



we are family.

TOWARDS 2030 - THORNE HARBOUR HEALTH
STRATEGIC PLAN 2024 - 2029

'Family is about helping others to be better
than they ever thought possible.'

BRENT & PAUL

thorneharbour
health*

Acknowledgement of Country

Thorne Harbour Health acknowledges the Traditional Owners of the lands on which our communities live, work and come together.

We pay our respects to Aboriginal and Torres Strait Islander peoples, particularly Rainbow Mob, and to Elders past, present and rising. We acknowledge the diversity of Rainbow Mob, Brotherboys and Sistergirls, their communities and cultures, and their intrinsic connection to the land and waters as Traditional Owners of Country.

Thorne Harbour Health appreciates and celebrates the stories, traditions, culture and strength of Aboriginal and Torres Strait Islander peoples and is honoured when they work together with us.

we are family.

'Family is who you come home to, share things and get to be comfortable with. Family has no gender or identity. Family is universal.'

RYAN & BOH & SYDNEY & BILLIE



The Communities We Serve

When we talk about ‘the communities we serve’, language matters.

We use words in ways that acknowledge and demonstrate respect for the way we describe our bodies, genders, and relationships.

The terminology our communities use is complex and evolving, and identities can shift and change over the course of a person’s life. We now use the LGBTIQ+ acronym as a collective term, but not all see it as inclusive enough.

At Thorne Harbour Health, the communities we serve are made up of unique people with diverse backgrounds and experiences who identify as lesbian, gay, bisexual, people with innate variations of sex characteristics, trans and gender diverse, non-binary, intersex, queer, other sexualities, gender bodily diverse people, and all people living with HIV.

HIV continues to be important to us because it’s where we began and will always be part of our communities’ experience.

While we remain committed to using and advocating for inclusive language and will endeavour to always describe people in the way they describe themselves, for the purpose of communication and accessibility of this strategic plan, we will use the term ‘our communities’ when referring to the diverse communities we serve.

This strategy is informed by our communities. We acknowledge the people we have lost to HIV, transphobia, homophobia, stigma and discrimination. We acknowledge the learnings and guidance from our communities’ elders and honour their legacy.

This *Towards 2030 Strategic Plan* is an evolution of our *2018 Strategic Plan* to continue important work and build on our impact over the past 40 years.

Our Vision

A world where our communities are healthy and live safely, with dignity and wellbeing.

Our Mission

To deliver community-led and culturally appropriate health and wellbeing programs informed by and responsive to our communities, always advocating to reduce stigma and discrimination.

Who We Are

We are a community-controlled health organisation governed by our members and accountable to the communities we serve.

Our Communities’ Expectations of Us

To Lead

- We respond to our communities’ changing health and wellbeing needs in innovative, adaptive, and professional ways.
- We support other smaller and/or emerging LGBTIQ+ focused organisations to build the strength of our communities.
- We use our capacity to support our communities to develop, grow and build new expertise when required.

To Champion Diversity

- We represent, advocate for, and serve our communities including people engaging with our services – acknowledging their individual and unique strengths, skills, and lived experiences.
- We offer services and programs that are broad enough to meet the key needs of our communities and are able to attend to the different aspects of a person’s identity.
- We treat all people with courtesy, respect, and dignity – recognising each person’s right to privacy and self-determination.

To Be Inclusive

- We ensure our organisation provides a safe place for all within our communities, offering respect of their unique differences.
- We listen to and engage with our communities in meaningful ways to ensure our advocacy and services are impactful and inclusive of all.

To Be Courageous

- We demand dignity for our communities, so that they can participate fully in society.
- We stand up for what is right.
- We continually reflect and learn from our communities.

To Seek Justice

- We advocate for fairness, equality, and health equity.
- We recognise and aim to reduce social and economic inequality.

To Be Optimistic

- We are optimistic for the future of our communities.
- We will help to prove that change is possible.

we are family.

'As the head, for me, family is to provide a safe space – and that doesn't mean just my blood family but everyone that I meet under the umbrella. All of Charlotte's friends want to be in our family.'

RENEE & CHARLOTTE



Strategic Goals and Priorities

This *Towards 2030 Strategic Plan* focuses on delivering four strategic goals for our communities:

1. Expand the reach and impact of our programs.
 2. Exercise trusted leadership.
 3. Develop our communities.
 4. Build a robust but highly adaptable organisation for the future.
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Strategic Goal 1: Expand the reach and impact of our programs

HIV - an Ongoing Commitment

We will always support people living with HIV.

Since our founding in 1983 as the Victorian AIDS Council, we have led volunteers, governments, partner organisations, community leaders, activists, clinicians, and researchers in collective action. These actions ensured prevention, care, and support while fighting for treatment access and cutting-edge prevention technology.

Today as Thorne Harbour Health, we have maintained this effort, working in partnership with HIV communities, peak bodies, state organisations, and other stakeholders – arriving at a moment in time that is unprecedented in the history of the HIV and AIDS epidemic.

But there is still more work to be done.

While the advances in HIV treatment, care, and prevention mean virtual elimination of new HIV transmissions is achievable, targeted approaches across prevention, testing, and treatment are required for specific communities that are not seeing significant reductions in new cases. Thorne Harbour Health will support people living with HIV to maximise their health and wellbeing, while working towards ending new HIV transmissions. To achieve this, we will remain focused on prevention, testing, and treatment; retention in care; working to end HIV-related stigma, discrimination, and criminalisation; as well as improving the quality of life of all people living with and affected by HIV.

Continue to expand our programs and services for all our communities

In 2018, we launched our first strategic plan as Thorne Harbour Health, a significant change that affirmed the organisation's ongoing commitment to addressing HIV while continuing to broaden our focus on the health and wellbeing of all our communities. We have grown substantially and expanded our reach with services and programs extending to regional Victoria with Thorne Harbour Country, to South Australia with SAMESH and our therapeutic services for our communities in Adelaide, and nationally with digital initiatives such as Dale, Touchbase, and Emen8.

Throughout our history, we have walked with our communities, responding to changing needs, empowering positive health and

wellbeing outcomes, and planning for long-term change. We have never lost sight of the fact that our greatest strength is our community – through good times and challenging times, we are there for each other, and this strategic plan intends to ensure we will be for generations to come. As we move towards 2030, we will focus on strengthening and expanding our programs and services in South Australia and Victoria and continue to extend our reach and impact to our communities beyond inner metropolitan areas and the physical locations of our services.

Particular Focus on Reducing Health Inequalities

As a community-controlled health organisation, we view health holistically and aim to address a broad range of factors and social determinants that can impact a person's health and wellbeing.

Many parts of our communities are not afforded equal opportunities to lead a healthy life, often experiencing health inequalities. Aspects of a person's identity often expose them to overlapping forms of discrimination and marginalisation. This requires a collaborative approach with our key partners and across our community groups to ensure our services and programs attend to the different layers and types of discrimination or disadvantage experienced by individuals or groups within our communities.

We remain committed to advocating for and increasing access to our services and programs for those in our communities who are not yet represented or well-supported by our current services and programs.

Priorities:

1.1 We will lead an effective strategy in partnership with HIV communities to minimise the impact of HIV and work towards the virtual elimination of new HIV transmissions.

1.2 We will expand programs and services to reduce health inequalities and support inclusive access for those from our communities who are the most in need and currently underrepresented in our programs and services and attend to the intersectional layers of our communities.

1.3 We will work to strengthen and expand our programs and services in South Australia and Victoria and continue to extend our program reach and impact beyond inner metropolitan areas and the physical locations of our services. This includes being open to areas where greater alignment with Thorne Harbour Health would benefit our communities.



we are family.

'As a bi woman, I look up to Lev as a queer dude. I admire him because, unlike me, he was out in school. I admire the way he manages himself in the world.'

SUE & LEV

Strategic Goal 2: Exercise trusted leadership

For almost four decades, Thorne Harbour Health has led the response to a broad range of health and wellbeing issues for our communities. We are at a pivotal time in the history of our communities where more of our rights are recognised by society and the law as equal and valid. However, we must continue to address historic and systemic inequities to ensure all of our communities share equal rights to better health.

Evidence consistently tells us that the health and wellbeing outcomes for our communities are still much worse than those for the general community. Our communities continue to regularly face much higher incidence of stigma, discrimination, social exclusion, harassment, violence, and physical and non-physical abuse. We will effectively influence public policy and law reform. We will use health data and other available evidence to illuminate our plight. We will advocate for further research where needed.

We have an opportunity to use our lived experiences and the data gained through our health practices to inform the evidence base for ongoing advocacy and new funding proposals, particularly for communities where the evidence of adversity is still emerging. We will build trust and capacity with stakeholders and decision-makers and share our collective expertise with governments and other key stakeholders for maximum impact to create positive, sustainable change.

We will use our full capacity to support emerging issues and groups until all of our communities flourish.

Priorities:

2.1 We will effectively influence public policy and law reform, fully leveraging health data and other evidence to lead and influence opinion and advance the public policy agenda.

2.2 We will advocate strongly for our priorities through policy advice and active contribution to service planning and implementation with governments and other key stakeholders.

2.3 We will contribute to building the evidence base to document our communities' lives and experiences.

2.4 We will promote the evidence base to shape future program priorities whenever opportunities arise that respond to key areas of need within our communities such as mental health, trans health, and ageing, advocating for and securing necessary resources.

2.5 We will develop communication and stakeholder engagement strategies and provide active and valued support to key partners.

we are family.

'Chris always wanted to be a dad. For me, it wasn't at my core, but bringing Fletcher into our lives has been an amazing journey that I would have never known otherwise.'

DAMIEN & CHRIS & FLETCHER

*homophobia n. fear of
homosexuals, usu. linked
with hostility towards them.
-homophobic, adj.*



Strategic Goal 3: Develop our communities

To honour our 40th anniversary, Thorne Harbour Health mounted an exhibition to display memories from each decade of the HIV and AIDS epidemic from 1983 until 2023. The work on display ranged from community-crafted small initiatives to large-scale mainstream campaigns and digital communications. The common threads woven through this legacy include the passion of volunteers and community connection – the sense that everyone who has come to our organisation over the course of four decades has found their chosen family.

In the early days, we were bonded by a common sense of purpose and urgency. Not merely the subjects of sensationalist media, HIV and AIDS were devastating our friends, lovers, and social fabric. We became aware, at a very early stage of the epidemic, that the impact and ramifications for us would last for decades – that future generations would, for an intractable time, be overwhelmed by death, chronic health issues and stigma.

From the beginning, Thorne Harbour Health was at the forefront of community action, community mobilisation, and political engagement. No one in the world was fully prepared for the catastrophe that was to come or the changes, both good and bad, that the epidemic would bring to our community and society more broadly. But we knew that we could rely on each other. More than that, we needed each other more than ever before for support, care, love, and understanding. For us, even if our blood families shunned us, our chosen family would always be there.

Alison Thorne and past presidents of our organisation, like Keith Harbour, Phil Carswell and Adam Carr, were acutely aware of the devastation that could be wrought by the epidemic, but they enabled the reality of our community responding to the challenges in ways that were creative, passionate, urgent, and enduring.

From the very first community meetings, it was clear that if we were to make it through that crisis, we would need to work together. We couldn't afford to wait for governments, public institutions, and, in some cases, the medical establishment to catch up.

Through the toll of disease and death that were characteristic of the epidemics early years, we saw extraordinary stories of bravery and leadership, often by people living with HIV and AIDS – a testament to their courage and fortitude. Since then, we have grown from strength to strength, becoming one of the largest and most effective health and wellbeing organisations for our communities in Australia.

Just as we did at the beginning of the epidemic of HIV and AIDS, we have continued to respond to the developing needs of our communities with passion, determination, and creative adaptability. In February 2016 we opened the Equinox clinic, Australia's first community clinic designed

by and for trans and gender diverse people. We have seen a revolution in our therapeutic services which now extend beyond counselling to family violence, alcohol and other drug services, and mental health services.

As a community-controlled organisation with a workforce comprised largely of people from the communities we serve, developing our membership, volunteers, and staff is an investment in the capacity and strength of our communities.

Priorities:

3.1 We will empower our communities to stay connected, strong, resilient and proud and build wellness and prosperity through our diverse initiatives.

3.2 We will promote strength and safety within our communities through leadership programs, mentoring, auspicing supports, and support for relevant networks to build capacity.

3.3 We will tirelessly support our membership, enable and grow our volunteer base, and focus on our staff – in recognition that our success requires investment in our people for our communities.



we are family.

'We come from really open families. Cheryl has been out since she was 14 and I grew up with a gay aunt. We have been accepted since day one. You can kind of forget that's not everyone's experience.'

CHERYL & SAM

Strategic Goal 4: Build a robust and highly adaptable organisation for the future

Developing and enabling our staff

We will support and develop our staff to build our culture, governance and processes to engage and empower them as we seek ways to further our work with our communities.

Digital capability and technology

Our ability to respond effectively and advocate for the health and wellbeing needs of our communities requires that we build and strengthen our digital capability. We will leverage our digital capability to improve collaboration, networking, and connections with and between our communities and across our organisation.

We will leverage new technologies when they can lead to better outcomes for our communities and improve productivity and efficiency in the delivery of our services and programs, such as remaining alert to cyber risks including data protection.

Sustainable growth

Our continued growth and expansion is essential if we are to meet the broader health and wellbeing needs of our communities however, this must be sustainable. We need to strengthen our existing partnerships and programs, and take a strategic approach to the development of new opportunities. To ensure our future, we will build on our strengths and ensure we have the necessary resources – particularly as a not-for-profit organisation with limited funding and very limited resources.

Managing risk

Cyber security, financial sustainability, and clinical risk are key risks for Thorne Harbour Health.

We will adapt our governance structure and risk management approach as new risks emerge to ensure we are proactive and well-managed in our response.

We must diversify and fortify our funding as we extend our scope to encompass a broader range of health and wellbeing programs that respond to the diverse needs of our communities. We will continue to plan and manage our resources to ensure our long-term financial sustainability.

Priorities:

4.1 We will advance our best practice governance structures, systems, and processes to enable our vision, mission, and priorities and meet our communities' expectations.

4.2 We will provide ongoing and appropriate professional development opportunities so that our staff are skilled for the work they are undertaking.

4.3 We will leverage emerging technologies and continue to build our presence, capacity, and effectiveness in digital engagement and communications.

4.4 We will diversify our revenue and ensure ongoing funding to secure our future growth and provide the resources required to realise our vision and deliver against this strategic plan.

4.5 We will strengthen our existing partnerships and programs and strategically consider new opportunities for the benefit of our communities.

4.6 We will foster a culture of growth with high staff engagement and wellbeing, and where staff feel supported, valued, and have a sense of purpose and belonging.

4.7 We will build our capability to effectively manage risks that impact the way we deliver our service and programs.

we are family.

'My family is all back in New Zealand. Sometimes I find the distance tough, but it's great to be included in the gay community here – where I can find connection, be myself, and not care about what people think.'

JAY



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health*

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