



Response to Strategy regarding Range of Health Services for People Infected with, or Affected by, Viral Hepatitis in Western Australia

YACWA welcomes the opportunity to respond to the upcoming strategy regarding the range of health services for people infected with, or affected by, viral hepatitis in Western Australia, and has chosen to respond through its work in partnership with the youth sector and sexual health sector undertaken through the Youth Educating Peers (YEP) Project. An overview of both YACWA and YEP is provided below.

EXECUTIVE SUMMARY:

As the peak non-government organisation in Western Australia representing young people and the youth sector, YACWA believes strongly that young people of all ages should have access to the help and support that they need in order to live healthy, positive and productive lives. YACWA recognises that although there is a small proportion of young people infected with, and/or affected by, viral hepatitis in Western Australia, young people do engage in behaviours that significantly put them at risk of transmission of the virus.

Through YEP's ongoing work with the youth sector, it has been continuously identified that despite education and awareness raising around sexually transmitted infections (STIs) being quite prevalent with young people, blood-borne viruses (BBVs), which viral hepatitis falls under, is often not addressed adequately for young people to comprehend and internalise. Furthermore, youth workers and staff working directly with young people have explicitly stated that they do not have the knowledge, skills and expertise to sufficiently educate or inform young people of STIs and BBVs, and often request external 'expert' organisations to run sessions around these topics.

Nevertheless, there needs to be greater investment in educating the community around viral hepatitis, which is frequently forgotten when discussing STIs and BBVs with young people. Therefore, in line with the *Delivering Community Services in Partnership Policy*, an innovative and multifaceted approach needs to be undertaken in a collaborative manner between the youth sector and expert organisations from the sexual health/public health sector, to address the myriad of complex issues that limit the education and awareness of young people regarding the importance and impact of viral hepatitis.

In tendering for a range of community-based services to be provided that address the needs of people infected with, and/or affected by, viral hepatitis, YACWA strongly recommends that a significant proportion of funding be provided to Hepatitis WA, who have a proven record and history of delivering quality, effective and best practice strategies and methods of engaging the WA community in all aspects related and relevant to viral hepatitis. Such investment in a highly reputable and trusted organisation within the WA community will not only increase the reach and capacity of existing organisations to improve the service delivery of their current programs to run more efficiently and effectively to improve results, but also they will have the scope and resources to innovative for the purposes of developing and implementing more programs that specifically address the need of WA young people in WA in relation to viral hepatitis.

About YACWA & the YEP Project

The Youth Affairs Council of Western Australia (YACWA) is the peak non-government youth organisation in Western Australia. YACWA operates primarily as a human rights organisation that seeks to address the exclusion of young people in a rapidly changing society.

YACWA's vision for Western Australia is one that celebrates and engages young people in all aspects of the community. YACWA's role is to strengthen the trust, cooperation, collaboration, professionalism and voice of the non-government youth service sector to better serve the young people of WA.

As part of YACWA's work in ensuring the active participation of young people in the WA community, YACWA delivers a range of programs such as the Youth Educating Peers (YEP) Project. The YEP Project is a WA Department of Health-funded initiative (2016-2019) that aims to educate, empower and positively evolve young people's perceptions, attitudes and behaviours around SHBBV issues, and other risk-taking behaviours.

YEP works on two levels:

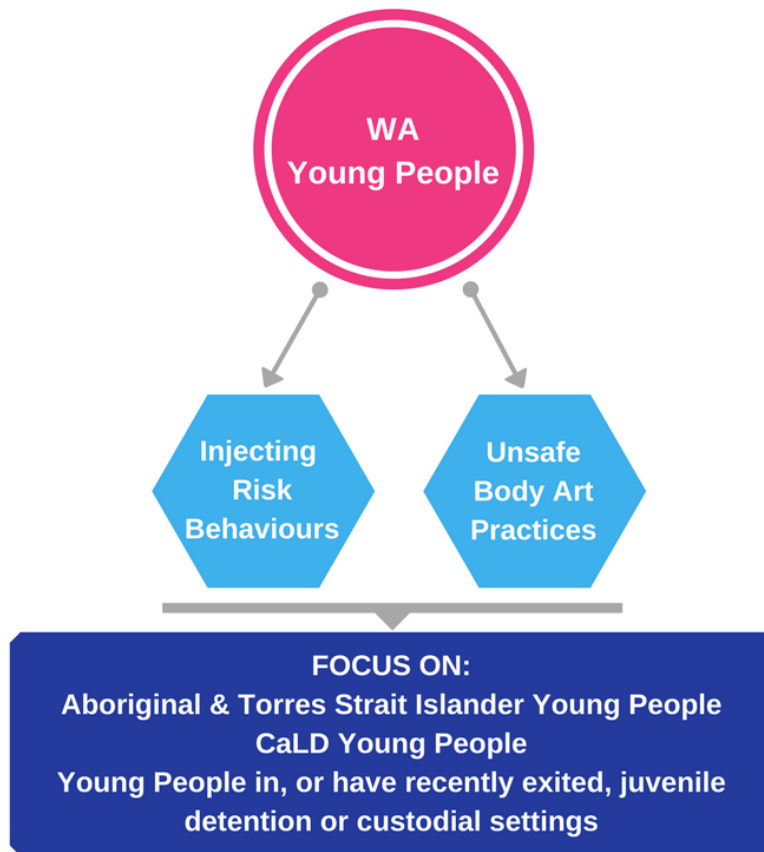
- 1) Engaging the young people through face-to-face (workshops, informal outreach, one-on-one mentoring, and expos) and online interactions (website, blogs and social media platforms). The YEP Crew do the majority of engagement with the WA youth community, and are a group of professionally trained young people in SHBBV issues who are aged 18-25, who come from diverse backgrounds and lived experiences, and are all passionate about making a positive change in the community for their peers.
- 2) Building the capacity of the youth sector so that youth workers and staff working directly with young people have the knowledge, skills, and confidence to engage the young people their working with around SHBBV issues, as well as have the current and relevant resources and referral pathways to provide to their clients. The YEP Project delivers free workshops and trainings on a regular basis from expert organisations working in youth SHBBV issues, as well as develop and implement original workshops and trainings that are specific to the needs of the young people and the youth sector. The YEP project also aims to foster collaborations and partnerships between the youth and sexual health sectors in order to meet the ever-increasing needs of young people regarding SHBBV issues within the WA community.

Our Highest Priority Group: Young People

What are the highest priority target groups that these services should focus on?

YACWA recognises that though there is a small proportion of young people affected by, and/or living with, viral hepatitis in Western Australia, young people do engage in behaviours that significantly put them at risk of transmission of the virus. Therefore, YACWA believes that in consideration for the development of a tender for the provision of community-based services for people infected with, and/or affected by, viral hepatitis in WA, the highest priority target group that these services should focus on would be:

Young People, aged 12-25, who engage in injecting risk-behaviours and/or unsafe body art practices (such as using non-sterile equipment), with a focus on Aboriginal & Torres Strait Islander and Culturally & Linguistically Diverse (CaLD) young people, as well as young people in, or who have recently exited, juvenile detention and/or custodial settings



Rationale:

Young people are well-known to engage in risky-behaviours that, on the one hand, often stem from curiosity, a need for experimentation, and escape from everyday troubles, and on the other, as a means of self-expression of one’s identity and sense of belonging. As such, drug use and body art have become regular and accessible methods by which young people engage in, which – without sufficient and appropriate education and information, have consequences that negatively impact on their overall health and well-being.

Specifically, injecting drug use and engaging in unsafe body art practices – whereby unsafe practices include the use of non-sterile equipment – are risky behaviours that young people engage in but not have the knowledge that they may be at risk of contracting BBVs, specifically viral hepatitis. From the YEP Project’s work with WA young people and the youth sector, the topic of viral hepatitis has been identified as one by which:

- 1) the youth sector does not have the adequate knowledge, expertise and skills to address with the young people that their working with
- 2) young people have limited, or no, knowledge of

Indigenous people, in urban communities as well as in rural settings, are at much greater risk of viral hepatitis – and in particular, hepatitis A – than their non-Indigenous counterparts, with this cohort becoming infected at a much younger age, particularly since the virus is asymptomatic. According to the Australian Institute of Health and Welfare (2011), Indigenous young people, in comparison to their non-Indigenous counterparts, are 6 times as likely to have notifications for viral hepatitis.

According to the *Goanna Project*, which is the first national profile of risk behaviours, levels of knowledge an the types of health services used by young Indigenous people for SHBBV,

as well as illicit and injecting drug use, the study showed that those who had injected were five times more likely to have been in prison. This is in accordance to studies that have found incarceration having a recurrent and strong association with substance use among Indigenous people. The results showed that at an average of 21 years of age, almost half of the participants in the study who had injected had already been in prison. Given the well-known high risk of BBV acquisition within Australian prisons, priority must be given to reducing the numbers of Indigenous young people entering the justice system in the first place using youth-friendly early intervention strategies. Nevertheless, another practical way to combat BBV acquisition in prison settings would be to introduce youth-friendly, prison-based needle and syringe programs that are complimented with holistic SHBBV education, and access to free treatment and support (Mao et al. 2016).

At the end of 2014, out of 213 people living with viral hepatitis in Australia, 38% were born in the Asia-Pacific and 4% were born in sub-Saharan Africa, with potentially a large proportion of people from CaLD backgrounds living with virus but not having been diagnosed. In addition, chronic viral hepatitis – in the form of hepatitis B specifically – is a common in source countries for migration and found in 6-16% of refugee cohorts in Australia (Australasian Sexual Health Alliance 2015). This is due to the fact that CaLD communities often experience multiple barriers to accessing appropriate testing for STIs and BBVs, and can include highly disrupted lives – specifically for refugee and migrant cohorts – and limited access to healthcare services in their country of origin, cultural and language differences, and variable levels of education and health literacy (Commonwealth of Australia 2014).

Though young people from these CaLD communities who were born in Australia may have knowledge or exposure to SHBBV education, the extent by which they engage in help-seeking behaviours around their overall health and well-being may be limited due to the influence of the low, or lack of, engagement by their parents or other significant family members with the health – and in particular, sexual health – sector. Pre-existing stigma around topics such as sexual health within a CaLD community also plays a huge role in determining whether or not members of that specific community actively seek out and engage in SHBBV education, testing and treatment. As such, there is a strong likelihood that CaLD young people from these communities may not engage with screening, testing, and therefore, treatment services in regards to their sexual health needs. Coupled with the lack of education and information provided to them around viral hepatitis, often not only are they unaware of what the virus entails, the effects of the virus on their overall health and well-being in the short and long term, but also that the virus even exists in the first place.

The Most Important Service Activities

What are the most important service activities required?

From the YEP Project's experience in working in the SHBBV space in WA with young people and the youth sector, YACWA believes that an innovative and multifaceted approach needs to be undertaken in a collaborative manner between the youth sector and expert organisations from the sexual health/public health sector, to address the myriad of complex issues that limit the education and awareness of young people regarding the importance and impact of viral hepatitis.

In regards to the most important service activities required to meet the needs of WA young people infected with, and/or affected by, viral hepatitis in WA, YACWA recommends that they should include the following:

- Free viral hepatitis services that are accessible via public transport and that have accessibility options that cater to young people with disabilities, as well as accessibility options for Aboriginal & Torres Strait Islander and CaLD young people who fear the stigma and discrimination from their communities by physically entering a service that is identifiable as a 'sexual health clinic'
- More community outreach programs that physically go to where young people 'hang out' or frequent
- More access to workforce development to build the capacity of the youth sector so that they are equipped with current and relevant information regarding viral hepatitis engagement strategies for young people, as well as efficient referral pathways for screening, testing and treatment, and be confident in addressing this issue with the young people that they work with
- Greater use of peer education models, and in particular, utilizing young people with/without lived experiences in viral hepatitis who are passionate about public health issues relevant to their communities. Peer education is an invaluable tool when endeavouring to actively and genuinely engage young people in any topic, but has been proved to be exceptionally successful in public health settings
- Implementation of more NSPs that are youth-friendly, free, accessible, culturally competent and caters to the availabilities of young people (eg. time and location/mobility of service)
- Implementation of NSPs for young people in juvenile detention/custodial settings to educate and increase awareness of viral hepatitis, as well as provide holistic, wraparound services that include education, screening, testing, treatment and ongoing support to reduce the risk of viral hepatitis transmission through the engagement of young people in injecting risk behaviours and unsafe body art practices
- Implementation of more support groups for people affected by or caring for people living with viral hepatitis to increase education and awareness within the community

Relevancy of Current Services & Additional Services for Consideration

Are there any current services that are no longer relevant or additional services to be considered?

From the work of the YEP Project in the SHBBV space in WA with young people and the youth sector, YACWA believes that the following current services are still very much relevant, and that further investment to increase the reach and capacity of such services should be considered during the tendering process:

- Information and advice for people affected by viral hepatitis
- Harm reduction and blood-borne virus prevention
- Community education and resource development
- Workforce development
- Policy development and health planning
- Treatment and management of viral hepatitis

Furthermore, YACWA recommends that these additional services should also be included for consideration:

- NSPs in juvenile detention and custodial settings

- More ongoing and genuine consultation with people infected with, or affected by, viral hepatitis – with particular focus on engaging young people in WA in this space to gauge their views, thoughts and possible solutions about the issue
- Advocate for greater access to education about viral hepatitis, as well as other SHBBV issues, in schools for young people
- More accessible information regarding how young people, as a priority target group for the *2015-2018 State Strategies for Hepatitis B, Hepatitis C, and Aboriginal Sexually Transmitted Infections and Blood-borne Viruses*, are progressing against the identified and implemented strategies for this cohort
- Greater marketing, advertising and promotion of viral hepatitis – including screening, testing and most importantly treatment – that speaks to the motivation of young people that reduces the engagement in risky behaviours that can lead to the transmission of the virus, with this being developed in genuine and active consultation with young people themselves
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Models of Service Delivery & Frameworks For Consideration

Are there any particular models of service delivery that you/your agency think should be considered?

Collective Impact Theory

Collective Impact is a framework to tackle deeply entrenched and complex social problems using an innovative and structured approach to making collaboration work across government, diverse industries and sectors, non-profit organisations and community to achieve significant and lasting social change. According to this framework, it is premised on the belief that there can be no single policy, government department, organisation or program that solve a complex and intricate social issue. Collective impact calls for multiple organisations or stakeholders from different sectors to abandon their own agenda in favour of a common goal, shared resources and measurements, and an alignment of energy and effort (Kania & Kramer 2011).

The difference between collective impact and the idea of collaborations and partnerships, is that in a collective impact initiative there is a 'centralised infrastructure' known as the backbone organisation, who auspice the allocated funding for the project, recruit dedicated staff/team whose role is to assist in participating organisations to shift from acting in silos to working together as a unified entity (Kania & Kramer 2011).

The point of difference in a collective impact initiative is the ability of the backbone organisation to encourage the participating partners and organisations to think globally and innovatively, but act locally, and 'pilot test' strategies in locations/communities with specific and distinct geographical areas of interest and population demographics prior to investing in a large-scale service or program without due diligence or without prior knowledge of how the intricacies and complexities within a community may be impacted by an intervention.

Cultural Competency

To increase reach and impact of community-based viral hepatitis services and programs, genuine cultural competency training must be undertaken by organisations to ensure that they cater for diversity, specifically, cultural competency training for dealing with youth SHBBV issues.

Currently, in WA, there is a lack of Aboriginal & Torres Strait Islander and CaLD cultural awareness training specific to working in the youth SHBBV space. Nevertheless, as a starting

point, the YEP Project is currently developing training around *Youth CaLD Competency Training – SHBBV*, which aims to address cultural competency issues when working with CaLD and/or refugee and migrant groups of young people. This training is being developed in partnership with the Multicultural Youth Advocacy Network of WA (MYANWA), which is also a youth-led initiative being auspiced by YACWA. As such, YACWA recommends that this training be considered as a foundational activity to be undertaken for the establishment of the community-based service delivery of viral hepatitis moving forward.

Youth Work Ethics & Best Practice

In order to engage effectively and appropriately with young people around the topic of viral hepatitis and other SHBBV issues, YACWA recommends that greater collaboration needs to take place between the youth and sexual health sectors, particularly in terms of community-based service delivery programs specific to young people being guided by the established Youth Work Ethics and Best Practice developed by Youth Work WA and continuously advocated for by both YACWA and the YEP Project.

Workforce development around youth work ethics and best practice is essential to ensure that youth workers and staff working directly with young people within viral hepatitis community-based service delivery programs all ascribe to the same way of working, and that the strategies for the WA youth community are guided by the principles that guarantee that the well-being of young people remain central throughout the development and implementation process.

Final Comments

YACWA strongly recommends that greater investment be provided to addressing the needs of young people and the youth sector around viral hepatitis, which includes greater access to education, information and referral pathways for screening, testing and treatment, as there has been an enhanced need for this with young people engaging in more risky behaviours – such as injecting drug use and unsafe body art practices – that can increase the risk of viral hepatitis transmission.

In tendering for a range of community-based services to be provided that address the needs of people infected with, and/or affected by, viral hepatitis, YACWA strongly recommends that a significant proportion of funding be provided to existing services who have a proven record and history of delivering quality, effective and best practice strategies and methods of engaging the WA community in all aspects related and relevant to viral hepatitis. Such investment in organisations that are reputable and trusted within the WA community will not only increase the reach and capacity to improve outcomes for the community, but will also enable innovative approaches for the purposes of developing and implementing more programs that specifically address the need of WA young people in relation to viral hepatitis.

References

Australasian Sexual Health Alliance 2015. Australian STI Management Guidelines for Use in Primary Care: Refugees (and newly arrived migrants from similar settings) [online]. Available at: <http://www.sti.guidelines.org.au/populations-and-situations/refugees-including-migrants-from-similar-settings> [Accessed 22/03/2017]

Commonwealth of Australia 2014. Second National Hepatitis B Strategy 2014-2017 [online]. Available at: <http://www.health.gov.au/internet/main/publishing.nsf/content/ohp-bbvs-hepb> [Accessed 22/03/2017]

Kania J & Kramer M 2011. Collective Impact. *Stanford Social Innovation Review*, [online], Winter edition. Available at: https://ssir.org/articles/entry/collective_impact [Accessed 22/03/2017]

Mao L, Adam P, Treloar C & de Wit J 2016. Annual Report of Trends in Behaviour: HIV/AIDS, hepatitis and sexually transmissible infection in Australia – Viral Hepatitis Supplement. *Centre for Social Research in Health* [online]. Available at: https://csr.h.arts.unsw.edu.au/media/CSRHFile/ARTB_2016_Viral_Hep_Supplement_FINAL.pdf [Accessed 22/03/2017]