



**ethnic
communities'
council of
victoria**

Sexual health, cultural diversity and young people:

What do we know?

ECCV Forum Report

2013

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1. Acknowledgements

This forum could not have taken place without the support of the below organisations and individuals. We thank them for contributing their very valuable time and insights.

- Ms Chiedza Malunga - Centre for Culture, Ethnicity and Health (CEH)
- Dr Regina Quiazon- Multicultural Centre for Women's Health (MCWH)
- Mr Christopher Lynch - Maribyrnong City Council

The ECCV would also like to acknowledge the support of our Youth Policy Subcommittee, the driving force behind this forum.

We would also like to thank all of those who attended the forum, for their commitment to young people and for their guiding questions and valuable comments.

2. Background Information

2.1. About the ECCV

The Ethnic Communities' Council of Victoria (ECCV) is the statewide peak advocacy body representing ethno-specific agencies and multicultural organisations. For more than 35 years the ECCV has remained the principal liaison point between culturally and linguistically diverse communities, government and the wider community in Victoria. The ECCV has over 220 members, representing groups with an ethno-specific or multicultural focus, organisations with an interest in these areas and individuals who support the ECCV. The majority of our members are not-for-profit community service organisations. The ECCV advocates and lobbies all levels of government in areas such as human rights, access and equity, racism, discrimination, employment, education, health and justice. We advocate on any issue that is of concern to our members.

2.2. The ECCV Youth Policy Subcommittee

The ECCV Youth Policy subcommittee provides a vehicle for those with an interest in youth matters to collaborate, discuss and act on issues that affect culturally and linguistically diverse young people in Victoria. Conscious of the time and resource constraints that often face those who work in service and support delivery, the ECCV operates on behalf of subcommittee members to advocate, at a government level, with regard to emerging issues and recommendations for improved policy and practice.

3. Sexual Health, Cultural Diversity and Young People

3.1. Health literacy

For some time now, the ECCV has sought to highlight the need for increased support and investment, in order to enhance health literacy in Victoria's culturally and linguistically diverse communities. Health literacy can be defined as "the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions".¹

Health literacy is a broad skill that often requires the simultaneous use of other literacy skill types, such as prose and document literacy, numeracy and problem solving skills. Limited health literacy is an Australia-wide issue. In 2006 a considerable 59 per cent of Australians were found to have inadequate health literacy.

Victorians from culturally and linguistically diverse communities are considered an 'at risk group', for low health literacy. Only 33 per cent of people born overseas have adequate or better health literacy compared to 43 per cent of the Australian-born population. This figure drops to 27 per cent for those who arrived in Australia during the past five years and to 26 per cent for people whose first language is not English.²

People with low health literacy have limited ability to search for and use health information, make informed decisions or maintain their basic health. Research demonstrates that there are strong correlations between low health literacy and less healthy behaviours, poorer self-management of chronic conditions, higher rates of hospitalisation, difficulty communicating with providers, and poorer health status in general.³ Research also indicates that increasing health literacy is likely to reduce health costs through the prevention of illness and chronic disease.⁴

The impact of low health literacy on people from non-English speaking backgrounds means they are:

- less likely to access the services that they need
- less likely to have an adequate understanding of health issues
- more likely to experience social isolation, which can lead to damaging behaviours and negatively impact physical and mental health
- at risk of mismanaging their medication

For more information about health literacy please see ECCV's policy paper *An Investment Not an Expense: Enhancing health literacy in culturally and linguistically diverse communities*:

http://www.eccv.org.au/library/An_Investment_Not_an_Expense_ECCV_Health_Literacy_Paper_FINAL.pdf

3.2. Sexual health

For the purposes of this forum and our work in this area, the ECCV has adopted the following definition of sexual health, as defined by the World Health Organisation:

¹ U.S. Department of Health and Human Services. (2000). *Healthy People 2010* (2nd ed.) [with *Understanding and Improving Health* (vol.1) and *Objectives for Improving Health* (vol. 2)]. Washington, DC: U.S. Government Printing Office, as cited in, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, (2010), *National Action Plan to Improve Health Literacy*. Washington DC

² Australian Bureau of Statistics, *Australian Social Trends* 4102.0 June 2009

³ Thomacos, N., (2009) *Health Literacy: Supporting Successful Interventions and Programs* [Presentation], Department of Health and Social Science, Monash University, Melbourne

⁴ *Health literacy in Canada: A Healthy understanding*, (2008), Canadian Council on Learning, Ottawa

Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.⁵

Over recent months, many of our members and stakeholders have expressed concern to the ECCV regarding the sexual and reproductive health literacy of young people from culturally and linguistically diverse backgrounds.

Many stakeholders also spoke of significant service gaps, access issues and of less than optimal sexual health outcomes and experiences for many young people, including international students.

There was also some unease, within our networks, regarding matters related to perceptions of gender, sexuality, and what constitutes healthy, positive and enjoyable sexual relationships and experiences.

With this in mind, the ECCV youth policy subcommittee elected to explore these issues and concerns further and to make this a focus of our work for the coming year. This forum was the beginning of this process and it allowed us to explore some of the main issues, concerns and needs of young people and those who work with them.



Forum participants

⁵ World Health Organisation: http://www.who.int/topics/sexual_health/en/

4. Forum Overview

In the main, this forum was structured as a Q&A session, featuring an expert panel. The forum was run this way to encourage interaction and knowledge sharing and to ensure that the material presented was relevant to those in attendance. The ECCV wanted those in attendance to guide the conversation (again to ensure relevance), so we asked people to submit a question as part of the registration process. These questions were collected and presented (without names) to the panellists. The forum facilitator also used these questions to guide to her own questioning of the panellists. A full list of these questions can be found in section 6.1 of this report.

Towards the end of the forum, participants were provided the opportunity to make recommendations via *the Sexual Health, Cultural Diversity and Young People – What is needed?* form (see sections 6.4)



Forum participants

4.1. Forum facilitator and expert panellists

The panel was made up of people working in the area of sexual health and with culturally diverse young people. Further information about our three panellists can be found below:

1. **Chiedza Malunga** is currently employed as a Community Worker for the Centre of Culture, Ethnicity and Health (CEH). Chiedza has vast experience in community development and health promotion roles. Much of Chiedza's work has revolved around identifying and addressing the sexual and reproductive health needs of people from migrant or refugee backgrounds. An example of her work in this area is the sister2sister project, which aimed to promote sexual and reproductive health and wellbeing amongst young women. Chiedza has also worked for the Centre for Multicultural Youth (CMY) and in the settlement, sport and health sectors, where she trained professionals to work effectively with young people from refugee or migrant backgrounds.
2. **Christopher Lynch** is currently employed as the Team Leader of Counselling and Outreach Support at Maribyrnong City Council. Christopher has a strong interest in social justice and human equality, with a focus on those in the community who are most marginalised, including those from culturally and linguistically diverse communities, GLBTIQ communities and women, children and young people who have been affected by family violence. Christopher runs sexual and reproductive health

programs in both mainstream and alternative education settings within the Maribyrnong Council area, with a strong emphasis on sexual health and its role in sustaining healthy relationships.

3. **Dr Regina Quiazon** (RQ) is the Senior Research and Policy Advocate at the Multicultural Centre for Women's Health (MCWH) and has been responsible for various projects that advocate for improvements to immigrant and refugee women's health and wellbeing, including the development of a women's leadership program and a human rights education project. Her current research and advocacy work focuses on intersectional feminism; female circumcision; and international students' access to sexual and reproductive health services.

The forum was facilitated by **Wesa Chau**, who is a member of the ECCV Board of Directors and the Convenor of the ECCV Youth Policy Subcommittee. Wesa is also the Director of Cultural Intelligence, a consultancy and training organisation specialising in inter-cultural awareness, engagement, and management. For the past decade Wesa has worked in the multicultural sector, advocating for young people and people with a disability. As the founder of the Australian Federation of International Students (AFIS) and a member of the Ministerial Overseas Students Experience Taskforce, Wesa has also been a leading advocate for the international student population. Wesa recently received the Australian Leadership Award. In 2012, she was an inductee to the Victorian Honour Roll for Women and was awarded the University of Melbourne "Rising Star" Alumni Award. In 2010 she was named Young Victorian of the Year and in 2006 she received the Service Delivery to Multicultural Victoria award. Wesa also sits on the Board of Carers Victoria and InTouch Multicultural Centre Against Family Violence.



Pictured left to right: Wesa Chau, Chiedza Malunga, Christopher Lynch, Regina Quiazon.

4.2. Notes from the Q&A discussion

1. **Could you give us some definition of sexual health and an overview on the statistics – do we know how many young people in CALD communities have sexual health issues? MCWH do a lot of work with international students, what are the statistics there?**

Regina: MCHW uses the social determinants model of health. Anything that impacts on one's ability to enjoy satisfying sexual interactions could be considered a sexual health issue. We have a very broad understanding of sexual health.

With regard to international students we know that 70% of international students who make a claim on health insurance, within the first 12 months of arrival, do so for pregnancy related treatment. There appears to be a high level of unplanned and terminated pregnancies among the international student population.

One's visa status determines the healthcare that one has access to, so it can also affect health outcomes.

We need disaggregated data to really be able to understand what is occurring for young people of migrant and refugee background.

2. **How do you think young people perceive sexual health, gender diversity and same sex attraction?**

Chris: Maribyrnong Council run a program with the Western English Language School (WELS) twice a year. Gender-specific feedback indicates that many young people have never discussed sex or sexual health. Often this is because they feel awkward and embarrassed about it, or because they think they already know everything there is to know.

This is not only the case among those from culturally and linguistically diverse backgrounds, but language barriers can impede communication, which is why it is important that those working with young people know how to work with interpreters and to know what to look for in an interpreter. Some interpreters will not interpret certain things and will feel uncomfortable with the topic. With experience, one can identify when an interpreter is not interpreting information as given (via body language etc.)

The statistics indicate that 1 in 10 people are same sex attracted. This informs the basis of our work and we provide very inclusive information.

We find that many international students come to Australia because of the legal and (perceived) acceptability of their sexuality, unfortunately they overestimate how safe they are to express their sexuality in Australia – they underestimate the level of prejudice that exists here.

Chiedza: Different communities view sexuality and sexual health in different ways. Depending on their culture or community, young people may seek advice from differing sources. For example, young people from the Karen community often seek help and advice within their family, so it is important that families are involved in the discussion about sexual health and sexual diversity. On the other hand, young women from the Liberian community (for example) tend to seek advice from a female they trust, from their community, but not necessarily a relative. International students have different needs due to different socio-economic situations.

Regina: We have found the concept of 'coming-out' is a very western, individualistic concept. Terms like 'coming in' or 'coming home' can be more appropriate. We also need to recognise that migrant families or communities are not necessarily unaccepting when it comes to matters of sex and sexuality.

Chris: As a counsellor I work with the young person and discuss whether or not they want to come out, whether it is safe to do so in their current circumstances and if they have the support they need.

3. There are, of course, differing needs for young women and young men, could anyone from the panel elaborate on this, with relation to safer sex practices?

Chris: I work mainly with boys, who tend to exhibit a fair bit of bravado around these issues, they often come in with an "I know everything already" attitude, but you quickly learn just how much they don't know. With regard to safer sex practices, for example, may believe that condoms don't work, or that they will cause HIV – you should never assume what is known.

Chiedza: With regard to young women; in Australia a pregnant women has three choices available to her, however, depending on the woman in question, we interpret the choices she makes differently. The same choice that might be interpreted as empowered in one case is seen as a disempowered choice in another case.

Negotiating safe sex is not only potentially difficult for young people; it can also be an issue for adults. We once held a father son program around safer sex and avoiding unwanted pregnancies. Knowledge of STIs varies greatly, between and across groups and ages

Regina: It is not just about negotiating safe sex, but also about healthy body image and healthy views of sex.

Chris: The impact of pornography on self-esteem is significant. Many young people learn about how to have sex by watching pornography, they believe that this is how sex works. We often talk about the need for respect in sex, but in this context many confuse respect with dominance and fear. We explain that fear and respect are two different things and that negotiating a way to have sex that you both agree to will be more enjoyable.

4. Is there a way to get more young people from CALD backgrounds to engage more openly about sexual health and the importance of taking ownership of their sexual health?

Chris: There is very little role modelling for young people in this regard. Media and programmes that deal with the issue of sexual health tend to be very Anglocentric, so many young people are not seeing representations that they can relate to.

Maribyrnong City Council has used music, art and drama to engage young people in discussions around health and wellbeing

Chiedza: You need to find the right message, or activity to get them in. The Sister2Sister program started with a discussion about basic female hygiene regarding use of tampons, pads etc. and evolved from there. Peer education models allow flexibility for people to discuss what is important to them.

It is also problematic that the services that are provided are not necessarily open when young people are most likely to need them (afterhours/ night-time). This is an accessibility issue that needs to be considered.

Regina: MCWH does provide a 24 hour sex education program and are happy to visit workplaces, or any site where there is a need.

5. Sex education does occur in schools, but is the information and the setting culturally sensitive? Is there a better place, or way to provide this education?

Chris: School based programs can work well, but they need to be taught by people who are not perturbed or uncomfortable, so the usual classroom teacher may not always be the most appropriate person. Visual aids are also very helpful.

Please note that Chiedza Malunga generously provided some follow-up information after the forum. This is available under section 6.2.

4.3. Comments and insights from the floor

- Schools are a good, perhaps perfect platform for sex education, but they are often not well utilised.
- The *Catching On Early* resource is great for teachers and provides some support for schools in engaging with parents and students from CALD backgrounds:
<http://safeschoolscoalitionvictoria.org.au/wp-content/uploads/2013/04/catchingonearly.pdf>
- We need to understand and frame sexual health as a social justice and human rights issue.
- It can be difficult to get consent from parents, communities and school communities for sexual health education. It helps to be broad in the description of the session and to be aware that young people are entitled to confidentiality. Parents and community members with an issue will approach program organisers and this can be dealt with on a case-by-case basis. Parents need to trust the person delivering the education session and to be comfortable with the setting of the session, or they will not consent to it.
- The Sexual Health and Family Planning Australia *Report on the Sexual and Reproductive Health and Rights Research Roundtable* is also a good resource:
http://shfpa.drupalgardens.com/sites/shfpa.drupalgardens.com/files/201303/250213_rr%20event%20report%20-%2025%20page%20version.pdf
- There is need to reach parents and to have them understand the importance of sexual and reproductive health education.

- There are a number of access issues related to visas and to Medicare eligibilities. We need changes to health policy in this area, which is unlikely to happen when sex and sexual health is a stigmatised issue, as can be the case in many communities.
- There is a need for community engagement and multicultural ambassadors/champions for organisations such as Living Positive: <http://www.livingpositivevictoria.org.au/>
- Advocacy needs to be built around big policy issues. Some of these broader issues cut to the core of Australian citizenship and who has rights and access (which can be inhibited by visa category) – it is also a human rights issue.
- Referrals can also be problematic. It is useful to go with and support young people attending referral appointments.
- We need youth friendly practices and we need to build organisational capacity around language and other barriers and to ensure that those who work in this field are undertaking appropriate and adequate training.
- Schools are of central importance to unaccompanied minors, as this is often their only support network.

5. Recommendations from the floor

At the end of the forum, attendees were asked to complete and submit the *Sexual Health, Cultural Diversity and Young People – What is needed?* stakeholder feedback form (appendix 5.3). The questions posed and the answers reviewed are detailed, verbatim, below.

It should be noted that many of the recommended actions fall outside the scope of ECCVs work, or outside of our organisational resources. While we may not have the capacity to take up some of these recommendations and suggestions, they will not be disregarded. The ECCV will forward this report to relevant government departments, agencies and other stakeholder organisations, so that they may consider this valuable feedback.

Question. 1

What do you think is needed to improve the sexual health and wellbeing of young, multicultural Victorians?

- Engaging/involving them in the conversation to identify issues that matter to them and create peer led-initiatives to meet their needs
- A revolution in how it is conceptualised, practiced and funded
- A more accessible and centralised information centre and sexual health centre
- More promotion of the services provided through social media for young people
- More projects involving young people that can be accessed by more young people, especially marginalised young people
- Find out where the gaps exist between ‘mainstream’ and CALD Australians and how can these gaps can be addressed

- There seems to be lots of services doing similar work, but not enough conversation between services
- More leadership from top down → inclusion of evidence based sexual health and personal development education in school curriculum.
- More grassroots programs/funding to support pre-existing programs and organisations working with CALD youth to run training/education in the area
- More training programs and support programs for peer educators
- More free sexual health centres like MSHC in Carlton, across the state
- Education, education, education.
- More awareness by similar kinds of forums, encourage young people to talk more openly and seek advice when needed
- More education/workshops to be provided to young people, especially international students/migrants/refugees.
- Collaboration between those doing the work to share ideas and identify common concerns for joint advocacy and problem solving/ resource development.

Question 2.

As the peak policy advocacy body, how do you think the ECCV can best support young people and ensure that their sexual health and wellbeing needs are met?

- Be the interface between funded services and the leaders and families of CALD communities
- Train and support peer educators
- Provide free sexual health and wellbeing course for young people
- Promote projects statewide through youth networks
- Provide network/forums for service providers
- Run education /training for parents, families and carers
- Do a stocktake of where workers in the field knowledge levels are at and lobby for, or offer training for workers who are the first point of contact for young people in the services system
- Reliable data would assist in informing government and funding bodies
- A network/contacts database of service providers, researchers, case workers, interpreters etc., for accessing /sharing contacts.
- Intersectorial collaborative policy advocacy and project development
- Arrange different forums that could target specific audience or culture.
- Run more awareness forums
- Online awareness resources
- Ensuring that sexual health, including sexuality, sex and gender diversity are incorporated in policies in community engagement and social inclusion programs.
- Making moves into mainstream and becoming part of everyday conversation
- Education for parents as well, provide information for parents– empower them to support their children.
- Work to target parents in CALD communities
- Participate and contribute to collaboration between those doing the work to share ideas and identify common concerns for joint advocacy and problem solving/ resource development.



Forum participants

6. Additional material

6.1. Questions submitted online by registrants

The below questions have been taken directly/verbatim from the registration form. We include this as we believe they provide an interesting indication of the types of concerns currently held by young people and those who work with them.

These questions were posed (prior to the forum) in response to our question:

What would you like to know about sexual health, cultural diversity and young people? Please submit a question. We will forward your questions to our expert panel and try to address as many as possible on the day.

- What sexual health resources are available for international students?
- Training and education for professionals?
- New arrivals (humanitarian entrants) and sexual health education - successful programs/initiatives, barriers in accessing, areas for improvement/better coordination?
- What are the views of young people on sexual health?
- What messages are given to young men from new and emerging communities and how are they interpreting these?
- How are young women from CALD backgrounds, in particular newly arrived, adjusting to the sexualised demands on them as a whole?
- Do you think it is important to involve older members of different cultural communities in discussions around sexual health that we are having with young people from those communities?

- I would like to have a better understanding of what the barriers are to young people implementing the knowledge they have about sexual health in their daily lives (e.g. safe sex, contraception)
- Is there a service for persons of African descent?
- What sort of assistance do ECCV provide for International Students in terms of sexual harassment?
- Young women and how they feel they can be responsible for their sexual health.
- How do we get more young people from culturally diverse backgrounds to engage more openly about sexual health and the importance of taking ownership over their sexual health?
- Many international students and new migrants have been cheated into drugs and sex work using cultural and social differences. It obviously impacts their health, and quality of life. How can we address this problem?
- Where can we refer young men for basic sexual health questions who have missed out on any sex education in their lives?
- Young people's perception of sexuality and gender diversity.
- How often do the guys use condoms when having sex?
- What programs are being run around sexual health for CALD youth in Victoria?
- How does sexual health issue fit into multicultural young people's inter-generational and cross-cultural environment?
- Why is HIV emerging again?
- I know there are emerging sexual health diseases in older people as well as young people. Do the sexual health diseases differ dramatically between young, old and ethnicity?
- What are the issues for same sex attracted young people?
- What are young people's experiences of school sexuality education addressing cultural needs?
- What is the best way to offer support either in an individual or group setting for young newly arrived people who are same-sex attracted or who have diverse sexual identity?
- This is a topic I haven't had much engagement with to date, however I'm keen to learn about young people's perceptions of the issues and possible solutions - is a whole of community approach required? What would this look like?
- Gain an overall understanding of issues faced by CALD young people
- I would be interested to hear from the expert panel about where they feel the best place to deliver/receive sexual health information is; e.g. in the home, at school, religious or community organisations, etc.?
- What are the gaps in our learnings?
- How do we deal with under 18 international students dating older men?
- How organisations that don't deal explicitly with culturally diverse young people, integrate more inclusive content/resources into their programs.
- What sexual health resources are available for international students?
- Balance between supporting young people and the families.
- Issues relating to sexuality and gender diversity in CALD communities.
- Is it important who is the facilitator for sexual health?
- Sexual health issues related to international students in Australia. Who can we approach if international students experience such issues? Which body provides consultation?
- Why is there an increase in sexually transmitted diseases these days?
- How to help a girl who wants to get on the pill, but can't tell her parents that she has an active sexual life and its implications?
- What creative strategies are out there for engaging with young people's families on this issue?
- How would we work with GLBTIQ young people from multicultural background where the belief in their community is that there is no gay in their culture?
- When and how is it appropriate to provide prevention messages such as HPV immunisation?
- What impetus is there for campaigns to support the parents of LGBTIQ kids in migrant communities?
- What sex education is currently on offer to international students at secondary schools in Melbourne?

- What do you think are the biggest challenges young people in a multicultural society will have to face in the future in regards to sexual health?
- What do we know about levels of understanding and stigma towards individuals living with HIV in these diverse communities?

6.2. Forum follow-up information– as provided by Chiedza Malunga

Sexual Health, Cultural Diversity and Young People - What do we know?

Post-Forum responses provided by Chiedza Malunga (CEH / MHSS)

1. What sexual health resources are available for international students?

The Multicultural Health and Support Service (MHSS) is a statewide program of the Centre for Culture, Ethnicity and Health currently delivers sexual health education sessions for international students. These sessions are delivered by Cliff Chen for international students in different settings (foundation colleges, universities, orientation week activities, etc.). He can be contacted on cliffc@ceh.org.au for more information and to book a session.

2. Training and education for professionals

A number of training programs are available for professionals depending on their specific needs. For professional development relating more to delivery of sexual health information Family Planning Victoria has developed a number of great resources and training programs. For training around working effectively with young people from a culturally diverse background MHSS offers both organisational and calendar training please check www.ceh.org.au. In addition to training programs MHSS has also launched a Multicultural Sexual Health Network and interested individuals can register their interest at the following page: http://www.ceh.org.au/our-programs/our_programs_mhss/mshn

3. What services are provided in terms of sexual assault?

The Centre Against Sexual Assault (CASA) is the main point of referral for any issues relating to sexual assault. Their website is www.casahouse.com.au.

4. Where can we refer young men for basic sexual health questions who missed out on any sexual health education in their lives?

MHSS runs education sessions for young men on sexual health and these sessions are tailored to suit the needs of the group. In some groups sessions are run in the context of a youth centre or a school and in others young men can be engaged through creative arts such as hip hop. Currently MHSS is running a capacity building hip hop and health competition for young people from a CALD background for more information please contact Nelson Kur Deng on nelsonkd@ceh.org.au

5. What programs are being run for CALD youth in Victoria?

MHSS offers tailored education sessions in different settings such as English language schools, youth centres, schools and community centres for young people. These sessions are not only limited to CALD young people but also include International Students. There is no cost involved for the session.

6.3. Forum Agenda



Sexual Health, Cultural Diversity and Young People: What do we know?

Forum Agenda

Monday 29 April 2013

9:30am – 11:30am

Meeting Room A & B, 150 Palmerston Street, Carlton, 3053

Facilitator: Wesa Chau

1. Welcome – Joe Caputo (ECCV Chair) (10mins)
2. Context setting and forum overview - Wesa Chau (10 mins)
3. Insights from the expert panel (20 mins)
4. Q&A/ group discussion (45mins)
5. Recommendations from the Panel (15mins)
6. Recommendations from the Floor (15mins)
7. Closing Remarks (5mins)

6.4. Recommendation and feedback form



Sexual Health, Cultural Diversity and Young People – What is needed?

Stakeholder recommendations to the ECCV

Please take the time to fill out this questionnaire. The feedback provided will be of great value to our future work on this issue.

1. What do you think is needed to improve the sexual health and wellbeing of young, multicultural Victorians?

2. As the peak policy advocacy body, how do you think the ECCV can best support young people and ensure that their sexual health and wellbeing needs are met?

7. Contact details

For more information about this report, please contact:

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