

Revolutions ACON Strategic Plan 2009 - 2012



Our mission is to improve the health and wellbeing of the gay, lesbian, bisexual and transgender community and people with HIV, and reduce HIV transmission.



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President's Message

I am proud to present ACON's three year Strategic Plan 2009-2012, another step in the evolutionary process of an organisation which continues to grow in professionalism whilst staying firmly rooted in its history, community and principles. As we move forward over the next three years, this plan will guide our momentum and help us stay on target as we complete the next cycle of our organisation's development.

Responding to the health needs of a diverse gay, lesbian, bisexual and transgender (GLBT) community, and people with HIV, often requires **courage** - courage to innovate, to take risks, to pursue excellence even in the face of criticism, to change as needs change and to advocate for change at a systemic level.

This plan emphasises ACON's commitment to courageous leadership. Throughout the next three years we will pursue improvements to our services, develop and deliver new services and engage in capacity building directly and in partnership with others locally, nationally and internationally, particularly in the Asia Pacific region.

Our services are about people. Our staff and volunteers provide services to our clients and our communities, so **empathy** is an essential part of what we do. Our services must be welcoming and accessible. We work in partnership with those who use our services to help them make the best possible decisions about their health and to enable them to participate as fully as possible in our communities.

ACON sees the diversity of individuals and of our communities as strength. We believe we have a responsibility to demonstrate leadership on diversity issues within our communities and more broadly. We respect and value the diverse life experiences of our clients, communities, staff and volunteers.

We recognise the diversity of people with HIV and their individual experiences of HIV. ACON's services must provide for that **diversity** and we recommit ourselves to continuing to provide the range of services we currently offer to people with HIV, whilst developing new programs and partnerships to meet emerging needs.

ACON is committed to working with a diverse GLBT community. That means delivering services to a broad range of people including those of different sexualities and gender identities, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse (CALD) communities, people with disabilities, ageing and young people, as well as those living in regional and rural areas.

Good health outcomes come from a recognition of human rights, and the denial of human rights has negative impacts on the physical and mental health of individuals and communities. For this reason we will continue to seek legal and social reforms to promote the human rights and **equality** of GLBT people and people with HIV.

Advocacy for individuals at a systemic level has always been the backbone of ACON's work. In partnership with Positive Life NSW and the Australian Federation of AIDS Organisations (AFAO), we will remain strong advocates for the rights and needs of people with HIV and work alongside them to end the stigma and discrimination experienced by people with HIV in health settings and in the community.

Together with organisations such as the Gay and Lesbian Rights Lobby (GLRL) and the National LGBT Health Alliance (NLHA) we will continue to advocate for equality for the GLBT community.

Working in **partnership** is part of ACON's success and an integral part of how we do our work. We acknowledge the close and important working relationships we have with organisations like Positive Life NSW, the Bobby Goldsmith Foundation (BGF), Area Health Services (AHS), HIV and Related Programs (HARP) Units, the NSW Police Force, local councils, particularly the Council of the City of Sydney (CCS) and the Attorney-General's Department of NSW (AG). Of course, our work would not be possible without the support of our major funder NSW Health.

This plan talks a lot about research and the lack of it in some areas. ACON's work will continue to be informed by research including by developing our own capacity to undertake high quality research, as well as partnering with new researchers and research centres to ensure that the research we and our community needs is undertaken.

The close and continuing partnerships we have with the National Centre in HIV Epidemiology and Clinical Research (NCHECR), the National Centre in HIV Social Research (NCHSR), the National Drug and Alcohol Research Centre (NDARC) and the Australian Research Centre in Sex, Health and Society (ARCSHS) will remain an important feature of our work.

In looking to the future, ACON celebrates its foundation in the GLBT **community** response to the HIV/AIDS crisis in the early 1980s. Community members came together in response to seeing the people they loved get sick and die. They achieved much and ACON has grown into an organisation which has been an integral part of the most successful response to HIV/AIDS in the world.

Part of that success was the development of a culture of care within the GLBT community where people looked after their own health as well as that of others. We must reinvigorate that culture of care and see it developed as a response to many of the health challenges for the GLBT community and people with HIV today - particularly ageing, mental health, alcohol and other drugs and lesbian health. That will require new and innovative approaches for delivering services and new partnerships.

As we start out on the next three years I pay tribute to the hard work of ACON's staff and volunteers. It is their efforts which make plans such as this a reality and make a difference to people's lives. The ACON board looks forward to working with them to achieve these goals. ACON's programs and services are extensive, reflecting the specific health and social needs of the GLBT community and people with HIV. We cannot achieve our vision alone. I invite you to be a partner with ACON in pursuing and achieving the ambitious goals set out in this plan.



**Mark Orr, President
June 2009**



Introduction

This is ACON's Strategic Plan for the three financial years 2009-2012. Its purpose is to provide the broad strategic framework and direction to the organisation for the next three years, together with some history and context which is important for understanding the sort of organisation that ACON is and therefore the type of programs that will be delivered to achieve our goals and objectives.

The plan sets out broad goals framed in terms of the health outcomes we will strive to achieve for our clients and communities. It then provides more focused and measurable objectives under each goal and describes the strategies we will employ to achieve each of these objectives and the key performance indicators (KPI) we will use to assess how well we achieve them.

In each of the three years a separate Business Plan and fully costed budget will be developed detailing the activities ACON will undertake to implement each of the strategies in that year.

ACON's History

ACON will turn 25 in 2010. At its beginning no one dreamed that would ever be the case because ACON was born at a time of crisis; a crisis that everyone hoped would quickly be over. ACON was created as a community response to the newly emerging HIV/AIDS epidemic at a time when people didn't even know what HIV was, or that it caused AIDS. What people in the GLBT community did know was that gay men were getting sick and dying and that fear, stigma and discrimination meant they were being denied access to the most basic of services. The community needed an organisation to provide education about HIV prevention, to coordinate care and support for the sick and advocate with government – so they created ACON.

Over the years as the number of people with HIV grew, so did our knowledge about HIV transmission. In response, the programs ACON delivered also grew in number, breadth and complexity. We began to understand that HIV programs cannot be delivered in isolation from the other health and social needs of individuals and their community, so we started to develop more holistic gay men's health programs.

In 1996, the advent of highly active anti-retroviral treatment (HAART) dramatically changed the face of the HIV/AIDS epidemic in Australia. As fewer people became obviously sick or died from an AIDS-related condition, HIV became less central in the lives of even those most at risk of contracting HIV – gay men.

In 1998 ACON began a two-year consultation and planning process to determine the best way to respond to this changing environment. It was clear that we could not artificially re-create a sense of crisis so instead we had to work out how to adapt to what some observers have called the 'post-AIDS era'. This meant putting our HIV programs into the same context that gay men were putting HIV in their lives. If other health issues were also now becoming important to them, then we needed to develop health promotion programs on those health issues too. We began by focusing on those health issues which also



impact on HIV transmission like sexual health, alcohol and other drug (AOD) use, and mental health. At the same time, we went back to our roots and considered the fact that we were a GLBT community-based organisation (CBO), and decided that, subject to finding suitable funding, we should be providing programs for all parts of the GLBT community.

Since 2000 ACON has been a unique type of organisation which combines, on the one hand, population-based health promotion programs for the GLBT community which now span many areas including sexual health, encompassing HIV and sexually transmissible infection (STI) prevention, as well as mental health, AOD use, violence prevention, domestic violence and ageing. On the other hand, our strictly HIV work encompasses a range of support programs for all people with HIV irrespective of sexuality or gender identity as well as a solid role in advising government on broad policy issues related to HIV.

The Current Context of HIV/AIDS

The first person in Australia recorded with what we now know to be HIV was in 1982. HIV then increased rapidly until reaching a peak in NSW with 520 new cases in 1993-94. Rates declined from the early 1990s to plateau at around 750 new diagnoses per annum nationally and 350 per annum in NSW, until 2000 when we began to see rises in most states of Australia. NSW experienced a large increase in HIV diagnoses in 2002 but due to a rapid and coordinated response by all of the partner agencies, this was not sustained and is now seen as a fluctuation on what is a stable rate of transmission when viewed over 10-11 years. NSW is one of the few places in the world to have recorded a relatively stable rate of HIV transmission over a sustained period with known high rates of testing and an accurate surveillance system.



The HIV epidemic in most parts of the world, other than sub-Saharan Africa and Haiti, impacts most on sex workers, injecting drug users and men who have sex with men (MSM). In Australia, HIV began amongst gay men and thanks to the rapid and comprehensive response in this country, has been kept very low amongst sex workers and injecting drug users. This is why most HIV programs in Australia focus on gay men. But to maintain this situation, we still have to remain vigilant, and continue to provide programs for sex workers and injecting drug users including needle and syringe programs.

In recent years we have also started to see the epidemiology of the epidemic change for the first time with women beginning to represent a larger, though still small, proportion than previously. This change is driven primarily by women coming to Australia from high prevalence countries or women who are infected by a partner from a high prevalence country. It is estimated that there are currently over 10,000 people with HIV in NSW, of whom about 700 are women.

As the HIV epidemic in Australia first took hold amongst gay men in NSW, and Sydney has traditionally been home to a larger proportion of the GLBT community than other states, this meant that for a long time almost two-thirds of people diagnosed with HIV lived in NSW. With increases in infections in other States since 2000 not being replicated in NSW, this has now dropped to only about fifty percent in NSW and less than half of new diagnoses each year. There are estimated to be about 9000 gay men and MSM living with HIV in NSW.

Life for people with HIV has also changed dramatically over the years since 1982. In the beginning there was no treatment, only palliative care until death. Then the early treatments had extreme side-effects for a small extension of life. HAART brought with it a pill burden of up to forty tablets a day some of which had to be taken with food and some without; some refrigerated; and all in strict timeframes. In fact, ninety-five percent compliance with the treatment regime was

required for full treatment efficacy and so as not to risk building up resistance. The immediate side-effects of many of these treatments were sometimes too difficult to bear and the long term effects are still being felt by many in terms of facial wasting, fat redistribution and the impact on organs such as heart, liver and kidneys.

For many the socio-economic impact has been nearly as great as the health impact. In the past many people with HIV had to leave the workforce, they cashed in their superannuation and virtually prepared to die. When HAART came along they didn't die but for many re-engaging with life has also proved a challenge. Living long term on a disability support pension while trying to meet the additional cost of chronic illness has led to a situation where many people living long term with HIV experience poverty.

On the brighter side, few people with HIV in Australia today will progress to or die from an AIDS defining illness, but this means that increasingly they will have to deal with all of the usual health impacts of ageing such as heart disease, alongside the long-term impacts of HIV and of taking highly toxic medications. It also means that the number of people living with HIV is growing every year.

For someone who is diagnosed with HIV today, the future will look very different again. They will most likely be able to stay in the workforce for a long time and have close to an average life span. They will need to take only a few pills a day and those treatments will have few side-effects, most of which can be relieved by over the counter medications. They will, however, have to deal with the mental and emotional impacts of being diagnosed with HIV, the long term impact on their immune system, the long term impact of treatments, legal restrictions on travel, criminal penalties for transmission and on going stigma and discrimination.

It is important to remember that at any point in time, there are people all along the spectrum from newly diagnosed to those living long term with HIV and their needs are very different.



About Us

Who We Are

ACON is Australia's largest community-based GLBT* health and HIV/AIDS organisation.

* GLBT = gay, lesbian, bisexual and transgender

What We Do

We work to improve the health and wellbeing of the GLBT community and people with HIV, and reduce HIV transmission.

What We Seek

- An end to the HIV/AIDS epidemic locally and globally
- A healthy, resilient and inclusive GLBT community
- A society that protects and promotes human rights as the foundation for good health

Our Values

- Courage
- Empathy
- Diversity
- Equality
- Partnership
- Community



Our Communities

ACON began in 1985 as the GLBT community response to the HIV/AIDS epidemic and has remained part of that community ever since. Most, but not all, of our staff come from that community as do most, but not all, of our clients.

Throughout this strategic plan, as with previous plans, when we speak of the GLBT community we use the term community (singular) not because we think that this community is one homogenous group - far from it. We recognise that the GLBT community is made up of many individuals of differing sex, gender, sexuality, age, race, religious, social, economic, geographic and other backgrounds. But we see diversity as a strength to be embraced and celebrated not a point for division, so we speak of one community even though it has many parts.

In this plan, however, we are being more explicit than in the past about the programs we deliver for people who may not be part of the GLBT community but who, from time to time, intersect with that community, such as non-gay-identifying men who have sex with men (MSM). When we speak of communities (plural) in the plan we include this group.

We have also been more explicit in this plan about our role in providing services to people with HIV who are not part of the GLBT community, in particular women with HIV, and again, they are included when we use the word communities.

Our Clients

Our clients most often come from within our communities, but not always, and no-one is turned away. Of course sometimes the best service we can provide is to assess someone's needs and refer them to a more appropriate service, but this will always be done after full consideration of the facts. Some of our main client groups are:

Gay, lesbian, bisexual and transgender community

While HIV and STI prevention programs with gay men remain at the core of our work, since 2000 ACON has developed a comprehensive suite of programs servicing the GLBT community in the areas of sexual health, drug and alcohol use, mental health, violence prevention, domestic violence, youth services, housing and ageing.

People with HIV

Most people in Australia with HIV are gay men so our services reflect this. However, HIV doesn't discriminate and neither do we. Heterosexual people with HIV are welcome at ACON and we provide information and a range of support services to help them, their families and their carers. In fact, about 15% of our clients in our client services area are heterosexual and in this plan we are committing to further enhancing our work for women with HIV.

People who use drugs

ACON's work in AOD use has grown markedly in recent years both in Sydney and our branch offices, most notably in the Hunter. In recent years, ACON's work in AOD has expanded from its initial focus on injecting drug use to include people with a much broader range of drug use practices. From a focus only on people in the GLBT community who use drugs, most of the growth has been, and will continue to be, with people who use drugs but do not identify with the GLBT community; people who have hepatitis C (hep C) or are at risk of HIV and/or hep C transmission.

Sex workers

ACON has a long tradition of working with sex workers and more broadly, the sex industry throughout NSW, through the Sex Workers Outreach Project (SWOP) and will continue to do so in the foreseeable future. As SWOP is a very large part of ACON with a distinctly different client group, it has its own strategic plan, which is also included as part of this strategic plan.

Aboriginal and Torres Strait Islander People

ACON has a specific Aboriginal Project located in our Community Health Division and a Project Advisory Committee which meets regularly. Aboriginal people also access many general ACON projects and make up to 6% of clients in some of those projects. Our aim is to ensure that Aboriginal people who are GLBT, sex workers, use drugs or have HIV feel welcome in every part of ACON, not just the designated projects.

People from culturally and linguistically diverse backgrounds (CALD)

ACON works closely with the Multicultural HIV/AIDS and Hepatitis C Service (MHAHS) and other partners to ensure that our HIV work targets those groups which epidemiology tells us are at greatest risk of HIV transmission. We have a long history of having conducted a very successful Asian gay men's project. As our work becomes broader, so too must our commitment to working with people from CALD backgrounds. In this plan we commit to reviewing all of our programs to improve access across the organisation.



The Way We Do Our Work

We see health in a very broad context:

“Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.”

Preamble to the Constitution of the World Health Organisation as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organisation, no. 2, p. 100) and entered into force on 7 April 1948.

The Ottawa Charter for Health Promotion

The first International Conference on Health Promotion, meeting in Ottawa on the 21st of November 1986, developed a Charter for action to achieve Health for All by the year 2000 and beyond. This Charter continues to form the basis for much of ACON's work.

Prerequisites for Health

The prerequisites for health are:

- peace
- shelter
- education
- food
- income
- a stable eco-system
- sustainable resources
- social justice and equity

Definition of Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing.

Action Areas

The Charter provides **five action areas** for health promotion, these are:

- 1. Building healthy public policy** - health promotion policy combines diverse but complementary approaches, including legislation, fiscal measures, taxation and organisational change. Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors and the development of ways to remove them.
- 2. Creating supportive environments** - protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy. Work, leisure and living environments should be a source of health for people.
- 3. Strengthening community action** - community development draws on existing human and material resources to enhance self-help and social support, and to develop flexible systems for strengthening public participation in, and direction of, health matters. This requires full and continuous access to information and learning opportunities for health, as well as funding support.
- 4. Developing personal skills** - through information and education skills enabling people to learn (throughout life) to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings.
- 5. Reorientating health care services toward prevention of illness and promotion of health** - the role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Reorientating health services also requires stronger attention to health research, as well as changes in professional education and training.

Health Promotion Strategies

- 1. Advocate:** Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims to create an environment in which positive health choices can be made.
- 2. Enable:** Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential.
- 3. Mediate:** Health promotion demands coordinated action by all concerned - by governments, by health and other social and economic sectors, by non-governmental and voluntary organisations, by local authorities, by industry and by the media for the promotion of health.





Strategic Goals 2009-2012

Strategic Goals 2009-2012

These are the broad goals that we will work towards over the life of this plan, none of which ACON can, or will, do in isolation as our many partners also contribute to the same outcomes. Nor are they able to be completed within the three years of this plan as most are long-term undertakings.

Within each goal are a number of objectives. It is intended that these objectives be achievable and measurable within the life of this plan as they will form the basis of ACON's evaluation program.

Over the next three years we will:

Goal



Reduce the number of HIV and other sexually transmissible infections among gay men and other men who have sex with men

Goal



Improve the health and wellbeing of older people in our communities through new ACON programs and through partnerships with other community-based and mainstream providers

Goal



Improve the health and wellbeing of people with HIV, from those newly diagnosed to those living long-term with HIV

Goal



Generally improve the health, safety and wellbeing of people in our communities through a range of health promotion programs

Goal



Reduce the negative impacts of drug and alcohol use at both the individual and community level, and improve the mental health and wellbeing of our communities

Goal



Build ACON's role as a leader in GLBT health and HIV/AIDS policy and program delivery at the local, national and international levels

Goal



Improve the health and wellbeing of women in our communities and work to make ACON a key source of health information for them

Goal



Ensure ACON has the people, resources and culture to develop innovative programs, strong partnerships and an engaged community



Highlights of the Plan

HIV and STI Prevention with Gay Men

The prevention of transmission of HIV and other sexually transmissible infections has always been at the core of ACON's work and it remains so. It is something for which ACON is recognised nationally and internationally and we want that reputation to grow.

Our work in this area can be conceptualised as falling into four areas: (1) reinforcing a safe sex culture where condom use is the norm through community wide social marketing campaigns, and ensuring that condoms and lube are readily available; (2) forums, workshops, groups and peer-support aimed at giving gay men the skills they need to negotiate safe sex; (3) targeted programs using all available research to help identify those sub-populations most at risk of HIV or STI transmission and then developing programs that will best speak to them and (4) interweaving HIV prevention into all of our programs so that we also address the physical, social, emotional, cultural and other health issues that may impact on sexual decision making.

Over the last few years there has been much attention on New South Wales as one of the very few places in the world to have experienced a relatively stable rate of transmission over 10-11 years. Our focus in this plan is on how we can turn that period of stability into a reduction.

HIV Programs and Services

ACON already provides more services for more people with HIV than any other non-government organisation (NGO) in Australia but we want to do more.

Since the advent of HAART in 1996, we have seen a dramatic change in the experience of living with HIV for many people, while for others the change has not been so great. The challenge this has created for service provision is that we need to provide programs that cover the spectrum of need from those newly diagnosed, through people who have had HIV longer but are still doing well on treatment, to those with multiple and often complex needs.

The sorts of programs and services we will provide include: immediate counselling and peer support for those newly diagnosed; health, nutrition, diet and exercise to keep people well; complementary therapies and information on HIV treatments; HIV health promotion; skills-based programs; relieving social isolation; group support programs; assistance with housing; a meal service; transport to medical appointments; home-based care; and hospital discharge.

In this plan we will be increasing our focus on women with HIV and people newly diagnosed with HIV.



Social Inclusion

Social inclusion is a concept which recognises that certain power structures operate to marginalise and socially exclude particular groups of people from society, and that implementation of certain policies and programs can better include such groups so that they can actively and fully participate in society.

The communities that ACON serve have experienced a history of social exclusion and, to varying degrees, continue to be marginalised within Australian society. For the GLBT community, much progress has been made in removing formal discrimination from both state and Commonwealth legislation. However, GLBT people are still subject to discrimination across all spheres of life including in the workplace, at school and on the street. Likewise, for people with HIV there are laws against discrimination, yet stigma and discrimination are still widespread.

To date there is limited holistic work in the area of social inclusion for the GLBT community or people with HIV in either the national or global context. ACON will be developing a range of programs aimed at addressing the exclusion and discrimination faced by GLBT people and people with HIV through advocacy with government, public campaigns, schools-based work and in the workplace.

Research Institute

As an organisation which develops and delivers health and wellbeing programs that are informed by evidence, ACON relies on the existence of quality research. Since the beginning of the HIV epidemic, ACON has been an active community partner in the development of a considerable body of research about gay men's sexual behaviour and HIV. The strength of this research has enabled ACON to develop education programs, social marketing campaigns and support programs.

There is considerably less research available in Australia, and even internationally, for other areas of GLBT health work that ACON undertakes. While some progress has been made, there is still a significant need for more extensive research across a wide range of health issues affecting GLBT people.

ACON is in a unique position to undertake its own research, owing to the large amount of valuable data that we collect from the wide variety of client interactions and program evaluations that take place within the organisation. Over the next three years we will be developing our capacity to use that data, as well as developing our skills in community-based research.



Community Engagement

Community consultation and community involvement are essential in all phases of our work, including the identification of issues, and the design, implementation, monitoring and evaluation of programs and services. A participatory approach enables ACON to engage its communities, focus on their actual needs and reach the desired outcomes.

'Engagement' is a generic, inclusive term to describe the broad range of interactions between people. It can include a variety of approaches, such as one-way communication or information delivery, consultation, involvement and collaboration in decision-making, and empowered action in informal groups or formal partnerships.

In this plan we are committed to increasing community engagement so that we create many more opportunities for clients and community members to help us design and deliver programs and services right across the organisation.

International Programs

In the Strategic Plan 2006-2009 ACON committed to international work which would focus on the Asia-Pacific region and enable us to share our existing skills, knowledge and expertise with our regional neighbours, while providing staff with opportunities to gain new skills to help us build better programs at home.

After a period spent learning more about the international arena and gauging where ACON could best add value, the last year of the plan has seen a rapid development in our international work. ACON now has a well established and ongoing relationship with Rainbow Sky in Thailand and is embarking on a similar union with AIDS Concern, Hong Kong. We have conducted various partnership projects in the Mekong and the Pacific, and support staff development placements through AusAID programs.

These programs have been funded through organisations set-up under free trade agreements to encourage business exchange, fundraised money and grants from AusAID through AFAO, the HIV Consortium for Partnerships in Asia and the Pacific and directly to ACON.

The Digital World

In early 2009, ACON launched its new website which featured the latest website technology and capability, giving the organisation greater opportunity to deliver its broad range of services to an even wider audience. Recognising the limitless potential of online environments, including social networking and viral marketing, over the next three years we aim to reorient the way that ACON does health promotion and service delivery, so that working online becomes a major focus of the work we do.

We will continue to utilise and expand our website so that it becomes an internationally recognised source of information on the broad range of issues relating to GLBT health and HIV. Along with accurate and relevant health information, our website will become a portal through which we provide a range of services, allowing us to talk directly with our communities about the policy, social and legal issues which impact on them. It will also provide the opportunity for our communities to become more actively involved in the work of our organisation.

Of course, beyond our own website, the rapidly changing nature of the internet and digital technology offers us significant opportunities, not only in terms of health promotion and service delivery, but also in relation to the operations of the organisation.





ACON's Goals and Objectives 2009-2012

Goal



Reduce the number of HIV and other sexually transmissible infections among gay men and other men who have sex with men

Objectives

1.1 Reduce the rate of unsafe sex practised by gay men and other MSM.

1.1.1 Maintain a culture that normalises condom use and reinforces a culture of care as well as a shared responsibility for prevention.

1.1.2 Maintain high levels of understanding of HIV transmission.

1.1.3 Build HIV and STI prevention into every program in the organisation.

1.2 Increase the knowledge, skills and ability of gay men and other MSM to better inform their sexual decision making.

1.2.1 Design targeted programs for particular sub-populations, incorporating better analysis of available data and use of new technologies.

1.2.2 Increase knowledge of risk reduction practices.

1.2.3 Increase understanding of sexual decision making and ethics.

1.3 Increase the number of gay men and other MSM who know their HIV and STI status.

1.3.1 Advocate for the introduction and accessibility of rapid HIV and STI tests.

1.3.2 With partners such as the STI in Gay Men Action Group (STIGMA), promote regular, comprehensive sexual health testing, especially for highly sexually active gay men and other MSM.

1.3.3 Increase community testing sites.

1.4 Reduce rates of STIs among gay men and other MSM.

- 1.4.1** Increase knowledge of the relationship between STIs and HIV transmission.
- 1.4.2** Increase the knowledge of gay men and other MSM on STI prevention, testing and treatment.
- 1.4.3** Develop innovative programs to reduce syphilis infections and re-infections especially amongst HIV positive gay men.

1.5 Reduce the physical, social and cultural factors which negatively impact on the sexual decision making of gay men and other MSM.

- 1.5.1** Deliver programs that address those factors that contribute to sexual decision making such as AOD use, mental health, housing, violence and social exclusion.
- 1.5.2** Create healthy social environments through peer support programs that address issues such as social isolation, self-esteem and coming-out.
- 1.5.3** Undertake community development activities with newly emerging groups and sub-populations in our communities.



Goal



Improve the health and wellbeing of people with HIV, from those newly diagnosed to those living long term with HIV

Objectives

- 2.1 Increase the knowledge, skills and ability of all people with HIV to maximise their health and to prevent HIV transmission.**
 - 2.1.1** Develop a range of programs and services for people with HIV, including web-based approaches on health, treatments and other issues related to living with HIV.
 - 2.1.2** Reduce the incidence and impact of preventable health conditions experienced by people with HIV including cardio-vascular disease, diabetes and osteoporosis.
 - 2.1.3** Continue to provide peer-based support as well as opportunities to reduce social isolation.
- 2.2 Increase the capacity of people newly diagnosed with HIV to manage their diagnosis and maintain good health.**
 - 2.2.1** Work with the Australasian Society for HIV Medicine (ASHM) and General Practitioners (GP) to increase the proportion of people newly diagnosed with HIV who have access, at the point of diagnosis, to education and service information produced by ACON.
 - 2.2.2** Prioritise access for newly diagnosed clients to a range of specialised services, such as counselling, peer support and education.
 - 2.2.3** Build specific programs that promote healthy lifestyles and health maintenance for people who are newly diagnosed with HIV.
- 2.3 Reduce the physical, social and cultural factors which impact negatively on people living long term with HIV.**
 - 2.3.1** Promote healthy lifestyles by providing programs on diet, nutrition, exercise and access to complementary therapies.
 - 2.3.2** Provide information, programs and services for people living long-term with HIV to re-engage with life and explore new social, educational and vocational opportunities.
 - 2.3.3** Address the health and welfare-related issues of people with HIV who are ageing including cardiovascular and renal disease, long term impacts of HIV and HIV-related medications and of living on low incomes.

2.4 Improve the quality of life for people with HIV who have multiple and sometimes complex needs.

- 2.4.1** Improve access to mainstream services by facilitating greater connections between clients and services as well as advocating for effective referral pathways between the HIV sector and other health and welfare sectors.
- 2.4.2** Provide programs that support people with HIV who are newly discharged from hospital or need assistance with home-based support or transport.
- 2.4.3** Mitigate the socio-economic effects of HIV by providing opportunities for social connectedness, volunteering and shared meals.

2.5 Reduce stigma and discrimination experienced by people with HIV.

- 2.5.1** Work with NSW Health, Positive Life NSW and other partners to eliminate discrimination against people with HIV in the health sector.
- 2.5.2** Lead discussion and debate in the GLBT community about equality, visibility, sexual ethics and the impact of discrimination.
- 2.5.3** Reduce discrimination by the general community against people with HIV through education about HIV, people with HIV and the impact of discrimination.

2.6 Advocate on key health, welfare and legal issues that impact on people with HIV.

- 2.6.1** Improve access to HIV medications through hospital and community pharmacies.
- 2.6.2** Improve access for people with HIV to appropriate and affordable allied health services such as dental care.
- 2.6.3** Continue to advocate for fair, just, and nationally consistent HIV transmission laws that promote sound public health objectives.

Goal



Reduce the negative impacts of drug and alcohol use at both the individual and community level, and improve the mental health and wellbeing of our communities

Objectives

- 3.1 Increase resilience and assist people in our communities to deal with life stressors in a healthy way.**
 - 3.1.1** Raise our community's awareness of mental health illness, mental health promotion and concepts of communities of care through a range of activities.
 - 3.1.2** Build the ability of our communities to promote good mental health and respond appropriately to early signs of mental illness.
 - 3.1.3** Build our understanding of the unique factors that challenge the mental health of our community members.
- 3.2 Decrease the incidence and impact of depression and anxiety experienced by people in our communities.**
 - 3.2.1** Increase people's knowledge, skills and ability to detect, manage and provide support to others dealing with depression and anxiety.
 - 3.2.2** Build strong partnerships with mental-health researchers and agencies such as Beyond Blue, the Black Dog Institute and Headspace, to develop collaborative programs for our communities.
 - 3.2.3** Maximise the participation of people who have experienced mental illness in the development of mental health programs and services.
- 3.3 Increase the mental health of people in our communities by the provision of best practice counselling services and appropriate referrals.**
 - 3.3.1** Provide comprehensive intake, assessment and referral processes for all clients presenting for services.
 - 3.3.2** Provide short and medium term counselling as well as therapeutic group interventions.
 - 3.3.3** Extend the reach of our counselling and social work services for people with multiple needs by placing ACON staff in GP surgeries and other locations.

3.4 Increase the knowledge, skills and ability of people in our communities to reduce the harms associated with AOD use.

- 3.4.1** Develop culturally appropriate programs that educate our communities about harms associated with particular drugs and specific harms, such as drug interactions and overdose, with a focus on subpopulation groups.
- 3.4.2** Continue to improve our needle syringe programs (NSP) so that people who inject drugs see it as a trusted source of information, resources and referral.
- 3.4.3** Work with partners (national, state and local) on education and information campaigns to ensure their relevance to the GLBT community.

3.5 Increase the sense of shared community responsibility for addressing problematic AOD use.

- 3.5.1** Lead community debate around the level and pattern of drug use within the GLBT community.
- 3.5.2** Promote the concept of communities of care around problematic AOD use.
- 3.5.3** Engage community stakeholders, such as venue owners and party promoters, to reduce problematic AOD use and harm.

3.6 Increase the health and wellbeing of people in our communities with co-existing mental health and AOD issues.

- 3.6.1** Provide services that address early warning signs for problematic drug and alcohol use along with the possibility of co-morbidity, and promote appropriate care pathways.
- 3.6.2** Work with the mental health and AOD sectors to improve access by members of our communities.
- 3.6.3** Provide specialist AOD counselling, referrals and complementary therapies, and investigate establishing a non-residential treatment program in partnership with an established provider.

3.7 Increase knowledge and research on AOD use in our communities.

- 3.7.1** Advocate for increased research that focuses on the specific issues of AOD use for people with HIV and the GLBT community.
- 3.7.2** Build closer partnerships with AOD research agencies and researchers.
- 3.7.3** Prepare research papers and policy positions based on in-house data and community-based research.

Goal



Improve the health and wellbeing of women in our communities and work to make ACON a key source of health information for them

Objectives

- 4.1 Increase the number of women in our communities who are accessing ACON for health and wellbeing information and services.**
 - 4.1.1 Develop marketing strategies that promote ACON's programs and services to women.
 - 4.1.2 Create environments that are welcoming and supportive of women.
 - 4.1.3 Extend the reach of our health promotion services and programs for women, including through increased use of the web and outreach programs.
- 4.2 Reduce the rates of STIs among women in our communities.**
 - 4.2.1 Increase the knowledge of HIV-positive women, lesbians and other same-sex attracted women and transgender women about STIs.
 - 4.2.2 Increase the access of women in our communities to STI prevention, testing and treatment.
 - 4.2.3 Advocate for policy that accurately reflects the sexual health needs of women in our communities.
- 4.3 Improve the health and wellbeing of women and families affected by HIV.**
 - 4.3.1 Increase the social support for women and families affected by HIV through community development approaches.
 - 4.3.2 Increase the knowledge, skills and ability of women and families affected by HIV to maximise their health and wellbeing.
 - 4.3.3 Investigate the feasibility of establishing a community-driven partnership project in Western Sydney which is closely linked to refugee and migrant women's services, as well as other health services in the area.

4.4 Improve the health and wellbeing of lesbians and other same-sex attracted women.

- 4.4.1** Work with mainstream services, including GPs, to improve access for lesbians and other same-sex attracted women to enable earlier diagnosis of a range of health issues.
- 4.4.2** Provide information and support for lesbians and other same-sex attracted women affected by cancer.
- 4.4.3** Develop programs to support women to have healthy relationships, safe conception if they choose to have children and successful parenting.

4.5 Increase knowledge and research relating to the health needs of women in our communities.

- 4.5.1** Advocate for increased research that focuses on the specific needs of women with HIV.
- 4.5.2** Advocate for the inclusion of questions on sexuality and gender identity in general research about women, and for specific research to be conducted on the health needs of lesbians and other same-sex attracted women and transgender women.
- 4.5.3** Prepare ACON research papers and policy positions based on in-house data and community-based research to inform and assist our advocacy work for women.



Goal



Improve the health and wellbeing of older people in our communities through new ACON programs and through partnerships with other community-based and mainstream providers

Objectives

- 5.1 Increase social connectedness and reduce isolation for older people in our communities.**
 - 5.1.1** Continue to provide support for peer-led social support group such as Mature Age Gays (MAG) and encourage the formation of new groups.
 - 5.1.2** Host a series of social events spread across the year which facilitate older people coming together.
 - 5.1.3** Investigate the development of a home contact and visitation program that encourages intergenerational conversation for those who are house bound.
- 5.2 Increase the knowledge, skills and ability of older people in our communities, particularly those with HIV, to manage the physical, mental and social aspects of ageing.**
 - 5.2.1** Develop programs which target the health issues most relevant to older people in our communities.
 - 5.2.2** Work with social support groups and ageing networks for regular dissemination of health and welfare information.
 - 5.2.3** Help people to plan ahead for a healthy older age financially, physically, mentally and emotionally.
- 5.3 Increase the number of older people in our communities who are able to age at home.**
 - 5.3.1** Investigate extending the Community Support Network (CSN) model to include in-home support for older people in our community.
 - 5.3.2** Investigate access to Commonwealth community aged care packages and other options which aim to prevent admission to residential facilities.
 - 5.3.3** Consider support for carers in our communities including provision of, or access to, culturally sensitive respite care.

5.4 Increase knowledge, research and advocacy on key health, welfare and legal issues relevant to older people in our communities.

5.4.1 Advocate for increased research that focuses on the specific issues for older people in our communities.

5.4.2 Build closer partnerships with research agencies undertaking studies relating to older people.

5.4.3 Advocate at a systemic and individual level on a range of issues of importance to older people in our communities.

5.5 Increase access to mainstream aged care services for people in our communities.

5.5.1 Encourage government to develop policy guidelines and associated programs which translate into services and recognise GLBT people as a special needs group.

5.5.2 Develop a training program in GLBT and HIV awareness for mainstream service providers.

5.5.3 Work jointly with mainstream providers on the delivery as appropriate, to ensure the best possible standard of care.

5.6 Increase the opportunities for older GLBT people to access GLBT community-based aged care services and facilities.

5.6.1 Advocate with mainstream providers to create specific GLBT settings amongst their overall supply of stock.

5.6.2 Work with those individuals or groups within the GLBT community who may be attempting to set up specific GLBT settings to provide support and assistance.

5.6.3 Investigate the provision of ACON services delivered in GLBT aged care settings so we can take our services to potential new clients in those settings.

Goal



Generally improve the health, safety and wellbeing of people in our communities through a range of health promotion programs

Objectives

- 6.1 Increase knowledge and understanding of gay men's health issues.**
 - 6.1.1** Develop health promotion responses to current and emerging health issues for gay men.
 - 6.1.2** Participate in the development of men's health policies and strategies at the federal and state level to ensure consideration of issues for gay men and those with HIV.
 - 6.1.2** Build ACON's role as a leader in state, national and international discussions and debates on gay men's health.
- 6.2 Improve the health and wellbeing of Aboriginal and Torres Strait Islander people in our communities, by addressing their needs in all ACON programs and services.**
 - 6.2.1** Continue to build ACON's capacity to better respond to the needs of Aboriginal and Torres Strait Islander people through implementing our organisational action plan for working with Aboriginal people.
 - 6.2.2** Maintain a strong relationship with the AHMRC, other Aboriginal community-controlled organisations and other relevant agencies to provide a comprehensive range of programs and services, including health promotion, community development and support programs.
 - 6.2.3** Develop and implement an Aboriginal and Torres Strait Islander health strategy to direct our work in this area.
- 6.3 Improve the health and wellbeing of young people in our communities.**
 - 6.3.1** Develop a health strategy for young people in the GLBT community.
 - 6.3.2** Maximise the participation of young people in the design and delivery of our programs and services.
 - 6.3.3** Increase the knowledge, skills and ability of young people to improve their health and wellbeing, especially through the use of new technologies and social networking.

6.4 Improve the health and wellbeing of CALD members of our communities.

- 6.4.1** Review all ACON programs and ensure that the needs of people from CALD backgrounds are considered in an appropriate way.
- 6.4.2** Continue to develop our Asian project with an increased emphasis on encouraging sexual health testing, disclosure and reducing social isolation.
- 6.4.3** Develop targeted responses, based on current epidemiology, to factors affecting HIV and STI risk among people of priority CALD backgrounds.

6.5 Improve the health and wellbeing of members of our communities in prison and post-release.

- 6.5.1** Advocate for appropriate rights and services for GLBT and HIV positive inmates in NSW prisons, including access to safe injecting equipment.
- 6.5.2** Provide an information and visiting service to selected prisons, subject to funding.
- 6.5.3** Develop specific educational resources on health issues for people from our communities who are in gaol or exiting.

6.6 Increase the level and sense of safety experienced by people in the GLBT community.

- 6.6.1** Develop a comprehensive strategy to direct our work in this area which includes increased work in schools, community safety strategies, reporting to police and victim support.
- 6.6.2** Provide leadership in the community and the media on violence issues and work in close partnership with other agencies such as the AG, NSW Police Service and CCS to develop innovative programs in violence prevention.
- 6.6.3** Reduce the violence and abuse experienced by the GLBT community through education, advocacy and support.

6.7 Reduce the impact of SSDV on individuals within our community.

- 6.7.1** Raise awareness of same-sex domestic violence (SSDV) through the delivery of education programs.
- 6.7.2** Improve the capacity of mainstream services to respond to SSDV, in partnership with relevant organisations such as the Education Centre Against Violence (ECAV).
- 6.7.3** Provide individual support such as counselling and referral, for people affected by SSDV, subject to funding.

6.8 Reduce the number of people in our communities who are homeless or at risk of homelessness.

- 6.8.1** Continue to provide members of our communities with short-term and crisis accommodation, and assistance in securing longer term accommodation in public or community housing.
- 6.8.2** In partnership with BGF and other providers, investigate ACON providing 'supported' accommodation in areas such as AOD use, SSDV, HIV etc, which would see people who ACON houses linked to a range of ACON's other services.
- 6.8.3** Become a provider of training to services within the housing sector on GLBT and HIV issues, and increase our advocacy role in housing to raise awareness of our communities' issues.

6.9 Increase the opportunities for people in our communities with disability to access services both at ACON and other mainstream providers.

- 6.9.1** Review ACON's services, buildings and resources to ensure they are welcoming and accessible to people with disability.
- 6.9.2** Work with Home and Community Care (HACC) services to ensure that they meet the needs of people with disability in our communities.
- 6.9.3** Advocate for a just, accessible and inclusive GLBT community that supports and accepts people with disability.



Goal



Build ACON's role as a leader in GLBT health and HIV/AIDS policy and program delivery at the local, national and international level

Objectives

- 7.1 Maintain ACON's position as a strong and influential advocate particularly on issues related to HIV, GLBT health and the intersection of health and human rights.**
 - 7.1.1** Represent the HIV community sector and GLBT community to NSW Health, in health and welfare sector reform and in a range of other forums.
 - 7.1.2** Work for the amendment of legislation and social policies that discriminate against our communities and for an understanding of the impact of a denial of human rights on health.
 - 7.1.3** Co-ordinate input from the GLBT community and HIV sector into policy and advocacy issues at a national level in partnership with the NLHA and AFAO respectively.
- 7.2 Provide advice to government and other bodies on appropriate HIV policy, programs and the needs of our communities.**
 - 7.2.1** Develop balanced, evidence-based positions on key HIV and other policy issues, including microbicides and other forms of biomedical prevention, and where relevant, use these positions in our advocacy.
 - 7.2.2** Prepare submissions to all appropriate reviews and bodies of inquiry.
 - 7.2.3** Regularly meet with and advise federal and state ministers, members of parliament, advisors and public servants, especially NSW Health.
- 7.3 Provide a leading voice for the HIV sector and the GLBT community in the media.**
 - 7.3.1** Continue to maintain a strong presence in GLBT community media.
 - 7.3.2** Increase our presence in mainstream media, especially suburban and country papers.
 - 7.3.3** Develop a communication strategy to ensure that our approach to media is planned, strategic and furthers our advocacy efforts.

7.4 Expand and strengthen our engagement with research.

- 7.4.1** Strengthen our existing relationships with national HIV and drug and alcohol research centres while continuing to build new research partnerships.
- 7.4.2** Facilitate, support and advocate for necessary research on GLBT health, especially the inclusion of a sexuality question in all major research studies.
- 7.4.3** Investigate the establishment of an ACON community-based research program with an in-house research function.

7.5 Increase the social inclusion of GLBT people.

- 7.5.1** Advocate for the representation of the GLBT community within social inclusion frameworks.
- 7.5.2** Co-ordinate and increase our diversity education programs in a number of settings, including schools.
- 7.5.3** Establish ACON as a leading provider of training on GLBT and HIV issues.

7.6 Continue to develop ACON's role in international work with a particular focus on the Asia-Pacific region.

- 7.6.1** Continue to build our relationship with AFAO, the HIV Consortium for Partnerships in Asia and the Pacific, Albion St Centre and AusAID whilst looking for new relationships.
- 7.6.2** Broaden the type of partnerships that we engage in, and the scope of technical assistance that we provide, to encompass not only our work with MSM, but also to include the breadth of ACON's work.
- 7.6.3** Assist in building the capacity of organisations working in the HIV community sector and the GLBT community across the Asia-Pacific.

7.7 Model best practice social, environmental and community responsibility.

- 7.7.1** Ensure that all of our programs are socially responsible, ethical and designed to prioritise those in greatest need.
- 7.7.2** Continue to minimise ACON's environmental footprint through reducing, reusing and recycling.
- 7.7.3** Support other smaller groups in the HIV community sector and GLBT community through financial or in-kind assistance.

Goal



Ensure ACON has the people, resources and culture to develop innovative programs, strong partnerships and an engaged community

Objectives

8.1 Increase ACON's effectiveness by leveraging online and emerging technologies.

- 8.1.1** Develop a range of web-based programs and integrate digital components into existing work.
- 8.1.2** Continue to develop the organisation's hardware and software infrastructure to effectively meet our changing needs.
- 8.1.3** Maximise the ACON website for community engagement, education and revenue opportunities.

8.2 Increase the reach and impact of ACON's programs to our communities in regional and rural areas.

- 8.2.1** Through partnerships with Area Health Services (AHS), and other organisations, continue to deliver programs and services addressing the health needs of local communities.
- 8.2.2** Increase our existing branch networks through outreach programs and positions.
- 8.2.3** Support the growth of local community groups and build the capacity to deliver health promotion programs where there are no ACON branches.

8.3 Diversify and increase ACON's funding base.

- 8.3.1** Continue to improve our donor management and reporting systems.
- 8.3.2** Implement integrated fundraising strategies that provide diversified and long-term income streams for ACON's financial sustainability.
- 8.3.3** Investigate and develop new and diverse revenue generation programs based on selling skills, products or services, and expand existing successful models.

8.4 Improve organisational information management and support functions such as finance, human resources and information technology.

- 8.4.1** Introduce a new integrated information management system, which allows for improved client management and better planning and reporting.
- 8.4.2** Continue to improve and professionalise all of our internal policies and procedures and regularly evaluate them against external comparators.
- 8.4.3** Ensure that ACON's reporting, auditing, and acquittals to funders are of the highest standards.

8.5 Actively engage with our clients, community and stakeholders as partners in the delivery of programs and services.

- 8.5.1** Build a strong, active and engaged membership base for ACON.
- 8.5.2** Put in place a range of structures for people in our communities, partner agencies and other stakeholders to have input to our work.
- 8.5.3** Continue to undertake regular client and stakeholder satisfaction surveys.

8.6 Improve evaluation and reporting processes.

- 8.6.1** Introduce an integrated performance data system which reports against standardised KPIs and is integrated with the NSW Health Minimum Data Set.
- 8.6.2** Ensure all projects include evaluation measures, and major programs are thoroughly evaluated on a regular basis.
- 8.6.3** Continue a process of continuous quality improvement including three-yearly external evaluation and accreditation.

8.7 Develop our staff and volunteers to their fullest potential.

- 8.7.1** Ensure that our policies on human resource management, diversity and inclusion make ACON an employer of choice.
- 8.7.2** Develop a plan for selection, recruitment, learning and development, and succession planning which ensures that ACON can continue to attract and retain high quality staff.
- 8.7.3** Ensure that our volunteer program provides volunteers with the opportunity to develop skills and engage with other members of our community, while assisting ACON to achieve its goals and objectives.

8.8 Secure suitable long-term accommodation for ACON and its community partners.

- 8.8.1** Investigate the opportunity to co-locate with more GLBT community and HIV/AIDS organisations either by redeveloping the current site or moving to a new location.
- 8.8.2** Through co-location investigate the opportunity for efficiencies to be achieved in government and other funding through providing shared services.
- 8.8.3** Consider what other commercial opportunities might arise to attract visitors and help fund community groups.



Key Performance Indicators

Goal 1	Key Performance Indicators
<p>Reduce the number of HIV and other sexually transmissible infections among gay men and other men who have sex with men.</p>	<ul style="list-style-type: none"> A decrease in HIV infections among gay men and other MSM in NSW. A decrease in notifiable STI infections among gay men and other MSM in NSW.
Objective	Key Performance Indicators
<p>1.1: Reduce the rate of unsafe sex practised by gay men and other MSM.</p>	<ul style="list-style-type: none"> A decrease in the rates of unsafe sex reported by gay men and other MSM.
<p>1.2: Increase the knowledge, skills and ability of gay men and other MSM to better inform their sexual decision making.</p>	<ul style="list-style-type: none"> An increase in understanding of HIV and STI transmission by gay men.
<p>1.3: Increase the number of gay men and other MSM who know their HIV and STI status.</p>	<ul style="list-style-type: none"> Stable testing frequency rates for HIV and STIs by gay men and other MSM. An increase in the proportion of gay men and MSM in NSW who have been tested for HIV in the last year.
<p>1.4: Reduce rates of STIs among gay men and other MSM.</p>	<ul style="list-style-type: none"> A decrease in notifiable STI infections among gay men and other MSM in NSW.
<p>1.5: Reduce the physical, social and cultural factors which negatively impact on the sexual decision making of gay men and other MSM.</p>	<ul style="list-style-type: none"> A decrease in key indicators such as AOD use, mental health, housing, violence, and social exclusion.

Goal 2	Key Performance Indicators
<p>Improve the health and wellbeing of people with HIV, from those newly diagnosed to those living long term with HIV.</p>	<ul style="list-style-type: none"> An increase in reported levels of health and wellbeing by people with HIV.
Objective	Key Performance Indicators
<p>2.1: Increase the knowledge, skills and ability of all people with HIV to maximise their health and to prevent HIV transmission.</p>	<ul style="list-style-type: none"> An increase in healthy lifestyle behaviours such as nutrition, smoking cessation and exercise for all people with HIV. An increase in knowledge of the prevention of HIV transmission.
<p>2.2: Increase the capacity of people newly diagnosed with HIV to manage their diagnosis and maintain good health.</p>	<ul style="list-style-type: none"> An increase in the proportion of newly diagnosed people who access ACON programs and services. An increase in knowledge of newly diagnosed people about living with HIV, including issues such as treatment options, disclosure, diet and nutrition.
<p>2.3: Reduce the physical, social and cultural factors which impact negatively on people living long term with HIV.</p>	<ul style="list-style-type: none"> An increase in access to social, educational and vocational opportunities for people living long term with HIV. A decrease in the negative health impacts of living long term with HIV.
<p>2.4: Improve the quality of life for people with HIV who have multiple and sometimes complex needs.</p>	<ul style="list-style-type: none"> An increase the access of people with HIV to a range of clinical and health promotion services. An increase in social connectedness for people with HIV who have multiple and sometimes complex needs.

<p>2.5: Reduce stigma and discrimination experienced by people with HIV.</p>	<ul style="list-style-type: none"> • A reduction in reported incidences of HIV-related discrimination in the health system. • A reduction in the number of reported cases of HIV discrimination generally.
<p>2.6: Advocate on key health, welfare and legal issues that impact on people with HIV.</p>	<ul style="list-style-type: none"> • People with HIV report improved access to HIV medications from hospitals and /or community pharmacies. • People with HIV report improved access to dental care.

<p>Goal 3</p>	<p>Key Performance Indicators</p>
<p>Reduce the negative impacts of drug and alcohol use at both the individual and community level, and improve the mental health and wellbeing of our communities.</p>	<ul style="list-style-type: none"> • A reduction in the number of people in our communities who experience negative health and other outcomes as a result of drug and alcohol use. • An increase in the number of people in our communities who report good mental health.
<p>Objective</p>	<p>Key Performance Indicators</p>
<p>3.1: Increase resilience and assist people in our communities to deal with life stressors in a healthy way.</p>	<ul style="list-style-type: none"> • An increase in the number of people in our communities who are engaged in mental health promotion. • An increase in community awareness and understanding of mental illness.
<p>3.2: Decrease the incidence and impact of depression and anxiety experienced by people in our communities.</p>	<ul style="list-style-type: none"> • A decrease in the number of people in our community who report high levels of depression and anxiety.
<p>3.3: Increase the mental health of people in our communities by the provision of best practice counselling services and appropriate referrals.</p>	<ul style="list-style-type: none"> • Clients of ACON's counselling and enhanced care programs report improved mental health.
<p>3.4: Increase the knowledge, skills and ability of people in our communities to reduce the harms associated with AOD use.</p>	<ul style="list-style-type: none"> • An increase in the knowledge of people in our communities about how to reduce the harms associated with AOD use. • An increase in the supply of injecting equipment, brief interventions around harm reduction, and treatment referrals provided to our communities.
<p>3.5: Increase the sense of shared community responsibility for addressing problematic AOD use.</p>	<ul style="list-style-type: none"> • An increase in the number of organisations who provide information and support on the harms associated with AOD use in the GLBT community.
<p>3.6: Increase the health and wellbeing of people in our communities with co-existing mental health and AOD issues.</p>	<ul style="list-style-type: none"> • Increased proportion of ACON clients who are assessed for co-existing mental health and alcohol and other drug issues. • ACON clients with co-morbidities report both improved mental health and reduced AOD-related harm.
<p>3.7: Increase knowledge and research on AOD use in our communities.</p>	<ul style="list-style-type: none"> • An increase in the number of research projects focusing on AOD use in our communities.

Goal 4	Key Performance Indicators
<p>Improve the health and wellbeing of women in our communities and work to make ACON a key source of health information for them.</p>	<ul style="list-style-type: none"> An increase in reported levels of health and wellbeing by women in our communities.
Objective	Key Performance Indicators
<p>4.1: Increase the number of women in our communities who are accessing ACON for health and wellbeing information and services.</p>	<ul style="list-style-type: none"> An increase in the number of women from our communities who access ACON.
<p>4.2: Reduce the rates of STIs among women in our communities.</p>	<ul style="list-style-type: none"> A decrease in the rates of notifiable STIs among women in our communities.
<p>4.3: Improve the health and wellbeing of women and families affected by HIV.</p>	<ul style="list-style-type: none"> A decrease in the negative health outcomes impacting on women and families affected by HIV. An increase in the proportion of women and families affected by HIV who are accessing ACON's health promotion programs.
<p>4.4: Improve the health and wellbeing of lesbians and other same-sex attracted women.</p>	<ul style="list-style-type: none"> An increase in the number of lesbians and other same-sex attracted women who report improved access to healthcare. An increase in reported rates of health screening by lesbians and other same-sex attracted women, including PAP testing.
<p>4.5: Increase knowledge and research relating to the health needs of women in our communities.</p>	<ul style="list-style-type: none"> An increase in the number of research projects relating to the health and wellbeing of women in our communities.

Goal 5	Key Performance Indicators
<p>Improve the health and wellbeing of older people in our communities through new ACON programs and through partnerships with other community-based and mainstream providers.</p>	<ul style="list-style-type: none"> An increase in the reported levels of health and wellbeing by older people in our communities.
Objective	Key Performance Indicators
<p>5.1: Increase social connectedness and reduce isolation for older people in our communities.</p>	<ul style="list-style-type: none"> An increase in the social connectedness is reported by older people in our communities.
<p>5.2: Increase the knowledge, skills and ability of older people in our communities, particularly those with HIV, to manage the physical, mental and social aspects of ageing.</p>	<ul style="list-style-type: none"> An increase in the number of people in our communities who report improved health literacy in relation to ageing issues.
<p>5.3: Increase the number of older people in our communities who are able to age at home.</p>	<ul style="list-style-type: none"> An increase in the number of older people in our community who are able to age at home.
<p>5.4: Increase knowledge, research and advocacy on key health, welfare and legal issues relevant to older people in our communities.</p>	<ul style="list-style-type: none"> An increase in the number of research projects that focus on ageing in our communities.

<p>5.5: Increase access to mainstream aged care services for people in our communities.</p>	<ul style="list-style-type: none"> • An increase in the number of mainstream agencies which provide services for the GLBT community and people with HIV. • A decrease in reported discrimination experienced by older GLBT people from aged care services.
<p>5.6: Increase the opportunities for older GLBT people to access GLBT community-based aged care services and facilities.</p>	<ul style="list-style-type: none"> • The establishment of at least one GLBT community-based aged care service.

Goal 6	Key Performance Indicators
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<p>Generally improve the health, safety and wellbeing of people in our communities through a range of health promotion programs.</p>	<ul style="list-style-type: none"> • An increase in the number of people in our communities reporting a high level of health and wellbeing.
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Objective	Key Performance Indicators
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<p>6.1: Increase knowledge and understanding of gay men's health issues.</p>	<ul style="list-style-type: none"> • An increased recognition of gay men's health issues in government policies. • An increase in gay men's knowledge of health issues affecting them in addition to HIV and STIs.
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<p>6.2: Improve the health and wellbeing of Aboriginal and Torres Strait Islander people in our communities, by addressing their needs in all ACON programs and services.</p>	<ul style="list-style-type: none"> • An increase in the proportion of ACON's clients who are Aboriginal. • An increase in the number of Aboriginal and Torres Strait Islander people in our communities reporting a high level of health and wellbeing.
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<p>6.3: Improve the health and wellbeing of young people in our communities.</p>	<ul style="list-style-type: none"> • An increase in the number of clients under the age of 26. • An increase in the number of young people in our communities reporting a high level of health and wellbeing.
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<p>6.4: Improve the health and wellbeing of CALD members of our communities.</p>	<ul style="list-style-type: none"> • An increase in the proportion of CALD clients as a percentage of our total client base. • An increase in the number of CALD people in our communities reporting a high level of health and wellbeing.
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<p>6.5: Improve the health and wellbeing of members of our communities in prison and post-release.</p>	<ul style="list-style-type: none"> • An increase in reported health outcomes by members of our communities in prison and post-release.
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<p>6.6: Increase the level and sense of safety experienced by people in the GLBT community.</p>	<ul style="list-style-type: none"> • An increase in the proportion of incidents of violence experienced by people in our communities that are reported to NSW Police. • An increase in the sense of safety reported by people in our communities.
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<p>6.7: Reduce the impact of SSDV on individuals within our community.</p>	<ul style="list-style-type: none"> • An increase in the number of programs and services which provide appropriate services for people in our communities affected by SSDV. • Reduce the rate of reported experiences of SSDV by individuals in our communities.
<p>6.8: Reduce the number of people in our communities who are homeless or at risk of homelessness.</p>	<ul style="list-style-type: none"> • A decrease in the proportion of people in our communities who are homeless or at risk of homelessness. • An increase of people in our communities who access public housing assistance.
<p>6.9: Increase the opportunities for people in our communities with disability to access services both at ACON and other mainstream providers.</p>	<ul style="list-style-type: none"> • An increase in the proportion of people in our communities with disability who access our services.

Goal 7	Key Performance Indicators
<p>Build ACON's role as a leader in GLBT health and HIV/AIDS policy and program delivery at the local, national and international level.</p>	<ul style="list-style-type: none"> • An increase ACON's involvement with GLBT health and HIV/AIDS policy and program delivery at the local, national and international level.
Objective	Key Performance Indicators
<p>7.1: Maintain ACON's position as a strong and influential advocate particularly on issues related to HIV, GLBT health and the intersection of health and human rights.</p>	<ul style="list-style-type: none"> • An increase in advocacy activities related to HIV, GLBT health and the intersection of health and human rights.
<p>7.2: Provide advice to government and other bodies on appropriate HIV policy, programs and the needs of our communities.</p>	<ul style="list-style-type: none"> • An increase in the number of submissions to government and other bodies on appropriate HIV policy, programs and the needs of our communities.
<p>7.3: Provide a leading voice for the HIV sector and the GLBT community in the media.</p>	<ul style="list-style-type: none"> • An increase in the number of articles and awareness-raising campaigns in community and mainstream media.
<p>7.4: Expand and strengthen our engagement with research.</p>	<ul style="list-style-type: none"> • An increase in the number of research partnerships developed including an increase in staff involvement in research.
<p>7.5: Increase the social inclusion of GLBT people.</p>	<ul style="list-style-type: none"> • An increase in the proportion of people in our communities reporting a sense of social inclusion.
<p>7.6: Continue to develop ACON's role in international work with a particular focus on the Asia-Pacific region.</p>	<ul style="list-style-type: none"> • An increase in ACON's involvement with international HIV and GLBT health-related organisations, particularly in the Asia-Pacific region.
<p>7.7: Model best practice social, environmental and community responsibility.</p>	<ul style="list-style-type: none"> • A reduction of ACON's carbon footprint by reducing, reusing and recycling. • An increase in the number of partnerships with other GLBT and HIV sector organisations.

Goal 8

Key Performance Indicators

Ensure ACON has the people, resources and culture to develop innovative programs, strong partnerships and an engaged community.

- Increase the capacity of ACON to effectively use and manage its resources.

Objective

Key Performance Indicators

8.1: Increase ACON's effectiveness by leveraging online and emerging technologies.

- An increase in the use of the ACON website and other digital technology.

8.2: Increase the reach and impact of ACON's programs to our communities in regional and rural areas.

- An increase in the number of people in our communities in rural and regional areas who access our programs and services.

8.3: Diversify and increase ACON's funding base.

- An increase in the amount and diversity of ACON's funding sources.

8.4: Improve organisational information management and support functions such as finance, human resources and information technology.

- An increase in the effectiveness and efficiency of ACON's internal support services.

8.5: Actively engage with our clients, community and stakeholders as partners in the delivery of programs and services.

- An increase in the number of clients, community members and other stakeholders who have input into our work.

8.6: Improve evaluation and reporting processes.

- An increase in the quality of ACON's evaluation program.

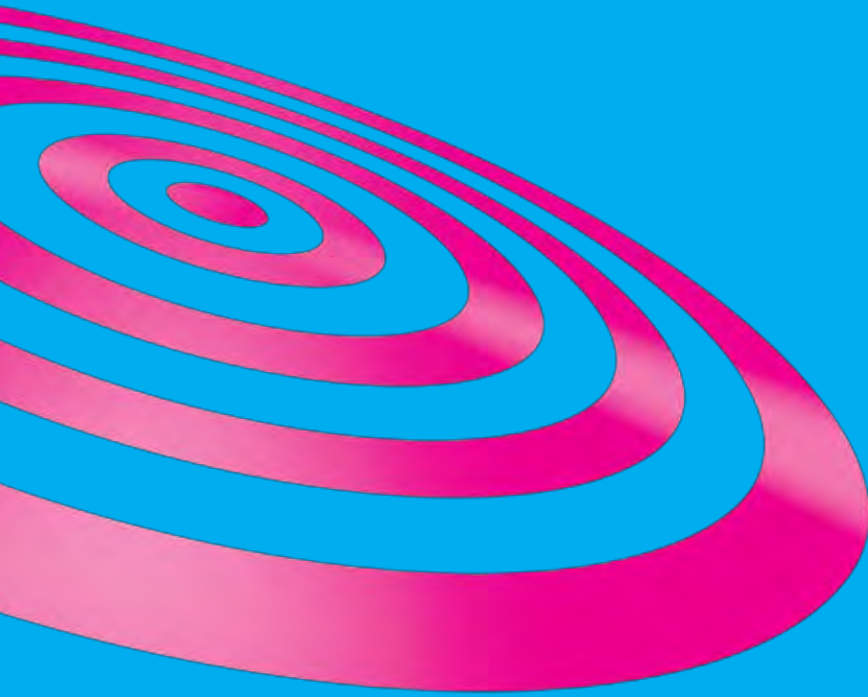
8.7: Develop our staff and volunteers to their fullest potential.

- Maintain a high level of staff engagement.
- An increase in the number of recruited and retained volunteers.

8.8: Secure suitable long-term accommodation for ACON and its community partners.

- Long-term accommodation for ACON and its community partners is secured.





SWOP

**Sex Workers Outreach Project
Strategic Plan 2009 - 2012**

The Sex Workers Outreach Project (SWOP) provides sexual health information and support to people engaged in sex work.

SWOP uses a variety of strategies to provide sexual health education, information and support for NSW sex industry workers. We run a variety of targeted health promotion programs and also provide sexual health information through outreach to sex industry workplaces.

SWOP is a large and important project of ACON. As SWOP has a specific focus on the sex industry, it has a strategic plan which forms part of, and can be obtained separately from, the *ACON Strategic Plan 2009 - 2012*.

SWOP's Mission

SWOP promotes the health, safety and wellbeing of sex industry workers in a way that enables and affirms their occupational and human rights and is the leading sex worker health agency in NSW.

SWOP's Vision

- Elimination of HIV and other sexually transmissible infections (STIs) in the NSW sex industry.
- A strong, healthy, resilient and empowered sex industry workforce in NSW.
- Elimination of discrimination experienced by those involved in the sex industry.
- A society that protects and promotes human rights as the foundation for good health.

What SWOP Believes In

- Inclusiveness, respect and self-determination
- Courage, empathy, diversity and equality
- Peer education and support
- Social justice
- Partnership
- Workplace safety
- Harm minimisation
- Sex work as a valid occupational choice
- Portraying sex in a positive way

SWOP's Clients and Communities

- NSW sex industry workers, management and their clients.
- We work to make our programs and services appropriate for sex industry workers from a diverse range of backgrounds with particular regard to gender, culture and language, age and Aboriginal or Torres Strait Islander people.
- We also work with other people who participate in sex for favours and who may not identify as part of the sex industry.

Strategic Goals 2009 – 2012

These are the broad goals that we will work towards over the life of this plan, none of which SWOP can, or will, do in isolation, as our partners contribute to the same outcomes. Nor will they be completed within three years of the plan as many are long-term undertakings.

Within each goal are a number of objectives. It is intended that the objectives be achievable and measurable within the life of this plan.

Over the next three years we will:

- 1 Maintain the low levels of HIV and sexually transmissible infections (STIs) in the sex industry.**
- 2 Improve the health and wellbeing of sex industry workers from culturally and linguistically diverse backgrounds.**
- 3 Reduce the negative impacts of drug and alcohol use at both the individual and industry level, and improve the mental health and wellbeing of sex workers.**
- 4 Generally improve the health, safety and wellbeing of sex workers through a range of health promotion programs.**
- 5 Build SWOP's role as a leader in sex worker health policy and program delivery.**
- 6 Ensure SWOP has the people, resources and culture to develop innovative programs, strong partnerships and an engaged industry.**

Key Performance Measures

We will measure how well we are achieving our Mission by:

- Maintaining the low HIV/STI transmission rates in the NSW sex industry.
- Increasing our capacity to provide health and safety services to the NSW sex industry.
- Increasing services to sex workers through establishing innovative partnerships with health and community agencies.
- Increasing the positive visibility of sex workers to reduce stigma and discrimination.

Health is:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

Preamble to the Constitution of the World Health Organisation as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organisation, no. 2, p. 100) and entered into force on 7 April 1948.

The prerequisites for health are:

"The fundamental conditions and resources for health are:

- *Peace*
- *Education*
- *Income*
- *Social Justice*
- *Equity*
- *Shelter*
- *Food*
- *A stable eco-system*
- *Sustainable resources*

Improvement in health requires a secure foundation in these basic prerequisites".

Ottawa Charter for Health Promotion. First International Conference on Health Promotion, Ottawa (21 November 1986). WHO/HR/HEP/95.1.

Health Promotion is:

The United Nations recognises that enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without discrimination.

"Health promotion is based on the critical human right and offers a positive and inclusive concept of health as a determinant of the quality of life and encompassing mental and spiritual well-being."

The Bangkok Charter for Health Promotion in a Globalised World (August 2005). World Health Organisation.

Goal



Maintain low levels of HIV and sexually transmissible infections in the NSW sex industry

- 1.1 Maintain high rates of safe sex in the NSW sex industry.**
 - 1.1.1** Continue to ensure the availability of safe sex products through the provision of targeted outreach programs.
 - 1.1.2** Continue to develop culturally appropriate and targeted education and information programs.
 - 1.1.3** Maintain a culture that normalises condom use in the sex industry.

- 1.2 Increase the knowledge, skills and ability of sex workers to better inform sexual decision making.**
 - 1.2.1** Increase sex worker understanding of HIV and STI transmission risks.
 - 1.2.2** Provide peer-based learning and support programs.
 - 1.2.3** Establish innovative technology and communication strategies to extend the reach of SWOP education programs.

- 1.3 Maintain high rates of HIV and STI testing and treatment among sex industry workers.**
 - 1.3.1** Develop the capacity of sexual health service providers to work with sex workers.
 - 1.3.2** Increase sex worker access to HIV and STI testing through education and awareness programs.
 - 1.3.3** Increase the range of community testing sites.

- 1.4 Reduce the specific vulnerabilities of priority population groups such as Aboriginal and Torres Strait Islander people, street-based sex workers, male sex workers and those entering the sex industry.**
 - 1.4.1** Increase outreach services to high risk groups in sex work communities
 - 1.4.2** Undertake community development activities with Aboriginal and Torres Strait Islander people, street-based sex workers, male sex workers and those new to sex work.
 - 1.4.3** Develop targeted education and information resources for Aboriginal and Torres Strait Islander people, street-based sex workers, male sex workers and those entering the sex industry.

Goal



Improve the health and wellbeing of sex industry workers from culturally and linguistically diverse backgrounds

- 2.1 Increase the number of CALD sex workers who have access to health education, services and resources.**
 - 2.1.1** Increase outreach service delivery throughout NSW to CALD sex workers.
 - 2.1.2** Increase culturally appropriate print and electronic resources that target CALD sex workers.
 - 2.1.3** Develop culturally appropriate programs and services through partnerships with Area Health Services and other services.

- 2.2 Reduce high risk sexual practices of CALD sex workers such as unsafe oral sex.**
 - 2.2.1** Develop community education programs that reduce unsafe oral sex in the sex industry.
 - 2.2.2** Provide education programs for owners and management of sex industry premises where there are high numbers of CALD employees.
 - 2.2.3** Provide peer-based learning and support programs for CALD sex workers.

- 2.3 Increase HIV and STI testing and treatment for CALD sex workers.**
 - 2.3.1** Develop the capacity of HIV and STI service providers to meet the needs of CALD sex workers.
 - 2.3.2** Increase CALD sex worker knowledge of HIV and STI testing and treatment.
 - 2.3.3** Work with brothel owners and managers regarding HIV testing and treatment requirements, and service provision.



Goal



Reduce the negative impacts of drug and alcohol use at both the individual and industry level, and improve the mental health and wellbeing of sex workers

- 3.1 Increase knowledge about transmission and management of hepatitis C and improve access to treatment.**
 - 3.1.1** Increase outreach service delivery to sex workers who inject drugs.
 - 3.1.2** Develop targeted education and information resources on hepatitis C transmission.
 - 3.1.3** Develop partnerships with hepatitis C treatment service providers.
- 3.2 Increase the knowledge, skills and ability of people in our communities to reduce the harms associated with alcohol and other drugs.**
 - 3.2.1** Continue to improve our Needle Syringe Program so that more sex workers who inject drugs have access to education, referrals and resources.
 - 3.2.2** Provide peer-based learning and support programs for sex workers who inject drugs.
 - 3.2.3** Develop targeted education and information resources on alcohol and drug use in the NSW sex industry.
- 3.3 Increase the health and wellbeing of sex workers with co-existing mental health, alcohol and/or other drug issues.**
 - 3.3.1** Work with the mental health and alcohol and other drug sectors to improve access to services for sex workers.
 - 3.3.2** Raise sex worker awareness of mental illness and mental health promotion through a range of education activities.
 - 3.3.3** Work with sex workers to identify early warning signs of co-existing problematic mental health, alcohol and/or other drug issues and promote appropriate care pathways.
- 3.4 Increase knowledge and research on mental health, alcohol and other drug use issues for sex workers.**
 - 3.4.1** Advocate for increased research on drug and alcohol use in the sex industry.
 - 3.4.2** Build closer partnerships with alcohol and other drug and mental health research agencies and researchers.
 - 3.4.3** Prepare research papers and policy positions based on in-house data and community-based research.
- 3.5 Increase the mental health of NSW sex workers.**
 - 3.5.1** Provide a model of best practice counselling services to sex workers.
 - 3.5.2** Develop appropriate referrals and care pathways for sex workers in NSW.
 - 3.5.3** Increase sex workers' access to mainstream care and support services through education and information.

Goal



Generally improve the health, safety and wellbeing of sex workers through a range of health promotion programs

- 4.1 Assist mainstream services to better deliver appropriate, effective and accessible services for sex workers.**
 - 4.1.1** Continue to develop innovative partnerships with mainstream health providers to expand the reach of SWOP's services.
 - 4.1.2** Provide a statewide training program on working with sex workers.
 - 4.1.3** Assist and support mainstream services to work with sex workers.
- 4.2 Develop a comprehensive Occupational Health and Safety (OHS) program for sex industry workplaces.**
 - 4.2.1** Continue to provide education to sex workers and sex work premise owners and managers on OHS legislation.
 - 4.2.2** Work with brothel owners and managers to ensure OHS standards are being met.
 - 4.2.3** Continue to advocate with relevant authorities regarding OHS requirements to ensure public health outcomes can be achieved.
- 4.3 Increase the level and sense of safety experienced by sex workers.**
 - 4.3.1** Reduce the violence and abuse experienced by sex workers through education, advocacy and support.
 - 4.3.2** Provide leadership on violence issues as they relate to sex workers and establish close partnership with other agencies to develop programs in violence prevention.
 - 4.3.3** Continue to build SWOP's evidence base regarding safety issues in the sex industry.
- 4.4 Increase the knowledge of the sex industry and relevant agencies about legal issues as they relate to sex work.**
 - 4.4.1** Undertake education and information programs addressing sex workers legal rights.
 - 4.4.2** Continue to build partnerships with mainstream agencies in the justice sector.
 - 4.4.3** Develop appropriate referrals and legal support systems for sex workers.

Goal



Build SWOP's role as a leader in sex worker health policy and program delivery

- 5.1 Maintain SWOP's position as a strong and influential advocate on issues related to sex work and the intersection of health and human rights.**
 - 5.1.1** Represent sex worker issues in the health and welfare sector.
 - 5.1.2** Work for the amendment of legislation and policies that discriminate against sex workers and for an understanding of the impact of a denial of human rights on their health.
 - 5.1.3** Co-ordinate input from sex workers into policy and advocacy issues.

- 5.2 Provide advice to government and other bodies on policy and programs which impact on sex workers and the sex industry.**
 - 5.2.1** Develop balanced, evidence-based positions on key health and welfare issues for sex workers.
 - 5.2.2** Prepare submissions to all appropriate reviews and bodies of inquiry relating to issues impacting on sex workers.
 - 5.2.3** Regularly meet with and advise federal and state ministers, members of parliament, advisors and public servants, especially NSW Health.

- 5.3 Provide a leading voice for sex workers in the media.**
 - 5.3.1** Develop a communication strategy to ensure that our approach to the media is planned, strategic and furthers our advocacy agenda.
 - 5.3.2** Build a strong presence in community and regional media.
 - 5.3.3** Increase SWOP's profile in mainstream media.

- 5.4 Expand and strengthen SWOP's engagement with research.**
 - 5.4.1** Strengthen SWOP's existing relationships with national HIV and drug and alcohol research centres while continuing to build new research partnerships.
 - 5.4.2** Advocate for necessary research on sex worker health.
 - 5.4.3** Facilitate and support research projects that expand SWOP's understanding of sex workers' health needs.

- 5.5 Continue to develop SWOP's role in international work with a particular focus on the Asia-Pacific region.**
 - 5.5.1** Build relationships with AFAO, the HIV Consortium for Partnerships in Asia and the Pacific and AusAID to examine international projects.
 - 5.5.2** Establish SWOP as a provider of training on HIV prevention and sex work in the Asia Pacific region.
 - 5.5.3** Assist in building the capacity of sex worker service organisations working in HIV prevention in the Asia-Pacific.

Goal



Ensure SWOP has the people, resources and culture to develop innovative programs, strong partnerships and an engaged industry

- 6.1 Increase SWOP's statewide service delivery through improved use of online and new technologies.**
 - 6.1.1** Develop a range of web-based programs and integrate digital components into existing work.
 - 6.1.2** Continue to develop SWOP's hardware and software infrastructure to effectively meet our changing needs.
 - 6.1.3** Maximise the SWOP website for industry engagement and education opportunities.
- 6.2 Increase the reach and impact of SWOP's programs to sex workers in regional and rural areas.**
 - 6.2.1** Continue to deliver programs and services addressing the health needs of local sex workers through partnerships with Area Health Services and other organisations.
 - 6.2.2** Increase SWOP's reach through outreach partnerships.
 - 6.2.3** Work with Regional Services staff to ensure consistent approaches to health education, outreach and service delivery across the state.
- 6.3 Diversify and increase SWOP's funding base.**
 - 6.3.1** Continue to apply for new grants to enhance our current work and to build new programs.
 - 6.3.2** Implement integrated fundraising strategies that provide diversified and long-term income streams for SWOP's financial sustainability.
 - 6.3.3** Investigate and develop new and diverse revenue generation programs based on selling skills, products or services, and expand existing models.
- 6.4 Actively engage with sex workers and stakeholders as partners in the delivery of programs and services.**
 - 6.4.1** Build a strong, active and engaged stakeholder base to assist in the design of SWOP's programs and services.
 - 6.4.2** Put in place a range of structures for sex workers, partner agencies and other stakeholders to have input to our work.
 - 6.4.3** Continue to undertake regular client and stakeholder satisfaction surveys.
- 6.5 Improve evaluation and reporting processes.**
 - 6.5.1** Ensure all projects include evaluation measures and major programs are thoroughly evaluated on a regular basis.
 - 6.5.2** Continue a process of continuous quality improvement and participate in three-yearly external evaluation and accreditation.
 - 6.5.3** Collect performance data which reports against standardised key performance indicators and is integrated with the NSW Health Minimum Data Set.

Glossary of Terms

ACON	AIDS Council of NSW
AFAO	Australian Federation of AIDS Organisations
AG	Attorney-General's Department of NSW
AHMRC	Aboriginal Health and Medical Research Council
AHS	Area Health Services
AIDS	Acquired Immune Deficiency Syndrome
AOD	Alcohol and Other Drug
ARCSHS	Australian Research Centre in Sex, Health and Society
ASHM	Australasian Society for HIV Medicine
AVP	Lesbian and Gay Anti-Violence Project
BGF	Bobby Goldsmith Foundation
CBO	Community-based Organisation
CALD	Culturally and Linguistically Diverse
CCS	Council of the City of Sydney
CSN	Community Support Network
ECAV	Education Centre Against Violence
GLBT	Gay, Lesbian, Bisexual and Transgender
GLRL	Gay and Lesbian Rights Lobby
GP	General Practitioner
HAART	Highly Active Anti-Retroviral Treatment
HACC	Home and Community Care
HARP	HIV and Related Programs
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
KPI	Key Performance Indicators
MAG	Mature Age Gays
MHAHS	Multicultural HIV/AIDS and Hepatitis C Service
MSM	Men who have sex with men
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NCHSR	National Centre in HIV Social Research
NDARC	National Drug and Alcohol Research Centre
NGO	Non-Government Organisation
NLHA	National LGBT Health Alliance
NSP	Needle and Syringe Program
STI	Sexually Transmissible Infection
STIGMA	STI in Gay Men Action Group
SSDV	Same-Sex Domestic Violence
SWOP	Sex Workers Outreach Project

Contacts

ACON Sydney

9 Commonwealth Street
Sydney NSW 2000

PO Box 350
Darlinghurst NSW 1300

Tel: 9206 2000
Fax: 9206 2069
Freecall: 1800 063 060

Email: acon@acon.org.au

www.acon.org.au

ACON Hunter/Mid-North Coast

129 Maitland Rd, Islington NSW 2296
Tel: 02 4927 6808 Fax: 02 4927 6485
Email: hunter@acon.org.au

ACON Mid-North Coast Outreach

Shop 3/146-150 Gordon Street,
Port Macquarie NSW 2444
Tel: 02 6584 0943 Fax: 02 6583 3810
Email: mnc@acon.org.au

ACON Northern Rivers

27 Uralba Street, Lismore NSW 2480
Tel: 02 6622 1555 Fax: 02 6622 1520
Email: northernrivers@acon.org.au

ACON Illawarra

47 Kenny Street, Wollongong NSW 2500
Tel: 02 4226 1163 Fax: 02 4226 9838
Email: illawarra@acon.org.au

ACON Western Sydney Outreach

9 Commonwealth Street, Sydney NSW 2000
Tel: 02 9206 2000 Fax: 02 9206 2069
Email: aconwest@acon.org.au

Positive Living Centre

703 Bourke Street, Surry Hills NSW 2010
Tel: 02 9699 8756 Fax: 02 9699 8956
Email: plc@acon.org.au

The Luncheon Club

The Gordon Ibbett Activity Centre
77 Kellick, St Waterloo NSW 2017
Tel: (02) 9206 2000 or 0400 446 712
Email: lunch@luncheonclub.net.au

Sex Workers Outreach Project

69 Abercrombie Street, Chippendale NSW 2008
Tel: 02 9319 4866 Fax: 02 9310 4262
Email: info@swop.org.au



acon

BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

9 Commonwealth St Surry Hills NSW Australia 2010 • PO BOX 350 Darlinghurst NSW Australia 1300
Tel +61 2 9206 2000 • Fax +61 2 9206 2069 • acon@acon.org.au • www.acon.org.au

Hunter Branch • Mid North Coast Branch • Illawarra Branch
Northern Rivers Branch • Sex Workers Outreach Project (SWOP)
Positive Living Centre (PLC) • The Luncheon Club

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