

Submission

Yfoundations response to the NSW Sexually Transmissible Infections Plan 2014 -2020

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Recommendations

- We recommend strengthening the sexual health workforce through ongoing sector development and training opportunities.
- We recommend adapting the Playsafe resource into a mobile compatible app that can be accessed offline.
- We recommend strengthening the delivery of sexual health programs in schools.
- We recommend that even greater priority be given to providing sexual health support to extremely vulnerable cohorts of young people, including those unable to access mainstream services such as homeless or 'at risk' young people, young substance abusers, young injecting drug users, and those detained in Juvenile Justice centres and prisons.
- We recommend that young people at risk of or experiencing homelessness be included in the list of 'at risk populations' with varying health needs.
- We recommend increasing the availability of STI testing to young people through mobile additional STI testing units.
- We recommend that STI testing is available to particularly vulnerable young people including those in Specialist Homelessness Services, Out of Home Care (OOHC), Juvenile Justice centres and prisons.

About Yfoundations

Yfoundations' mission is to create a future without youth homelessness. We represent young people at risk of, or experiencing, homelessness; and the services who provide direct support to them. Yfoundations provides advocacy and policy responses on issues relevant to young people affected by homelessness, and issues relevant to service providers. Our vision is to ensure that all young people have access to appropriate and permanent housing options that reflects their individual need.

Since its formation in 1979 this organisation has called for reform and improvement to broader systemic responses to youth homelessness and young people at risk of homelessness, to promote, protect and build on existing good practice and excellence and to ensure that youth homelessness remains a priority in public policy on homelessness, youth affairs, youth justice, education, child protection, employment, health/wellbeing and housing. In accordance with the United Nations convention on the rights of the child¹ we advocate that every child has the right to appropriate care and protection.

In pursuit of these goals, we have identified five 'foundations' for the positive growth and development of a young person and the process of ending youth homelessness:

- Home and Place
- Safety and Stability
- Health and Wellness
- Connections
- Education and Employment

These foundations place youth homelessness in a broader context, recognising that it interrelates with a range of issues, and the ending youth homelessness will require coordination across silos. They provide a framework for reaching out to other service areas to explore collaborative and integrated solutions. We believe it is vital that each young person has the opportunity within each domain to thrive. More information about these foundations is available on the Yfoundations' website.²

Context

Every child and young person is entitled to the enjoyment of the highest attainable standard of health (article 24).³

Every night in Australia, thousands of young people go to sleep without the safety, stability and support of a family home. Youth are resorting to abandoned buildings, Specialist Homelessness Services (SHS) refuges and/or other short term, makeshift shelters, couch surfing with friends and sometimes strangers or sleeping in a car. All youth have strengths, but youth experiencing homelessness often lack positive opportunities and support to apply them.

Children residing outside their family home are some of the most vulnerable young people in Australia. They are more likely than their peers to have:

¹ Joint Standing Committee on Treaties, The Parliament of the Commonwealth of Australia, (1998), United Nations Convention in the rights of the Child, 17th Report

² <https://yfoundations.org.au/>

³ <https://www.unicef.org.au/Discover/What-we-do/Convention-on-the-Rights-of-the-Child/childfriendlycrc.aspx>

- Experienced abuse, neglect or family violence at home
- Experience mental illness
- To have interacted with the justice system
- Use drug and alcohol
- Be disengaged from education

Around half of all adults who are homeless had their first experience of homelessness before they were 18 years of age⁴.

Early life experiences have significant influence on adult life satisfaction. Historically, education and intellectual development were purported to be the most important predictors on adult life satisfaction. More recently however, it has been noted that the emotional health of a young person is a powerful determinant of adult life satisfaction.⁵

Introduction

Yfoundations appreciates the opportunity to comment on the NSW Sexually Transmissible Infections Plan 2014-2020.

In summary, Yfoundations is pleased with the NSW's Government commitment to improving the sexual health of people in NSW.

Furthermore, we commend NSW Ministry of Health for demonstrating their commitment to improving the health of our young people. The health needs required by young people are significantly different from that of adults and other groups and we are pleased that young people have been retained as a priority group within the STI Plan.

We believe there is significant opportunity to improve the sexual health of young people in NSW. The goals and priorities outlined in the STI plan 2014-2020, in combination with the additional recommendations noted in this report, provide a comprehensive and overarching framework, for agencies delivering sexual health programs. We commend the Governments integrative approach of working collaboratively with a wide array of NGO's and other Government agencies including HARP and NSW STIPU to implement the STI Plan.

We are pleased to see that the priorities and goals outlined in the STI Plan are commensurate with Yfoundations' sexual health strategy. Clear goals and priority areas will ensure the improvement of sexual health in NSW.

Yfoundations welcomes and supports the structural changes within NSW Health and

Yfoundations welcomes and supports The NSW Ministry of Health's recently developed framework, which aims to increase consistent condom use and health seeking behaviours among young people.

Yfoundations is committed to delivering targeted and effective sexual health training and support, in partnership with the NSW Government, to young people and improving the overall sexual health of young Australians.

Young people at risk of or experiencing homelessness are one of the most vulnerable groups within our community.

Without a permanent or stable home and place, young people experience significant barriers to various dimensions in life including accessing health care services. These barriers should be considered in the strategic plan.

⁴ Unaccompanied children under 16 years accessing Specialist Homeless Services fact sheet, June 2014

⁵ Layard et al (2013). What Predicts A Successful Life? A Life course model of wellbeing, IZA, Discussion Paper No. 7682, October 2013

Yfoundations would like to recommend that The NSW Ministry of Health integrate the following points into the STI Plan 2014-2020. This will ensure that young people at risk of or experiencing homelessness have access to the necessary and appropriate sexual health information and support services.

Recommendations

1.3 priority populations

Yfoundations commends NSW Health for their continued commitment to improving the sexual health of young people by maintaining young people as a priority group within the Plan.

In reference to section 1.3, we agree that the most appropriate provision of sexual health clinical services to young people in NSW is in general practice (GP).

However, young people at risk of or experiencing homelessness often experience additional barriers in accessing the GP system. Young people without a permanent home typically move around. The move may be between family, friends and housing providers within the same town, however young people often move further distances, away from their communities and networks to seek support or find employment.

Even when a relationship with their local GP has been formed, once the young person moves out of town, the relationship breaks down. The transient nature of youth homelessness provides significant challenge to providing sexual health advice and support to this group. Young people who don't have a relationship with a GP are more likely to acquire sexual health information from less credible or reliable sources such as the Internet or peers.

In addition, GP's are not specifically trained to identify homelessness in young people. As the majority of young people won't identify themselves as 'homeless', GP's may not be aware of the specific health needs of young people at risk of or experiencing homelessness.

Furthermore, there are additional concerns regarding access and confidentiality to GP's, particularly for young people residing in rural and regional areas. In rural areas where GP and allied health care is minimal, there may be one GP servicing four or five communities. This poses significant issues for young people seeking sexual health support. Firstly, sharing a GP with their parents, guardians or family friends is a significant barrier for young people as there is a fear that the GP may breach confidentiality and share the young persons medical history with a parent. This may result in the young person getting in trouble for their behaviour or sexual activity. It is likely that a young person will not disclose personal information such as sexual history and activity, avoid visiting the GP altogether and seek support from a less credible source.

An additional barrier regarding access to GP services is related to logistics. Young people typically do not have the means (vehicle, license, money for bus ticket) to transport themselves to the local GP. If a young person does not feel comfortable asking a parent to drive them to the GP, or if a service is not located near reliable public transport, it is likely that advice will again be sought from an alternative source.

We recommend strengthening the sexual health workforce through ongoing sector development and training opportunities. One example would be to develop a youth friendly sexual health resource kit. The kit, which clearly articulates the specific health needs of young people at risk of or experiencing homelessness, as well as appropriate and effective responses to client needs, could be used by a wide variety of people working with youth including teachers and school staff, GP's, Medicare Locals and other allied healthcare professionals, youth workers, Juvenile Justice and prison staff, housing providers, employment services).

In addition, the kit would build the capacity and knowledge of the workforce, facilitating greater engagement between workers and young people.

A sexual health resource kit could be rolled out across the state and would have the capacity of reaching a significant proportion of the youth population, could alleviate pressures on the GP systems, particularly in areas where limited services are available, and ensure that young people receive credible and appropriate sexual health information and care.

The kit would ensure that young people without access to a GP would still have the opportunity to access appropriate sexual health support.

Furthermore, **we recommend that even greater priority be given to providing sexual health support to extremely vulnerable young people including those unable to access mainstream services such as homeless or 'at risk' young people, young substance abusers, young injecting drug users, and those detained in Juvenile Justice centres and prisons.** A resource kit would be an effective means to reach these cohorts of young people.

2.1 Promote safe behaviours and a safe sex culture

Yfoundations commends the Playsafe website that has been developed by NSW Health. The resource is clear, user friendly and readily accessed by young people, which demonstrate its appropriateness to the user group.

To further increase the accessibility of the website and extend its reach to an even greater number of young people, **we recommend adapting the Playsafe resource into a mobile compatible app that can be accessed offline.**

Having access to the resource in offline mode will ensure that young people who are without Internet will not be excluded from accessing the information. This is particularly important for young people in rural and regional areas where Internet is unreliable, non-existent or expensive.

We recommend strengthening the delivery of sexual health programs in schools. This could be achieved in two ways. In the first instance, greater training could be provided to Personal Development and Health and Physical Education (PDHPE) teachers to build their capacity in responding to the needs of the students. We are aware that teachers often find delivering sexual health training challenging or 'embarrassing'. Irrespective of whether the difficulties are borne out of personal beliefs, school structures or religious views, there are risks that young people will not receive the necessary sexual health information. This may lead to students sourcing information from less credible sources such as the Internet or from their peers.

The second strategy would be to develop a school sexual health-training program that is facilitated by external sexual health professionals for example the Yfoundations training team.

2.2 Intensify STI prevention among priority populations

Yfoundations commends NSW Health' decision to maintain young people as a priority group within the STI Plan.

In reference to section 2.2, Yfoundations recommends that young people at risk of or experiencing homelessness be included in the list of 'at risk populations' with varying health needs. Young people experience many of the same health related concerns as they transition through adolescence into adulthood. However, we believe the circumstances encountered by young people at risk of or experiencing homelessness, warrants explicit recognition of this group within the STI Plan.

We are aware that young people do access youth health services when seeking advice or support around sexual health issues. However in the absence of a dedicated youth health

service, as currently evident in South-East Sydney and Northern Sydney, or in regional areas where HARP units are limited, Yfoundations, in partnership with NSW Health could be positioned to provide additional sexual health training and support to young people.

We commend the NSW Ministry of health for partnering with LHD, NSW STIPU, CSRH and key holders in increasing prevention programs such as the peer education program that Yfoundations is involved in.

When a young person has an issue or questions relating to their sexual health, the first person they talk to is often a peer. By increasing the capacity of young people to respond with reliable and correct information is imperative for successful early intervention, prevention and access to testing.

3.3 Promote STI testing

We recommend increasing the availability of STI testing to young people through mobile additional STI testing units such as the SESLHD, Illawarra and Shoalhaven 'Caddy shack' program which takes chlamydia testing vans to where the young people are. An increased presence of the mobile unit at public events, which attract high numbers of young people including music festivals, and/or other social events as well as areas frequented by youth friendly centres, schools and youth - specific services. Mobile testing facilities have proved to be an effective strategy for testing young people. They also promote positive dialogue regarding sexual health behaviours between young people and trained professionals.

Partnerships with local youth services to provide chlamydia testing on site, such as the pilot program at Southern Youth and Family Services *CHAIN* clinic is another way that young people can access free condoms, testing services, information and support from youth friendly staff. By using youth centres and youth services a number of barriers such as access and logistics is overcome as young people are already accessing these services.

We recommend that STI testing is available to all young people in specialist homelessness services, Juvenile Justice centres and prisons. It is important that information and resources regarding positive sexual health behaviours are incorporated into the learning and development programs within homeless services and juvenile justice centres. This may also include the distribution of condoms. A mobile STI testing facility would be an effective means of reaching incarcerated young people.