



## SEXUAL HEALTH & FAMILY PLANNING ACT

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### 2020-21 ACT Budget Consultation

Sexual Health and Family Planning ACT (SHFPACT) is pleased to provide input into the community consultation for development of the 2020-21 financial year budget of the Australian Capital Territory.

For further information and discussion, please contact

Mr Tim Bavinton  
Executive Director  
T (02) 62473077  
E [ed@shfpact.org.au](mailto:ed@shfpact.org.au)

#### About SHFPACT

Sexual Health and Family Planning ACT (SHFPACT) is a non-government, not-for-profit organisation and ATO-endorsed Health Promotion Charity working in the Canberra community for over 45 years. SHFPACT's purpose is improved sexual and reproductive health for the Canberra community, within a human rights and social justice framework. SHFPACT is a member of Family Planning Alliance Australia (FPAA), and through FPAA affiliated with the International Planned Parenthood Federation (IPPF).

SHFPACT currently provides a suite of clinical services, professional development training programs for the health, education & community services workforces, community education and health promotion, and information services in the areas of reproductive and sexual health.

Further information about SHFPACT's services and programs can be found at [www.shfpact.org.au](http://www.shfpact.org.au).

For many decades, SHFPACT has been at the forefront promoting the sexual and reproductive health, rights and wellbeing of people in the Australian Capital Territory and region.

In addition to clinical services in reproductive and sexual health, SHFPACT is a prominent community-based provider of in-school education services to children and young people through its suite of age- and developmentally-appropriate programs. SHFPACT provides workforce development and training services for workers in the education, health, and community services industries. In particular, SHFPACT's clinical training programs are highly valued, producing practice-ready clinicians and supporting skills update for medical and nursing professionals in the primary healthcare workforce. SHFPACT has a long history of sector development engagement with disability support services, youth and other community services, supporting those at the frontline with health information resources, skills development training, and health promotion project engagement. SHFPACT also supports parents/carers as the first educators of their children in the area of relationships, sexuality, reproductive and sexual health.

## **ACT Budget Priorities in Sexual and Reproductive Health**

Sexual Health and Family Planning ACT draws the attention of ACT Government the following underserved or unmet needs in the Canberra community, drawing from the organisation's unique service delivery focus and ongoing, multistakeholder community engagement:

1. Unmet needs arising from transition to the National Disability Services Scheme
2. Programmatic approach to health service planning and community health needs particularly in the areas of reproductive and sexual health
3. Enhancing STI/BBV outreach health promotion and testing

SHFPACT calls on the ACT Government to make new community and health service funding commitments in the 2020-21 Budget to address these areas of underserved and unmet need for the Canberra community.

### **1. Unmet needs arising from transition to the National Disability Services Scheme**

SHFPACT has provided a range of supports for over 30 years for people with disability in the areas of sexuality, relationships, sexual expression, social participation, sexual and reproductive health service access and education.

Recently, media reported<sup>1</sup>on, with subsequent public and social media commentary, a successful AAT appeal against a decision by the NDIS to refuse supports for people with disability through their individual funding package to access sex therapy and assistance services for sexual expression. These remain areas of life that are highly stigmatised, misunderstood, and subject to discrimination and ridicule in the lives of people who required additional assistance or support. SHFPACT was pleased to add its voice to a recent civil society call for the NDIS to adopt a rights-based policy approach to these issues.<sup>2</sup>

Prior to the 2016 transition to NDIS arrangements in the ACT, SHFPACT had two longstanding service funding agreements with ACT Government: 1) with ACT Education Directorate, that supported sexual health education for students with disabilities in ACT Schools – the adaptation of mainstream learning for the needs of students with disabilities – and; 2) with ACT Community Services Directorate, that supported sector development and skills support for disability services providers, and information and referral services for people with disabilities related to sexual and reproductive health issues. This second was a contract that originated in ACT Health, but because of its cohort focus on people with disability, was moved to the newly created Department of Disability, Housing & Community Services when it was established. After a period of several years of short-term and last-minute extensions through the NDIS transition phase - which also proved detrimental to longer-term service planning and service model reform for many disability service organisations in a similar position – both contracts terminated finally in June 2016. Between 2014-2016, repeatedly expressed its significant concerns, that:

- An entire area of specialised service delivery was being defunded through administrative rather than policy decisions, and it was an error for ACT Government to include these services in the scope of its NDIS financial contribution;
- The services previously provided were not likely to be able to be delivered under the emerging NDIS services catalogue and pricing guides;
- That eligibility for supports was going to narrow significantly, especially in regard to the ability to support the needs of students and their families in school communities, and those individuals with disability who were not eligible for NDIS individual funding packages.

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<sup>1</sup> <https://www.abc.net.au/news/2019-07-11/ndis-to-pay-for-sex-therapist-after-landmark-ruling/11298838>

<sup>22</sup> <https://dpoa.org.au/joint-position-statement-a-call-for-a-rights-based-framework-for-sexuality-in-the-ndis/>

Since that time, SHFPACT has worked hard to navigate the new funding environments of the NDIS, and has enjoyed the opportunity to return to a focus on direct service delivery for young people and adults with disabilities through its program of group work, education and counselling. Unfortunately, SHFPACT's specialised supports are no longer accessible for:

- People with disability who are not eligible for NDIS individual funding packages;
- People with disability whose needs for access to health information, education and system navigation are episodic and require support from services that understand the communication needs of people with cognitive impairment, and adaptation for their particular mobility or sensory needs;
- Providers of disability supports whose ability to support staff professional development on a fee-for-service basis under NDIS cost structures is extremely narrow, and where they cannot map a direct relationship to the specific revenue they derive under the NDIS Pricing Guide (limiting their willingness and ability to access staff training to support building positive awareness of and capacity to support the needs of their customers around relationships, sexuality, sexual health, or diversity in sexuality, gender).
- Schools who request assistance or direct program support to adapt and deliver social safety skills training, sexual health, sexuality and relationships education programs for students with diverse communication, cognitive and information processing needs who cannot afford to pay a fee-for-service for this support.

SHFPACT was advised throughout the NDIS Transition that its service scope was clearly within the ILC (Information, Linkages and Capacity Building) tier of the emerging Scheme, but in following transitional advice to map its services to available Individual Funding Package arrangements as an interim measure to get services delivered, has found that its programs are now excluded from ILC funding eligibility – even for people without individual funding packages.

In purely financial terms, the dollar value that previously supported this suite of services (and was contributed to the NDIS as part of the ACT financial contribution) is returning less than 25% under current NDIS-funded services provided directly by SHFPACT (and only to this level in the last financial year). The specialised kinds of support and intervention services SHFPACT provides are not readily found across the NDIS Provider landscape, so it is extremely unlikely that these resources are supporting equivalent work elsewhere for ACT Participants in the Scheme.

Regardless of any subsequent decision to fund a specific NGO service provider, the ACT Government has not seen a good return on its contribution to the NDIS when it surrendered its direct control, despite SHFPACT's specific and expressed concerns, over its policy and budget allocation to support people with disability in the areas of sexuality, relationships, sexual expression, social participation, sexual and reproductive health service access and education.

**SHFPACT strongly advocates that ACT Government restore its direct funding commitments to support these areas of work that are not currently being served.**

## **2. Programmatic approach to health service planning and community health needs – reproductive and sexual health**

Health service planning, serviced commissioning and resource allocation and prioritisation suffer in the ACT from an absence of a reproductive and sexual health policy draws together evidence of community health needs, and articulates health outcome priorities for the Canberra community.

Other Australian jurisdictions, notably South Australia and Queensland in recent years, have established a broad policy and service commissioning framework for sexual health, with a wider scope that includes a range of reproductive and sexual health needs, in contrast to a narrow STI/BBV focus that constitutes one important but not at all holistic component of the sexual health status of people and communities.

Such a policy and service planning framework can usefully bring together recent public policy and service access considerations such as: improving access to abortion services; understanding the contraceptive education and access needs of Canberrans; addressing rates of sexual violence and exploitation; and improving maternal health outcomes. And it offers the opportunity to consider the relationship and impact of these health needs to broader social and economic policy goals. A more programmatic approach should also articulate how government makes decisions about what services are needed and where they are best provided to ensure community access. NGO health service contracting processes do not interact in service planning context with decisions about how the NGO and primary care environments can take pressure off public and tertiary health service infrastructure to enable these specialist services to focus on the services only they can provide.

**Investment in reproductive and sexual health services has not kept pace with either a growing ACT population that is more geographically dispersed, or benchmark inflation rates in health care delivery costs. While actively engaging and supporting a strengthened STI/BBV policy and service planning engagement with ACT Government, SHFPACT also calls for investment in a broader policy framework for reproductive and sexual health.**

### 3. Enhancing STI/BBV outreach health promotion and testing

SHFPACT and its government and NGO health service partners in the sexual health, STI & BBV sub-sector have a demonstrated track record of innovation, collaboration and partnership. Noting the ACT Legislative Assembly's debate on a motion by Tara Cheyne MLA in support of sexual health awareness and services in the Canberra community<sup>3</sup>, and the support the motion received, SHFPACT echoes calls for the ACT Government to increase its investment in community-based services and outreach approaches to health promotion and testing.

In 2017-18, SHFPACT, Hepatitis ACT and AIDS Action Council collaborated together with Canberra Sexual Health Centre to deliver a suite of enhanced STI/BBV outreach health promotion and testing projects, which included the trial of new community partnerships and delivery sites.

The report on that project made the following recommendations:

#### Recommendation 1:

That future inter-agency coordination projects must account more clearly for the role in coordinating overall project planning, event and project promotion, and facilitation of multiple contributions from many players to a single overall program of activity. Commissioning and funding of projects should also consider and ensure this is appropriately recognised and resourced.

#### Recommendation 2 :

That capacity enhancement and service delivery planning/reform should be approached as a long-term, multi-year investment in sustained health outcome improvements, rather than one-off projects.

#### Recommendation 3:

That ACT Health uses the current focus on health service planning, commissioning and procurement to work with sexual health and BBV service providers on a long-term sector planning and outcomes measurement approach (ref. the AIDS Action Council approach as demonstration of applied best practice) that will be reflected in common data collection, collective impact and reporting for areas of shared/crossover work, and in future service commissioning and contracting.

#### Recommendation 4:

That the opportunity to better leverage use of availability of existing health and community service facilities beyond the primary service offered as a means to expand regional reach should be further explored, mindful of the significant relationship development work that was required to establish the opportunity and manage issues of patient access, privacy and the distinction between providers necessary to achieve this.

**SHFPACT requests ACT Government incorporate multi-year funding commitments to support continued, coordinated delivery of outreach community-based health promotion and testing activities that engage hard-to-reach populations and promote a culture of normalised health seeking behaviour in relation to STI/BBV**

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<sup>3</sup> <https://www.abc.net.au/news/2019-05-15/canberra-politician-tara-cheyne-reveals-sti-diagnosis/11115068>

## **SUMMARY**

The ACT is a leading Australian jurisdiction in its focus on ensure that the diversity of its community enjoys equality, dignity, and equity in social participation and access to services.

The manner in which a society addresses the sexual and reproductive health needs across the diversity of its citizens is a strong indicator of how well service systems function, and the degree to which human rights are understood and respected. Many parts of the system need to be functioning well in a connected manner for sexual and reproductive health and rights to be achieved.

Unfortunately, over recent years of significant demographic, social and systems change, resourcing commitments and policy development in reproductive and sexual health have not kept pace.

As part of its development of ACT Budget 2020, SHFPACT advocates that:

- 1. ACT Government restore its direct funding commitments to support areas of work that are not currently being served effectively by NDIS arrangements**
- 2. While actively engaging and supporting a strengthened STI/BBV policy and service planning engagement with ACT Government, SHFPACT also calls for investment in a broader policy framework and service commissioning approach for reproductive and sexual health needs in the Canberra community.**
- 3. ACT Government incorporate multi-year funding commitments to support continued, coordinated delivery of outreach community-based health promotion and testing activities that engage hard-to-reach populations and promote a culture of normalised health seeking behaviour in relation to STI/BBV**