisations and events
- ✓ Appreciation of the role of culture and delivery of a specifically tailored sexual and reproductive health program to the community in Cairns and surrounds
- ✓ Trained Aboriginal staff to facilitate the delivery of the program
- ✓ Strong and effective leadership by the Elders
- ✓ Strong program support from schools and other partner services

The CSHS partnership with a school in the southern Cairns area is leading to improved outcomes for young people; STI rates at the school have declined significantly. During the pilot program in 2011, positive notification rates for young people screened at the school were 44 per cent. Preliminary analysis shows that this has declined to 25 per cent in the period from 2013 to 2015. In the first six months of 2015, only 11 per cent of those screened tested positive for an STI.

Declining notification rates are occurring alongside an increased access to screening and treatment by the service. CSHS reported that the average number of Aboriginal and Torres Strait Islander people aged under 19 that they saw in any given quarter prior to the introduction of the clinics was about 50. When the clinic at the school setting is fully operational, it accesses roughly this number of Indigenous young people at that clinic alone each quarter.

Awareness of the service provided by CSHS at its main walk-in clinic (based at Cairns North Community Health) and service changes to improve flexibility, have also led to an increased number of presentations by Aboriginal and Torres Strait Islander people aged under 25. Notably, these young people arrive at the service equipped to ask for the services they need. As well as receiving information directly from health workers, there is some evidence that young people are talking more about sexual health within their friendship groups. For example, groups of young people sometimes show up at the service together for screening. That groups of, particularly young men, are willing to openly engage with the service, is a significant achievement.

“The kids ask outright for condoms. We’re getting more older kids asking and men asking about CSHS: ‘When is the nurse coming?’”

– Community partner

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In addition to STI screening, the introduction of the clinic has led to increased awareness about contraception. The clinic provides condoms and long-acting reversible contraception (in the form of the 'implanon' birth control implant) to young people. As a result, the rate of unwanted pregnancies at the school has also declined, from nine in the first year of the clinic to one in the last year.

Improved knowledge and understanding of sexual and reproductive health, through access to clinics and health promotion provided by the nurse and Indigenous Sexual Health Workers, has led to more awareness among young people about the choices available to them, and empowered them to make decisions. Clients from the clinic were able to talk about their health with a high level of health literacy and familiarity with health terms. In addition to increased control over their health, services and young people reported that young people were more empowered to make decisions about what was healthy in their relationship, including a better understanding of sexual consent and family violence.

ABOVE LEFT Participants in Amazing race with urine testing pot for Chlamydia at Cairns Sexual Health Service.

RIGHT Sean Choolburra being interviewed on BBM radio station.

“Sometimes you need to talk to someone to have awareness about things in your life. They’ve really brought the best out of me.”

– Former student

HOW DOES CSHS ACHIEVE POSITIVE OUTCOMES?

RELATIONSHIPS

Providing the clinic at a school setting helps the CSHS staff to develop ongoing relationships with students, rather than students visiting a service where they might see a different member of staff every time. This helps to build up trust between clients and the service.

During consultations, the staff take a culturally safe approach to discussing sexual health issues with their clients. For example, when a student comes to discuss a sexual health issue, the nurse or health worker will 'work up to the issue', rather than jumping straight into their health needs. As well as making a student feel comfortable, this means that the service can provide incidental support on topics such as healthy relationships.

“People feel embarrassed talking about things, but it’s OK to talk to them.” – Former student

“Anyone can walk through the door and feel welcomed.”

– CSHS staff member

The nurse and Health Workers run health promotion and education sessions with their community partners. CSHS has developed a number of health promotion resources that allow young people to talk about sex in a way that reduces shame. A key means of establishing trust and reducing shame is by having fun. The staff’s dispositions and use of humour help to relax participants, make serious issues less confronting, and get over any embarrassment they have about discussing sexual health topics.

CSHS staff attend local community events, including those during NAIDOC Week, Reconciliation Week and the Laura Dance Festival, with people dressed as Condoman and



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Lubelicious, to raise awareness of sexual health and the service they provide in a light-hearted and engaging way.

The service also holds an annual 'Sex Essentials' training days, which each year has a different theme with costumes and activities to match. The Sex Essentials days have 'tongue in cheek' themes designed to have a laugh, such as 'Sex in the Bush' or 'The Big Bang' (space themed). The service has also used costumes representing major STIs. These were recently featured in a video designed for students by students at Kuranda College. Students took to the streets of Kuranda dressed in the STI costumes and spoke with the local community about sexual health. This demonstrates a high level of openness about sexual health, and reflects the confidence the service has built in the young people it works with.

“They’re not afraid. They think it’s scary but with CSHS it’s something that works for them.”

– Community partner

Relationships are aided by staff longevity. The retention of staff at CSHS is testament to the effective working environment they have created and the strength of partnerships. Often when staff move on, they are still connected to CSHS or perform a new role in the sexual health network that CSHS have supported in northern Queensland.

Successful outreach work, including at the College, has meant that more young people feel confident to access the CSHS walk-in clinic at Cairns North Community Health. The relationships developed during the outreach work mean that young people know they will be treated with confidentiality and respect, feeling less shame about walking into the clinic.

CLIENT-CENTRED CARE

CSHS places an emphasis on delivering client-centred care. This is important for a target cohort that is significantly disengaged with health services.

Recently, the appointment system was redesigned with young people in mind. Previously, appointments were booked and the allocated time lasted up to an hour. Feedback from clients suggested that booked appointments were inconvenient, and the hour appointment time was daunting for many people who did not understand how non-invasive a sexual health check-up could be. Now, the clinic operates on a walk-in basis, staffed accordingly for peak times, such as their evening clinic. CSHS client satisfaction surveys have found a 100 per cent satisfaction rate with the new appointment system.

Clients are triaged upon arrival (with the target to be triaged within 10 minutes). Clients who are triaged as low risk have the option to 'pee and go', helping to speed up their appointment time and make sexual health screening more accessible. The triaging framework also includes an assessment of whether that client is from a disengaged cohort (for example they have been referred from the school or YETI clinics) and is less likely to stick around for an appointment if made to wait. These clients are seen as a priority, helping to make sure they access screening.



“[The nurse] is funny. She makes the students feel at ease; she makes me feel at ease!”

– Community partner

ABOVE LEFT Cairns Sexual Health Service at Cairns North Community Health Facility.

“They are a vital link in linking people up with services... I can’t thank CSHS enough for being here.”

– Community partner

Some of the community partners and schools provide transport to allow clients who need to visit CSHS to directly access the service without having to worry about the costs or availability of transport. For example, if a student has requested an ‘implanon’ contraceptive, they can be driven to CSHS to be seen by a doctor. Additionally, while the nurse carries low-risk medication for many common STIs at the school, she can organise for transport to the service for more complex treatment, accompanied by a familiar member of staff. Boarders are under the guardianship of the school, but parents are asked to sign a consent form at the start of the year for students who might need treatment or access to contraception.

Some clients have been scared of getting tested for BBVs because of a fear of needles, including needles being likened to ‘harpoons’. For these clients, the rapid finger prick test helps to overcome this fear. This is particularly important given the recent spike in syphilis in northern Queensland.

For clients seen at partner organisations, CSHS is as discreet as clients need to ensure their confidentiality. They have small testing kits which they hand out. These include a urine sample pot and a follow-up contact form. This allows the client to submit their sample for screening without needing to interact with the staff from their community organisation about their screening. CSHS will only follow up directly with the partner organisation in relation to a young person if there is a positive result and no direct contact information has been provided by them. Community organisations appreciated the confidentiality this afforded their young people and believed it strengthened CSHS’s ability to reach their target group.

“Their attitude is always, ‘Let’s see what we can do!’”

– Community partner

“We are a client-focused clinic. Our approach is ‘What do you need?’ not ‘We are a clinic that offers X, Y and Z.’”

– CSHS staff member



CULTURAL SAFETY

Cultural safety is woven through the service’s management and service delivery model. The management committee includes one of the senior Indigenous Sexual Health Workers. The outreach clinic team includes Indigenous Sexual Health Workers, as well as a non-Indigenous nurse with a long career working in Aboriginal communities in the Cape. Whenever the nurse visits the College she is accompanied by an Indigenous Sexual Health Worker who helps to build safe relationships with the students. The nurse and the Sexual Health Worker work together in partnership. The nurse’s experience working in the Cape for many years helps to build rapport with students, in many cases knowing their families and communities.



ABOVE STI Brochure series developed by Cairns Sexual Health Service.

LEFT Cairns Sexual Health Service Advanced Health Worker Mel Kielly with 2 Spirits staff Nikki Hill and Arone Meeks at Cairns NAIDOC.



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“We’re here to help give them autonomy over their own health.”
– Indigenous Sexual Health Worker

The environment in which the clinics are provided helps to support young people to access the service. The clinic is held in a discreet location at the school, and the room has comfortable chairs and is not highly medicalised. At YETI, the CSHS staff chat with young people in the large open space at the back of the centre so that they have become familiar faces among the clients. Again, there is a discreet entrance to the clinic upstairs and through a door which allows young people to access the service in a culturally safe way.

CSHS works with their Health Workers and local community to make sure that the resources and language that they use is culturally safe. Some of the resources used by the service have been published in Kriol, helping to overcome the language barrier which some clients may face.

CSHS and its partners reported that communities were largely supportive of the activities that the service was undertaking. In cases where there were reservations from parents, the school nurse explained how the approach she took was to recognise their concerns and provide as much information as she could about the issue. As a result, she was able to gain consent from parents and trust in the service. At Mossman Youth Services, where CSHS provides outreach, parents have shared information about the program with other parents.

CSHS is proactive in discussing with community leaders what they think is appropriate when delivering sexual health education and tailors their health promotion activities accordingly. For example, some groups are happy to be mixed gender,

while others prefer to keep men’s and women’s business separate. As well as their pre-emptive approach, CSHS welcomes feedback from the community about how to improve their service, and report that the community are comfortable to call up and say what is working and what’s not.

CSHS works openly with community to provide culturally safe services. Initially, one of the Indigenous Sexual Health Workers held her own concerns about working with people from other communities, but her concerns were resolved because of the culturally safe way in which CSHS provides its services.

ABOVE LEFT Sean, MC at concert for National Youth Week with safe sex message and condom promotion.

ABOVE RIGHT Condom/safe sex stall under blue tents.

LEADERSHIP

CSHS takes a leadership role in developing sexual health resources and capability across northern Queensland. The service helped to establish the Cairns Indigenous Sexual Health Workers Network (CISHWN), which provides an opportunity for Indigenous Sexual Health Workers to share ideas, resources and professional development. The diversity on the group, including representation from a number of communities as well as gay men and sisters through the 2 Spirits program, means that sexual health workers in the region have a forum to consider and respond quickly and consistently to emerging community needs.

CSHS understands its role as one of leading sexual health promotion and education across the region. The service is proactive about identifying needs in the community and building partnerships with other health organisations to help support the provision of education, screening and treatment.

“We don’t just expect people to come to us – we go out and build links with community.”

– CSHS staff member

The clinical nurse and the senior Indigenous Sexual Health Worker support the professional development of Indigenous Sexual Health Workers that they work with directly. They have supported the Sexual Health Workers to develop their health and care skills, as well as building confidence in them, for example, by providing opportunities to present at conferences.

Supportive leadership by CSHS is complemented by supportive leadership from partner organisations. Particularly, the College executive team supports the clinic, recognising that the service is effective at supporting the health and wellbeing of its students.

PREPARING THIS STORY

Urbis was commissioned to undertake this case study into the work that CSHS undertakes with young Aboriginal and Torres Strait Islanders with regards to their sexual and reproductive health. Established over 30 years ago, Urbis is a social research company, providing research and evaluation on complex social issues for a broad range of government and non-government clients. The Urbis Economic and Social Advisory team has a lot of experience working with Aboriginal and Torres Strait Islander communities, having consulted in over 120 Aboriginal and Torres Strait Islander communities in urban, rural and remote areas across all States and Territories.

To prepare this story, Urbis analysed documentation supplied by CSHS, including service reporting. The project team interviewed staff from CSHS, visited the school and CSHS’s community partners, as well as speaking with a small number of former students. The Urbis team would like to thank everyone who participated in sharing their perspectives on CHSH and particularly acknowledge the support of Carla Gorton and Debbie Penney from CSHS for their assistance in organising the interviews and visits.

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ABOVE Cairns Indigenous Sexual Health Worker Network (CISHWN) members and regional colleagues at Sex Essentials 2015.