

**LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

STANDING COMMITTEE ON HEALTH

(Reference: health of school-aged children)

Members:

**MS K TUCKER (The Chair)
MRS J BURKE
MS K MacDONALD**

TRANSCRIPT OF EVIDENCE

CANBERRA

THURSDAY, 27 FEBRUARY 2003

**Secretary to the committee:
Ms S Leyne (Ph: 6205 0490)**

By authority of the Legislative Assembly for the Australian Capital Territory

The committee met at 3.36 pm.

GARRY FRY and

CATHERINE FURNER

were called.

THE CHAIR: I declare this hearing open. As a formality, I will read to you your responsibilities as witnesses to an Assembly committee. You should understand that these hearings are legal proceedings of the Legislative Assembly, protected by parliamentary privilege. That gives you certain protections, but also certain responsibilities. It means that you are protected from certain legal action, such as being sued for defamation, for what you say at this public hearing. It also means that you have a responsibility to tell the committee the truth. Giving false or misleading evidence will be treated by the Assembly as a serious matter.

Would you like to state your name and the capacity in which you appear and address the committee?

Mr Fry: Garry Fry. I am program manager of the messengers program, which is based at Tuggeranong Arts Centre.

Ms Furner: Cathy Furner. I work as a counsellor at the messengers program through a partnership with the Richmond Fellowship. I coordinate a counselling program at the Richmond Fellowship and work in partnership with the messengers program as a counsellor.

THE CHAIR: I invite you to describe your program to the committee.

Mr Fry: This is the fourth year of operation of the messengers program. We have three briefs. The third one is to promote the use of arts; in particular, in fostering resilience in young people. We do that in a variety of ways. But the two main activities are promoting resilience in young people who, to use the term loosely, suffer depression or anxiety. I say “loosely” because what we are actually doing is in contact with schools and counsellors in the Tuggeranong Valley and with youth coordinators.

We have referred to us by them young people whom they have observed with behaviours that indicate depression. In other words, we don't get into the actual business of clinically diagnosing depression. We look at behaviours that indicate that it could be there. Those young people from those schools come along and they do two hours a week out of school with us and they complete arts projects.

Many of them, along with others, delivery back those arts products to the schools and other young people in the communities as—how can I describe it?—art materials demonstrating what hard times are like and what we do as young people to deal with

them. In other words, they deliver back a service to their peer community—not just the young people who come to us referred, but we join them with other young people who are interested in doing this, who are interested in that social mission, if you like.

THE CHAIR: What was the first one?

Mr Fry: The first one is promoting the idea of using the arts in fostering resilience.

THE CHAIR: That was the third one, I thought you said.

Mr Fry: That is the third one. I mentioned it first and the second one is taking stuff back out to the schools and to the community and the first one is actually working with young people who are at risk of fairly serious depression and the results of that.

THE CHAIR: Can you explain a little more how the process of taking the artwork back into the school community has an impact?

Mr Fry: The first impact is with the kids who do it themselves, who actually put it together, because, in a sense, these will be young people who in the school environment, for whatever reason, it may not be because of the school environment, find themselves isolated or isolate themselves, become school refusers, self-harmers, sometimes suicide attempters and so on. There is a wide range of things you can observe that indicate this.

What they do in coming along to us is that, No 1, they experience an environment where we say, “We are interested in your perspective on your life environment and we are interested in aiding you to put that perspective into some work of art.” When they do that, they do some very significant things. The first thing that they do is that they put it outside the turmoil of the mind, put it out there, and the second thing is that they actually have to manipulate it. Whether it’s words, whether it’s plastic visual arts materials, whether it’s scenes in a play, they have to manipulate that knowledge in some way or another.

The next thing that they do they have to do with others. Even if they are doing an individual visual arts project, they are doing it as part of a general theme that perhaps has come from them and they are going to put it in an open day. We have one coming up on 10 April and that will be a public showing of it. They do that and then finally, when they come to that public showing, what they have achieved is to expand their consciousness of themselves from somebody who is victimised, perhaps, who is isolated, who is the victim of an unloving family, if that is what they think, whether it is true or not. They have been able to move beyond that into a person who can depict something about life and a person who has something that other people want to see.

Significantly, the people who want to see it are generally from those areas of society—school, home, friendship groups—which they don’t feel as having been respected by in some way before and suddenly they are respected. There is a whole number of movements that enable them to rediscover, if you like, their resilience.

The reportage we get from the schools is that we see these young people on many occasions being able to start to enter back into the life of the school in ways that they

haven't been able to before. I have to put a very important rider on that. In my observation of this and other programs I have been involved in before, but let's say this one—we are into the fourth year of it now—we do see that period in the mid-teens as being the period where, the way I see it, whatever kids do they are relatively powerless.

They have some things that they can do, but if their life environment is truly debilitating to them in some way or other, then they are not necessarily going to overcome it by doing one project with us. There are a number of kids who go past their first project with us and stay and stay and stay. We have some kids right from the very beginning who are still with us.

I believe that the way they use that is that they continue to work through problems and ideas. They stop being problems after a while or they put the problems there, they are the things they are working out, and over here with the artwork we are actually dealing with the philosophy of the problems, if you like. When they are really working with it full on, that is the level that they are getting to. I think in a sense we are—I used to say holding their hands through this difficult period, but I think that is a bit patronising, actually. You understand what I mean by that, but I think they are making use of it during that period.

THE CHAIR: You would be finding that young people would disclose all sorts of things during that process.

Mr Fry: Yes.

THE CHAIR: Is that where you come in?

Ms Furner: Yes.

THE CHAIR: What support do you have? How many people run the program? Are you the only counsellor? How many kids are there? Can you tell us that?

Mr Fry: The program is composed of me as 32 hours a week program manager, and Cathy as a counsellor four hours a week. That sends us into deficit, which the Tuggeranong Arts Centre sorts out. We have an outreach facilitator at the moment who aids us with that stuff of taking it back into the schools. We have her till mid-March because the Tuggeranong Arts Centre decided it was important to support that, and hopefully we can find some money somewhere else. We have six hours a week of administrative assistance.

THE CHAIR: How many hours for the outreach to schools?

Mr Fry: Until mid-March it is eight hours a week; eight hours a week for an eight-week period that was. Unless we get some money for her, she will go back on to volunteer, which is what she was last year.

THE CHAIR: You thought you were getting money last budget, I seem to recall, for psychological assistance, for counselling support.

Mr Fry: We had the impression. The way those things work, you work as closely as you can with the bureaucrats and they give you a feeling that they can't say for sure.

THE CHAIR: What were you hoping for, in addition to what Cathy does?

Mr Fry: What we are looking for is to build up counselling to something in the area of 16 hours a week, to build up the outreach facilitator to about 12 hours, to double the administrative assistance—to triple it as it is now because we have cut it back—to 18 hours and to bring me to full time.

THE CHAIR: The counsellor to eight hours and outreach to 16.

Mr Fry: No, the counsellor to 16, outreach to 12.

MS MacDONALD: How much are you funded for at the moment?

Mr Fry: We are funded by Healthpact, which covers me and some professional development money for me to get to conferences and stuff like that. We are funded through the Youth Services program to the extent of \$21,000 and that gives us a bit of Cathy, our administrative assistance, a couple of casual artists and some materials and we have just got a foundation for young Australians grant for this year only for \$8,500, which pays our mentors, of which we have around seven or eight. These are young people, late teens or early 20s, who we train up and they work with the other young people as well.

MS MacDONALD: Youth Services funding is different from Healthpact funding.

Mr Fry: Yes, it is.

MS MacDONALD: You did not say how much from Healthpact.

Mr Fry: Sorry. The Tuggeranong Arts Centre has three programs from Healthpact. The messengers part of it is in the region of \$40,000. I can't remember the exact amount of that total of about \$55,000 that comes to messengers, but it is about \$40,000.

MRS BURKE: I would see the counselling as a crucial part of what you do. It is good to see you again, Garry, after all this time and you are growing along well. Obviously, the project is an outworking of some deep-seated feelings and emotions in young people. With that, I would expect that there would be an unravelling of the process that you have just explained. Physically, you are only doing four hours at the moment. How are you expected or how do you cope with unravelling all the clients you have? How are you unravelling and working with the issues that are being exposed for some of the work I have just read about here?

Ms Furner: Because the messengers program is in partnership with the Richmond Fellowship, that is probably how it is actually surviving at the moment.

MRS BURKE: The Richmond Fellowship is propping up the activities of the messengers program.

Ms Furner: Of the counselling, not myself. There is phone contact that Garry can make with me in my position at Richmond Fellowship. It happens that we have to do some referring out because for four hours I can't see all the young people.

MRS BURKE: Yes, that's what I was thinking.

Ms Furner: Yes, so we would refer out or refer back to the counselling section at Richmond Fellowship. We improvise that way to meet their needs.

MRS BURKE: I would say that it is an integral part of the whole program, surely. Doing artwork is one thing and, with what they're revealing through that artwork, and I've seen the adult side of that, too, you need that counselling.

Ms Furner: Yes, and it is difficult. We can contact each other over the phone.

THE CHAIR: How many students are there?

Mr Fry: How many kids? It has plateaued out at 70 to 75 per year. Of those, I think, about 50 kids are involved in the referrals and another 20 are the ones who work with it and who will come because they want to take shows back to the schools and that sort of stuff.

THE CHAIR: What do you mean when you say that 50 are involved in referrals? Is that to ongoing care, counselling and support? What do you mean by "referrals"?

Mr Fry: No, I beg your pardon, who are referred to us by the schools.

THE CHAIR: The 50 involved are referred by schools and then there are the rest. How do they find you?

Mr Fry: I go out and find them. I'll go to the colleges mostly and say, "Who's interested? This is what you will be doing. You will get all this training in audience interaction, acting and improvisation."

THE CHAIR: For how long would they be there? How long would one program last? How many kids would you have at one time doing a program and how long would the program last?

Mr Fry: Kids who come along for the first time will come for 10 to 12 weeks, two hours an afternoon out of school, and at about the 10th or 11th week they will put on a play. Leading up to that, they will do lots of role plays and things, but visual arts activities and writing and so on. That group of kids will be between 10 and 15. We start off with a group that is between, say, 14 and 16 and attrition generally brings us down to about 11 to 13. That is how it has turned out, to tell you the truth, but it's something like that.

If they choose to continue after that first project, they still come for two hours of a different afternoon and they come continually, up to 35 or 40 weeks a year, and sometimes they will be involved specifically in a writing group. We have had a writing group that has been going for three years and they are now in college. Some of them are now mentors of other kids doing a writing group and others will be involved in drama groups, visual arts. This open day will be an opportunity for us to put on plays, to read poetry that they have written, to have an exhibition—and a dance.

THE CHAIR: A dance. Do you do art, painting or anything?

Mr Fry: Visual arts, dance, computer graphics.

THE CHAIR: The first program is always a play, is it?

Mr Fry: I hadn't been sure of that until last year, actually. Mostly, it has been, but it is going to be from now on.

THE CHAIR: Then you have the different arts to pursue.

Mr Fry: The different arts are involved in that, too, but we are going to streamline that into the play because the play gives an opportunity to work as a group and the bonding of kids from different schools and with similar life experiences is really valuable to them.

MRS BURKE: Are there peer referrals? Are you finding now, by virtue of what you are doing, that once they have gone through a program they will go back to their school or college and other kids will ask if somebody else can come?

Mr Fry: It is a fascinating question, actually. The answer is almost always no, but we do get peer referrals. Generally speaking, I would say, "No, you can't bring friends. That friend is going to have to get back on the bus and go back to school, but you can take that friend to the counsellor and we will put them through the usual process." However, we have been discussing on a number of occasions that survey results have shown, which should be obvious to us all, that 87 per cent of the time kids will go to a friend to talk about their problems before they will access a counsellor and so on.

MRS BURKE: That's right. That is why I was wondering.

Mr Fry: We know that this happens with us as well, but because of the system we are working through and keeping it working well, we know that we want to do it that way. We are going to start talking about how we broaden it out somewhere and what the implications of it are, but we haven't got to that one yet.

MS MacDONALD: You said that you get about 50 referrals and you go out and find the rest.

Mr Fry: The ones that we find are the ones that aren't referred because of any observation, necessarily, about some kind of mental health problem—they are isolated and so on. It is kids who are interested in joining with them to help us put out a message about resilience.

I will give you an example rather than talk theory. We had five kids in a drama group and three left, one to Queensland, one got a job and so on, so we were left with two kids who wanted to do drama. It was not a critical mass for that group, yet it was really important to keep them going with that play, so I got in touch with the local school, the counsellor and the drama teacher there, and said that I wanted three kids to fill out this group who want to come along for the sake of the drama and who can work with these two and the school and their parents would be happy about them doing it. We got them in for that project. That is a good reconnecting thing to do anyway, so I never shy away from doing that and I do it reasonably often.

MS MacDONALD: Do those who came in after the initial period continue on?

Mr Fry: No, they did that project only, although for a couple of them I am in the process of finding time to ring them and say, "Will you come and join another one that we are going to put on?"—a play that one of the kids who has been with us from the start has written about depression specifically. She is on a mission in doing that. I know that I need a few more kids to fill out the cast and I hope that they want to do it.

MRS BURKE: What is your relationship like with the schools and colleges that you draw from?

Mr Fry: It has been great.

MRS BURKE: Do you have regular meetings together as a group?

Mr Fry: Yes.

Ms Furner: Every semester—

Mr Fry: Every term, actually.

Ms Furner: Sorry, every term—I am not familiar with school terms and semesters—we have a meeting with the school counsellors, myself and Garry, and we talk about their referrals.

MRS BURKE: Excellent. I am just thinking about the coordination of activities.

MS MacDONALD: Do you take only from the local area or do you take from other areas?

Mr Fry: It is only the local area at the moment. We just don't have the resources to go further.

MS MacDONALD: I thought that would be the case.

Mr Fry: That is No 1, but also we have discovered over the years that there are some other very interesting aspects of that, like the fact that being at the Tuggeranong Arts Centre, the schools and colleges that come are one bus route from the interchange. We have had a couple of successes with kids from Stromlo High School, for example, but that relationship has fallen away because it is two buses to get to us and waiting at the interchange at Woden in the meantime. We all decided that really was not on—not because the interchange is so terrible, necessarily, but it takes time.

MRS BURKE: Are you looking in that case to replicate the program? I notice that you have won a fair few awards and recognition for what you are doing. Are you almost up to best practice model stuff that you could roll out?

Mr Fry: The others have said that, so yes.

MRS BURKE: That is what I am saying. I am thinking in terms of students not being able to get there because of transport. Is there a chance of you taking it to them rather than making them come to you?

Mr Fry: It is a matter of resources, but the partnerships, I think, would be there. We have had the YWCA on our management committee from the very beginning and we have talked loosely about the idea of doing something together to get it going on the north side, especially as the since left vice-principal of Caroline Chisholm High School and the since left school counsellor at Lanyon are now counsellor and vice-principal at Melba. We would love to replicate it over there. That just happens because of the personal contact.

MRS BURKE: I guess funding will be the issue for that.

Mr Fry: Of course, yes.

THE CHAIR: Cathy, in terms of your work with these young people, you are supporting them when they are involved in the program. What is your experience of there being other options for ongoing support for them, if you think it is needed? Whom do you use? To whom do you refer? Do you go to Child and Adolescent Mental Health Services?

Ms Furner: Yes. It depends. I would refer to CAMHS if I was very concerned about suicide ideations and things like that. If it is a family issue or problem, then I would refer, say, to the Richmond Fellowship's family counselling service, or there is FACES. It really depends on what they need at the time. Often, a lot of these problems are quite systemic. There may be issues at school. Things happening at home are very detrimental to how they're coping. Services that provide a more systemic type of service, which means that we can incorporate working with the parents and the young person, is what I would probably look for. That would be FACES.

THE CHAIR: What is FACES?

Ms Furner: The Family and Adolescent Counselling Service. It is run through Centrecare.

THE CHAIR: Is that for free?

Ms Furner: That is also a free service.

THE CHAIR: And the Richmond Fellowship is free as well.

Ms Furner: It is a free service.

THE CHAIR: Do you get any feedback from these students, who obviously were struggling in the school situation? There are counsellors available in schools. Either they were accessing them or they weren't. Is the art critical to stimulating these kids enough for them to ask for help?

Ms Furner: Yes, I think it provides a more relaxed atmosphere. I mean, one of the things that I have noticed is that they don't really like to go to the school counsellor because people know about it, whereas such an art program is not labelled as, "You're going because you have problems." It is something that they enjoy doing, it is more relaxed and it is not so labelling.

THE CHAIR: How does the school refer the student?

Mr Fry: The way you do it is fairly formularised now.

THE CHAIR: I am interested in what is said to the child.

Mr Fry: The formula I trot out to them every time—you can never overcome the labelling absolutely, so I say to them, "There is no secret here that times have been difficult for you. However, we believe that people who go through difficult times come out of them with understandings and insights and your school believes that you will rise to the challenge of doing a work or art that will let other people know about those insights and understandings."

That is a mouthful, I know, and I don't say it quite in the same way. They don't often remember that, but once I had convinced myself that that is exactly what does, in fact, happen, I then felt more confident about saying it myself and now I tend reasonably often to remind them.

I have used the word "mission" a couple of times here. The first time I used the word "mission" was only a few weeks ago. I would never have used such a term in my life before, but I actually think that they quite like the idea, that you do have things to say that are of value to people. So it is not so much that we are avoiding the labelling. It is what you were saying before; they are normalised by coming across other kids with the same problems.

Ms Furner: The thing that I have found with this program is that the artwork is very validating. Kerrie, you asked me about referring. It is only a handful that we have to refer on. A lot of it is dealt with because of the art process. I am amazed; it is very validating because they can actually express themselves in a way that they could never express themselves in school because of the curriculum and all sorts of things. Also, I think that there would be stigmatisation happening if they were to express what they really wanted to express, but they are actually into an environment—

THE CHAIR: Because it is a safe environment.

Ms Furner: Yes, and I think that it is amazing because a lot of the plays that happen are about real life things and that is where the validation happens. They can actually do a play about domestic violence, depression or whatever. I suppose that is one of my roles, too. Sometimes the tutors come to me and say, “This is happening. Do you think that it’s okay that we go this way?” We can look at that and say, “No, it is very validating to be able to have that in the play.” Being able to express things in that way is therapeutic in itself.

MRS BURKE: The resilience is amazing. They are facing it, dealing with it and expressing it.

Ms Furner: Yes, so we don’t have to refer. We do a lot in house and my interest in this is that I do see that a lot is achieved. I work at Richmond Fellowship on a one-to-one counselling setting with depression, but I just see this as another way.

MRS BURKE: Do you find that you untap hidden potential in young people? Have you come across that?

Ms Furner: Yes, even in songwriting and things like that.

MRS BURKE: But they didn’t know they had the gifts.

Mr Fry: Yes, definitely. I will leave a couple of things with you. This is a book of poetry that is rough and raw and most of the kids would be surprised if you said that they had poetic talent and they resist it because they see it deliberately and consciously as a therapeutic thing for themselves. This is from a group of kids who first did that one who do see themselves as having talent and they have written a book for under-10-year-olds with a message in it for them. The development from that to that sort of thing is quite noticeable.

THE CHAIR: One of the things we have been hearing as we have been conducting this inquiry is that a lot of the services for children with mental health problems are aimed at the pointy end, the extreme end, and there are not enough services for the moderate to low. Do you think that you are getting to those moderate to low things and stopping them from becoming extreme?

Mr Fry: We know that for sure in a number of situations. You see a kid heading towards crisis. You know that they’ve spoken to their friends because it has come out in a group

that they are talking suicide, which we all know has to be taken seriously. We know that the processes that have been set up through their peer relationships within the messengers program have allowed us to circumvent that situation.

That has happened in a couple of situations that we know of; so, at that pointy end that you are talking about, we know from that sort of incident that that happens and we also know that if you make comparisons of a kid who has this isolation and nothing is done about it their trajectory can quite often be, but not always, into drug abuse, suicide, homelessness or whatever it might be. But we know that kids who are in that situation reconnect through this kind of opportunity and we also know from the counsellors that one of the reasons this project took off was that counsellors said, “There is nothing for these young people and we are constantly at our wits’ end when we see kids who act in”—in other words, do not create a squeaky-wheel problem in the schools—“and we can’t do anything for them.” They were so grateful to be able to refer them to someone.

THE CHAIR: Does that mean you have more girls than boys?

Mr Fry: It does now. It wasn’t at the beginning. That, the problem of indigenous young people—we have dealt with all of those in little bits, but we do not have the resources to specifically look at any of those problems, like the fact that our boy ratio has now gone down to something like—I haven’t looked at it for the last year yet, but I think it would be around 65:35 or something like that. That is disappointing, seeing it started at 50:50. However, disappointment does not matter; it is telling us something important.

THE CHAIR: Sorry, we will have to conclude. It has been very interesting, though, and we appreciate your giving us your time. Thank you.

DION KLEIN was called.

THE CHAIR: Were you here when I read out the responsibilities of a witness?

Dr Klein: No, I wasn't.

THE CHAIR: I will read it to you. You should understand that these hearings are legal proceedings of the Legislative Assembly, protected by parliamentary privilege. That gives you certain protections, but also certain responsibilities. It means that you are protected from certain legal action, such as being sued for defamation for what you say at this public hearing. It also means that you have a responsibility to tell the committee the truth. Giving false or misleading evidence will be treated by the Assembly as a serious matter. Please state your name and the capacity in which you are appearing today.

Dr Klein: My name is Dr Dion Klein. I am president of Fitness ACT.

THE CHAIR: Could you just tell us what Fitness ACT is.

Dr Klein: Fitness ACT is the umbrella organisation in the ACT. Our key responsibilities are: registering fitness instructors to show that they are qualified to conduct fitness activities in the ACT for all ages from primary school up to senior fitness. We also assist the Office of Fair Trading in maintaining the industry standard for fitness centres in the ACT. We have conducted a number of events in corporate health and fitness over the past couple of years as well as conducting the fitness expo. We have quite a broad portfolio. Right now we are housed under the sport and recreation department, Sport ACT, and are funded through that department.

THE CHAIR: You are funded by the department, but you are not part of it; you are a non-government organisation.

Dr Klein: Yes.

THE CHAIR: If you would like to make a presentation, the committee would be interested in hearing it.

Dr Klein: Once again, thank you very much for your time and the opportunity to present this at last minute notice. I am actually speaking on behalf of our executive director, Alison Dart. What I'm sharing with you is a program which she developed and will be submitting for a grant as well, but I have a pretty good idea of where she is going with that project.

Basically, the underpinning drive of this is that overweight children are more than likely to become overweight adults. At this point in time, having a bill of \$1.5 billion for health care costs attributed to overweight people in general, that obviously will keep continuing to grow as our overweight children grow, not only up but apparently out. That is something we have to take very seriously.

Fitness ACT believes that we have an integral role to contribute to overcoming this problem in this ACT by offering various solutions. One of the solutions that we are embarking on as a pilot test study is to put fitness instructors in the primary schools to assist the teachers in teaching the children specifically about physical fitness, exercise. I will use the term health fitness.

Taking the angle that it is a little bit different than just physical activity, the fitness industry has evolved over the past 10 years to become quite a professional industry, to where it is no longer just putting on group fitness exercise in the aerobic capacity—going into a fitness centre and watching someone, in a sense, dance on stage to a varied music routine or going into a gym and doing weights.

It has gone way beyond that to where it is not only group exercise and weights but also encompasses nutrition, body and mind, and even meditation in some regards. We have seen that at our national conference as well, where it has evolved from gym and aerobics to group fitness, gym, personal training, yoga, pilates, nutrition. It has moved quickly into health.

The project that Alison has put together, active kids in schools, focuses on taking fitness instructors into a number of primary schools. Alison has investigated these links already and has received some work from the primary schools in the relative organisations to conduct this pilot, this one term project. Instructors will go in and conduct two one-hour activity sessions focusing on exercise. So this is not sport; this is 100 per cent exercise to where the intensity level is up and they are getting the heart rate up. It is cardiovascular in nature versus anaerobic, that is, sprinting.

There will also be sessions on stretching, getting children to understand how to move, and a lot of body awareness. The most important thing is that it is non-competitive. There is no discrimination or prejudice whatsoever; it is totally inclusive. That is really what separates, in a sense, our industry, the fitness industry, from, say, the sport industry. Fitness has never been competitive, with the exception of aerobics, but then that goes into sport anyway. That is the drive and that is what our industry has been doing forever, as long as I can remember.

Another key point is that the success of the program will then justify the need for training the teachers in the education system on fitness. This is a little bit different from physical education. I come from that basis as well. In the old days of 20 years ago, physical education encompassed all these aspects and now sometimes physical education may encompass 30 minutes of physical activity, but not necessarily having that intensity where the children are really getting those kinds of benefits, those healthy benefits, from it.

As I said, the success of the program would justify looking at teachers and getting them trained in key fitness principles and health and then that could be transferred to the children so that they can develop these healthy lifestyles. We are talking about lifelong activity, so a healthy lifelong activity in education is what we are looking at.

Why is the program needed? As I stated in my introductory statement, being overweight is expensive and the expense is going to continue to grow unless we start doing something preventative. Fitness ACT has already embarked on activities at the corporate level. We are looking at the parents and trying to get lifestyle change in the corporate sector. Hopefully, they will take those ideas home and share them with their children.

We are now going to the other end of the spectrum and are saying, “Let’s educate the primary school children in healthy physical activities,” and it is not boring. The whole aspect of this whole program will be fun; it has to be fun. Why is the program needed? In sport programs, as I said before, sometimes they are competitive or they have a competitive nature. By default, the good kids are picked and the not so good kids are the last to be picked, and they already know that they weren’t the first choice. That type of mental aspect of it creates social discrimination.

MS MacDONALD: I want to note for the record that we are all nodding. We all remember our own primary school experiences.

Dr Klein: Hopefully, we have not gone through therapy from those days. So, as I said earlier, the healthy physical activities have always been non-competitive and always inclusive, whereas sport sometimes does have a tendency to be exclusive.

Today’s kids will get fatter. I don’t know how to say that any kinder, but they will. One of the points I am stating is that those of us who are 40-plus, the baby boomers, who are hanging on to the days of our youth and saying, “Gosh, I’d love to be back down to the size I was,” or “I’m not as fit as I was,” and see age creeping up at least have a point of reference as to what it was like to be skinny, be healthy—whatever you define as these terms—be fit, be active. Looking into the crystal ball, the reference point of the children of today in 40 years will be, “I was never active. I sat in front of a computer.” Who knows what it is going to be like 20 years from now. Their reference point will be that they were big kids, they were overweight, they were obese.

The other major fear is that many of these children won’t see 40 and it will be because they were not physically active and, taking it one step further, they were not pursuing healthy physical exercise so that their heart rate got up and they were actually getting these serious health benefits and physical, mental, social, et cetera.

The last thing, which once again reinforces it, is that fitness is health and health is fitness. You can’t separate the two. Fitness is a component of health. Our fitness industry used to be just on its own, but it has grown into where it is health and many of our fitness instructors are seeing these career pathways of going from fitness and into health: this is a healthy lifestyle; this is a behavioural change. We have a key impact to really contribute to the social wellbeing as well as the economic wellbeing of the ACT, which then follows on to the whole of Australia.

THE CHAIR: I will invite the other members of the committee to ask questions, but I would just like to ask one now. We have already had a presentation from a person who is also working with fitness in children and it seems to be different from yours in that it is

about getting children to increase their own fitness—apparently non-competitive, although there are some issues—by competing with themselves. It is through different tests, if you like, running, jumping and stuff like that. You do it and you see how good you are and then you try harder.

There were some concerns raised by young people with us about that because it is public and it can be a shame job if you are not doing well; but, even if that wasn't the case, that sort of competing with yourself, trying harder and harder to get better and better, seems to be different from what you are saying. You seem to be saying that you do this activity which makes your heart beat, makes your blood pump, in a group without aiming for anything. There is no testing happening there. You are just doing something which makes your heart work well and your body work. That seems to me to be quite different from the other model. Can you comment on that?

Dr Klein: They are quite different. The angle that Fitness ACT is taking in this project is that it is based on a come and try aspect. It is getting them involved and getting the children educated about that. There is an overall goal to get them involved, but there is no overall goal to get them faster, leaner or quicker. That is going to come anyway, once they start getting involved with it.

THE CHAIR: It is the process that you are focusing on rather than a goal.

Dr Klein: It is the process. This model has been proven in the corporate sector as well. With the corporate health and fitness challenge, we would take people on twice a week for 45 minutes, non-competitive, although as adults we tend to be competitive. We did a pre and post survey of not only their physical measurements but also their general wellbeing—a very simple psychological study—and there was a significant increase in the overall wellbeing and a significant decrease in distress. That was really only after two 45-minute sessions a week and this was with people who are on the job 12 hours a day and all these other life things.

Similar results happened when I worked with the ACT department of health. We did a similar program over six weeks and there was only one 45-minute session. There was a 10-minute massage and wellness involved, but really just that physical activity. All the follow-on effects from that anecdotal evidence were positive and were based on fun. There was no competition. Yes, we did a pre and post, but really at the end of the day they were just happy to be moving and having fun.

MS MacDONALD: Have you done any follow-up of those sessions that you have done which have shown that people continue to keep up their activity?

Dr Klein: Yes. Actually, one of the groups at Deakin—it was a private company; an accounting firm—started in 2001 in our initial program and they are still going. They are not involved in the challenge but they still have a trainer come each week and take them through a 45-minute walk. A number of organisations have continued on with that.

Also, we have done an anecdotal follow-up and people have said that it really changed their lifestyle and now they may not go to a gym or a fitness centre because that's not what tweaks them, but they might go on a regime: "Yes, I get up every morning and I go

for my walk before I go to work,” or “I realise that I’m not going to go downstairs to the takeaway; I bring my lunch,” or they have become more conscious about their nutritional habits, which is really important.

If we can educate the children from K to six in a fun, happy way, they are going to understand that it might be neat to go to McDonald’s for the toys and games, but there may not be that much nutritional value or there are other options on the menu at McDonald’s that have less fat. When they grow up, they can really start making those choices, and that is really important. We base it really on the education/fun aspect as opposed to the measurements.

MRS BURKE: Dion, that has opened my eyes. We talk about children playing sport to keep fit, which is a misnomer. You have to be fit to play sport, in my opinion. So I think that firstly we need to look fundamentally at the problems we have in using that term. You have raised some very urgent questions in my mind in regard to the fitness of young people and I had never thought about it in the way you have used about what the children of today will be looking like in 40 years.

Adult onset diabetes and heart disease are rapidly growing and the age is coming down, which we all know. In an ideal world, in Utopia, what would you like to see and how much do you think this is going to cost? That has put you on the spot. If all this comes down to money, do you have any idea of the cost of such a program?

Dr Klein: I don’t see it as a cost; it’s an investment.

MRS BURKE: Absolutely. But, as a government, we have to look at those things.

MS MacDONALD: Can I add something to what Mrs Burke has just asked you? You do not see it as a cost, you are saying, but there is that issue. How much money do you think we would be saving in terms of preventing admissions to hospital as a result?

Dr Klein: Those figures I don’t have. That would be such a guesstimate, truthfully; it really would. In part as reference, and this is hot off the press, look at what the US does. I do not by all means say what the US does is perfect, but the US health care system is in disarray and they are trying to put in programs to make up for things they didn’t do on the prevention side of things. That is where I see that Australia as so lucky in that we have this opportunity with these preventative measures that it will not be costly. I don’t have that knowledge.

MRS BURKE: Has this been piloted anywhere? Has the type of thing you are advocating been piloted?

Dr Klein: There are a number of programs and Alison did a lot of that background research.

MRS BURKE: Is there something available that we can look at?

Dr Klein: I can ask Alison to pull that out.

MRS BURKE: That would be helpful.

Dr Klein: Just as a point of reference, it is quite interesting—this is dated February 2003—that Texas is to put through as legislation the Texas Healthy School Kids Act, and that act would basically ban foods or drinks in elementary school vending machines. Elementary secondary schools are offering lunches in a variety of fruits and vegetables. That initiative has come into play in the ACT.

THE CHAIR: Can you give us that document?

Dr Klein: Yes, I can. One of the things required for our industry, fitness, is for kindergarten through to grade 6 students to spend up to 30 minutes a day in physical exercise. The next statement, the next point, requires middle school and junior high school students to participate in a physical education program. So they are very blatant in their definition of what is physical exercise and what is physical education, on face value. It also requires the study of nutrition, fitness and the causes and effects of obesity in which health is part of the curriculum.

In regard to pilot studies, I would have to investigate that a lot more. Alison has done some of that already. But for a major state in the US basically to say that it has to push legislation for this to make sure it is happening and to identify physical exercise on top of physical education, starting at primary school level, there must be something in it.

MS MacDONALD: You talked about kids being able to make the distinction and get away from choosing the fast food or the less healthy over a healthy food choice. Does that mean with the program you are looking at at the moment that there will be some element of discussion about nutrition?

Dr Klein: In my experience, very few instructors talk about physical exercise in a session without mentioning something about nutrition. So, even though there won't necessarily be a specific talk about nutrition, it would be integrated within that and, as I said at the beginning, fitness has emerged from just the muscle movement type of aspect to saying, "We can stretch a bit more and we can walk from here across the street without being so huffed and what we eat will have an effect on how efficient we are." Those kinds of messages to the children will happen naturally once they are involved with it.

THE CHAIR: You said that you piloted this in a couple of schools.

Dr Klein: No, that is what we are embarking on.

THE CHAIR: How will that be funded? Will the schools be paying?

Dr Klein: We will be putting a submission to Healthpact on Monday.

THE CHAIR: Are you hoping that Healthpact will fund that pilot?

Dr Klein: Yes.

THE CHAIR: That will be for how long?

Dr Klein: It is a 10-week program. It would go for one term and then we'd do an assessment.

THE CHAIR: An evaluation?

Dr Klein: Yes.

THE CHAIR: I think the committee would be interested in keeping track of what you are doing. When you have done the evaluation, could you send it to us, because I think we will have an ongoing interest in this area.

Dr Klein: I will be more than happy to.

MS MacDONALD: Also, if you can keep us informed on how you go with your funding application as well.

MRS BURKE: It seems to me that it is a need. It is not a luxury; it is a necessity. We have to save money somehow on the burgeoning health system. If this is one way and we make it fun and it is a lifestyle habit for children, it can only be good.

THE CHAIR: When you read from a document—I blanked out for a minute—was that from the United States, was that the Texas act you were talking about?

Dr Klein: Yes.

THE CHAIR: Why did they make that distinction between the health fitness in the junior years and the physical fitness in high school?

Dr Klein: I am going to have to investigate that more.

THE CHAIR: Would you support that? I don't expect you to know why they did that, but I am interested to know what your comment is on that because the impression I got was that this would be just as critical in high school years. In fact, in high school years kids are even more vulnerable to feeling marginalised if they're not fit or ashamed of their bodies, et cetera.

Dr Klein: From some of the information I have read and an understanding of the school system over in the states as well, they are addressing educating them at the primary school level so that when they get to the high school level it has already become a behaviour change, it is already a natural lifestyle choice.

MRS BURKE: I was going to say that if you start them young enough it just becomes a way of life. It takes 21 days to perfect a habit, they say.

THE CHAIR: But you could still have the issue of competition meaning that kids will lose that enthusiasm for it because suddenly it has become something else. It isn't fun any more, it is actually about winning or losing.

MRS BURKE: No, I think Dion made the point that it isn't like that other model that is fairly competitive. It reminds me of the Aussie masters thing where you're actually against yourself; you are marking in incremental steps how well you have done and it is not a comparison with other people around you. They always focus you on yourself. Is that what this program would aim for, to build up the child's self-esteem, image and that sort of thing?

Dr Klein: Yes, and the assessments are not intense. That is not the best way to put it. Basically, it's a measurement of the start and finish, but it's not like you would get a gold star if your size went down. It is having that understanding that you might just be a big child, but your resting heart rate has decreased and you can actually walk from here across the street and still breathe and not gasp for air. It is those types of measurements which don't necessarily put them on a ranking scale and they feel, "Oh, I'm still obese. What's the point." It's having them understand, dispelling the myths. Many of us, even the grown-ups, have myths about having to lose size to be healthy and well, and that is not the case.

MRS BURKE: A basic awareness of physiology and anatomy and how the body works is a bit better for the individual.

Dr Klein: Yes. Lots of children today and even lots of adults, I have found from working in the corporate sector, do not have an understanding of body awareness.

THE CHAIR: We will have to wrap up. Thank you.

LAURA AOUN was called.

THE CHAIR: Welcome. Thank you for coming. Were you here when I read out the statement on the responsibilities of witnesses?

Miss Aoun: I was here.

THE CHAIR: Are you clear on that?

Miss Aoun: Certainly.

THE CHAIR: You were going to come with Amy, but she was unable to come. We would be really pleased to hear from you.

Miss Aoun: Thank you for giving me this chance to do this. I have not prepared for it too well, but I will do my best. I am coming in a twofold way. I am a member of the Minister's Youth Council, so I am here to present to you some of the outcomes that we found at the conference that we held in October last year. Also, the other way I'd like to come into this is as a level 1 teacher in the system. So I have experience in both of those areas related to health.

What I want to focus on is mental health, linked with drugs and alcohol, because that was one of the close links we found as one of the outcomes from the report from the conference that we held. I will start with that. I can actually give you a copy of the conference report. We had a conference in October with the help of Youth InterACT. About 200 young people attended and we had different sessions that we facilitated on different topics, such as health and wellbeing, drugs and alcohol, and various others.

I would like to present the findings that we got from the two areas. Three underlying messages were found with both of those areas. Access was one of the things we found, access to different services related to mental health or drugs and alcohol. That was one of the issues we found with all our topics, but in particular with mental health.

Another point we found that was underlying was youth to youth. We found that lots of young people had the idea that a lot of the programs they got presented with in schools, in particular, were delivered by teachers and teachers, by nature, tended to be quite a lot older than them and they weren't relating to the material that was presented to them. So a lot of the young people see it would be a benefit if they had peer-mediated programs that were delivered by young people close to their age. That was another issue that we found.

The third one was awareness. I guess awareness meant a few things: awareness of young people about issues—drugs and alcohol, mental health and all those—and also awareness of the community about those issues, too.

In particular, I will run through a few things that we found with the drugs and alcohol segment and then the health and wellbeing, and once again they are quite related. One of the things was the peer-based idea that they thought would be good. Another one that I have already mentioned as well is the links to mental health.

A lot of the young people saw that there was, in a way, a direct link between a lot of the mental health problems and alcohol and drugs misuse, so the whole issue of self-medication and all those things—and, of course, the onset of mental health issues for drug users. I suppose it is a twofold way: either they have the problem to begin with and they self-medicate with alcohol and drugs or it is actually alcohol and drugs that amplify the problem they already have got.

Another issue that we identified from the conference was the stigma associated with young people that are drug users, the stigma that exists in the community about drug users, and also, I guess, the stigma that even young people have about other young people that are drug users. So there is a big stigma there.

Another issue that was identified—this was actually a solution that was proposed by a lot of the young people—was about youth centres not catering for young people appropriately and one of the things that was suggested was using chill zones in youth centres, actually having a facility in the youth centre where young people can actually sober up or spend the time there safely when they are under the influence. They were just a few things that were identified under alcohol and drugs.

Health and wellbeing was a similar type of thing, but in particular young people expressed views about the lack of youth specific services. I know there is one that exists in the ACT. I guess the fact that they didn't know about this was the issue of awareness, the issue of them being aware that it was available.

THE CHAIR: Do you mean the Junction?

Miss Aoun: Yes.

THE CHAIR: They weren't aware of that.

Miss Aoun: No, they weren't aware of it. A few commented about the limited hours and limited resources within that, too. The issue of bulk-billing, which is not just a youth issue, but one thing that they identified was the lack of bulk-billing for health services.

Another point identified was quite specific. We had a few young people attend our conference who were ex-detainees in detention centres and they found that there wasn't enough follow-up for detainees coming out of detention centres with regard to their mental health and general health. That was another point.

It is a general summary, but the report is all there for you and there are other issues identified, but I tried to get the more general ones that we found. That is one aspect of my presentation today, to present you with the findings of the conference.

THE CHAIR: Can we have a copy of that?

Miss Aoun: Absolutely. I will give you this to keep. I guess my other presentation that I would like to give is that I was involved in setting up a pilot program for a pastoral care program within a school in the ACT and the program was actually primarily set up by two other staff members who received a grant from the government to do this.

THE CHAIR: Was this a high school?

Miss Aoun: It is a high school, yes, Stromlo High. I am no longer there. I am at Telopea now, but I used to be there, so I was involved in that. When I was at Stromlo, I actually took on Mind Matters, which you may have heard of. It's a high school program that looks at preventative measures, rather than concentrating on the percentage of at-risk kids.

What we did in the pilot program was we actually called upon all different resources and we put them into a pastoral care program that the school delivered to all ages, seven to 10, and it called on lots of different programs, like Mind Matters, Beyondblue, RAP1 and RAPF. I don't know if you have heard of those. RAP1 and RAPF I don't know a whole lot about, but it is involving parents as well. That was their major component. I know about RAP1 and RAPF purely because Michael Carr-Gregg mentioned it in one of his talks and I've been meaning to look into it, but I don't know much about it.

THE CHAIR: Is RAP an acronym for something?

Miss Aoun: Yes, I think it is.

THE CHAIR: It is in one of the schools here, did you say?

Miss Aoun: No, it was looked upon but not researched all that well. Mind Matters is, definitely; it is incorporated. Michael Carr-Gregg is a child psychologist. I don't know if you have heard of him. He has come to do a lot of PD within our schools and speaks about Mind Matters and adolescent issues. I don't know what the "R" is for, but it is something, adolescents and parents. I assume that is what it is.

THE CHAIR: We can follow that up.

Miss Aoun: I don't know if you know enough about Mind Matters. I don't know if you want me to tell you any more or if you know lots about it.

THE CHAIR: I would be interested to know about your work with it and your impression of it.

Miss Aoun: Sure. What I found was that it dealt with a lot of resilience and coping strategies for young people. I found that great. Karin may have asked a bit earlier about the sort of

preventative measures we were looking at rather than actually treatment at the other end and this program was great for that.

It gave them ways of dealing with stress and I know that that is often what young people say is associated with taking drugs, that it is a way of coping. So looking at coping strategies; looking at loss and grief, dealing with that; resilience, just coming out of difficult situations in your life a stronger person, so to speak, and not having to resort to other ways of dealing with that.

That is what I found and they were activities that were done during class time. Some of it is curriculum-based, so some of it you would actually do in an English class, in a drama class, in other KLAS, but what we found at Stromlo was we would like to have incorporated it in a pastoral care program separately, just because in that way we would have all teachers teaching it because everyone undertook pastoral care. We found that if we kept it up to the individual teacher to say, “Do this in your class”—as you know there are lots of workload issues for teachers and all those things, so we found that putting it separately, even though it defeated the purpose a little bit, worked better, just having it separate.

Our pastoral care program looked at half an hour a week or an hour on alternate weeks. We found the hour catered better for the program because half an hour just wasn’t enough to get into it. The Mind Matters kit, I will make you aware, actually has got lessons in it. It’s a lesson pack, so you actually go there and photocopy the material and you read through it and you only really need less than half an hour to read through it and prepare, so I found it great.

That was one thing they did. Like I said, they called upon other older programs. I’ve only been teaching for three years, so I’m not aware of those programs, but the two teachers that did it found that there was great material. The paper was getting yellow and it wasn’t used, but it was actually excellent content and they just had to bring it out and make it relevant, so that’s what they found.

MS MacDONALD: Make it relevant and put it in a digestible form so that it doesn’t look like a weighty tome.

Miss Aoun: Absolutely. Even just photocopying it, typing it up differently or doing something with it made it better and, I guess, up-to-date information, too.

THE CHAIR: Finish your presentation and then I will ask you a question.

Miss Aoun: Okay. I’ve just a little bit more. I wanted to present to you my comments on that, both positive and negative, and out of the negative I want now to go back to my work in MYC, which I will use as an acronym for Minister’s Youth Council.

We have portfolios within that group. We each have our own portfolio and mine at the moment is drugs and alcohol. I have looked at a few different things with the people in my group. One of the things we looked at is perhaps setting up an audit within schools

to find out what they do. I may be naive in saying it but, being a teacher in the ACT, I have found, maybe due to the school-based management kind of idea, that a lot of the schools are segregated and not enough schools find out about what other schools are doing.

MRS BURKE: Poor networking?

Miss Aoun: Yes. There is networking happening, which is great, but it doesn't happen with all teachers and with all schools. I guess networking starts off socially and then you go to another level of professionalism; that's what I find.

THE CHAIR: What if you wanted to see specifically what schools are doing with drugs and alcohol?

Miss Aoun: What kinds of programs they are doing?

THE CHAIR: For drugs and alcohol or for mental health and drugs and alcohol.

Miss Aoun: It's hard to separate the two, but yes, the whole lot.

THE CHAIR: I think that is a really good point.

Miss Aoun: That is one thing that I wanted to have a look at and one of the members that we've got is apparently meeting up with the principals when they have the principals network meeting. He wants to present something to do with the education portfolio, but I spoke to him and asked whether I would be able to come along as well and perhaps speak to them about this audit that we would like to do and perhaps make them aware that we are actually doing something on this, maybe just take the report or something, just have that network with them.

A third thing that I want to look at, and I don't know how possible this is: you could go "system down", so you could present to the principals and to the department all these things you would like to do and recommendations, but what I thought I could do, maybe even with grant help, is set up a pilot program within a school—I don't know where I might be this year or next year—that looks at peer-mediated delivery of drugs and alcohol pastoral care, whatever it may be, and use that as ammunition to say it has worked well or it hasn't worked well and then go from there.

I think the peer-mediated thing has a lot of complex issues. A lot of the young people spoke about having speakers come in—for them it was come in off the streets— and talk to them about their experience with drugs and alcohol. They may be ex-users or users at the moment or whatever it is and that is what they envisage, but we know that there are restrictions on that. We can't have someone just off the streets come into our schools and speak to the kids about that. We have to find a way to accredit them, train them and God knows what else.

THE CHAIR: What about when the services come in, like Directions? Was it Directions? Yes, they had a program in Canberra College. That was a youth service, community service, that came into the school. It was quite different from having school counsellors trying to deal with those issues. You are not aware of that one?

Miss Aoun: No.

THE CHAIR: It would be interesting for you to talk to them, because it was very well received by the school as well and you would find it interesting.

Miss Aoun: So they referred the students on?

THE CHAIR: They actually went into the school, they went into the Canberra College, and they were there on site for the students.

MRS BURKE: This is interesting. It just bears out your point about the networking. Things are happening. Maybe that is something else we need to look at, the coordination of activity and what is happening.

Miss Aoun: Definitely. With Help Promoting Schools, you may have been aware of that, in a cluster at Weston—Canberra College was involved with Stromlo—I was involved in that for a little while with Peter Claydon. I think he may have coordinated that. I do not know whether you know Peter.

One more point I would like to mention. I am also on the high school development program committee and we are looking at cultural change within schools. I am on that committee, so I thought it would be a really good way to link up all the things I am interested in doing, like maybe put up a proposal to that team that perhaps we change the culture of the way we deliver our programs within schools. I could put it to them. That committee dealing with cultural change has a huge task because cultural change could be anything, but certainly I would be interested in using that as my link to get something done system-wide.

THE CHAIR: That was the high schools for the new millennium program.

Miss Aoun: It's following on from that. It is the high school development program. I think it may have been called high schools for the new millennium. I think that is it.

THE CHAIR: That is great. Just one question I have and then I will open it up for other members of the committee. Were you here for the presentation by Garry Fry from Tuggeranong about the messengers program.

Miss Aoun: No. I may have come in halfway through it.

THE CHAIR: It is just that they are actually pulling out kids that appear to be at risk in some way, particularly with mental health issues, and they are working with them through the arts.

Miss Aoun: Yes, I have heard a bit of that.

THE CHAIR: If you are not aware of it, you cannot really comment. I was just interested to know what you thought about using the arts in this field.

Miss Aoun: Actually, it's funny you mentioned that because at Stromlo our counsellor did actually do that with the high school kids. The way I think she worked it was the student would come to her, as a counsellor, to seek advice or just to have a session with her and then she would get them involved in this. I think she worked it a little bit differently. I don't think it often reached the kids that we would have wanted to reach. The gentleman who was sitting here—I don't know his name—commented that they actually approached them and spoke about the art element and then went from there.

The way they did it at Stromlo was that they would go to see her as a counsellor and then she would expose them to this program. There were some great things that happened there. I did often speak to her about what was happening, but sometimes I'd get it from the kids' point of view. They would tell me, "All she wanted to do was make us draw," or something like that, so it was quite negative.

Some kids don't have much confidence in drawing or just don't like it. It was an excellent outlet for expression for some of the students, and they used it and they did benefit from it, and others it just didn't work for. My concern sometimes with that is that there was no alternative. All of a sudden, the counselling services all turned into this and often I found the students would say, "We just wanted to be listened to."

THE CHAIR: They did not want to do a drawing.

Miss Aoun: That is right.

MS MacDONALD: This is a bit out of left field, but the concept of middle schooling has come up with one of the other committees I am on, which is education. The discussion has been about its being such a big change to go from primary school to high school and people are looking at more of a phasing-in approach. The Education Committee has been looking at some of the middle-schooling concepts in Queensland, which are a bit different from how it is done here at Gold Creek. Do you have an opinion about the transition and impact on the mental health of youth and do you think there would be a way in terms of middle schooling?

Miss Aoun: Yes, I do have a little bit of experience with middle schooling. Stromlo, once again, because that is the only school I've been at, tried a middle-schooling concept but it was very watered down. It didn't take on the whole spectrum that Gold Creek may have done or Queensland that you mentioned.

The way they did it was to link up the students' classes. For science and maths they had the same teacher. The middle schooling they took on was only year 7, because it was only

in year 7 that they concentrated on decreasing the number of teachers they have so that it was not such a huge impact coming from primary school, having one teacher, and going to seven or eight.

One aspect that they looked at was linking up their English and science teachers as one teacher and maths/science as one teacher, all that kind of thing. I have found from my experience that most schools, certainly Stromlo and Telopea, do an excellent job of giving kids a smooth transition from primary to high school.

They do an excellent job. I really don't think it could be done better. That is often what I think. At the same time, I am sitting there and bagging out middle schooling and saying that it's not necessary, I am sure there are some aspects of it which are quite necessary. But in terms of the schools coping at the high school level, I think schools do that quite well.

What I mean by that is that in year 6 there is often quite a lot of connecting between the high school and the primary school. They get them to come in for mini-lessons during year 6. They hold barbecues for them at the high school, they take them around for maths. This is all in year 6 before they get there. When they get there they give them a pastoral care teacher and they buddy them up with year 10s. This is the sort of thing they did at Stromlo, and they hold the barbecues for them and the parent nights. They have their camp early on and they have the year 6/7 disco in year 7, so that the year 7s can meet the year 6s.

I know at Telopea just now they've started an email system whereby students can email one staff member confidentially if they are having any problems with any bullies. It's called "You are safe at Telopea." The kids laugh about that. But that is another avenue. We found that one of our year 7s tapped into that and was emailing a certain teacher. We are chasing up those kids that are bullying those year 7s.

I think schools do a lot for them. I'm not saying it's enough. I don't know if it's enough. It is a huge strain, we find, but it's the connectedness sometimes with a teacher that gets them through. If they have one teacher that they have a connectedness with, just like they were used to in primary school, that really helps. So I guess having a pastoral care teacher who supports them. I don't know if that answered your question.

MS MacDONALD: That is a good start and it is your opinion, so we appreciate it.

MRS BURKE: Thank you, Laura. That was a very succinct and well put forward case. I hope you are enjoying your work on MYC. You talked about the stigma associated with drug abusers. You talked about peer-based programs as well, which I think are very good because they take control and they are empowered to help each other. What would some of the key issues be amongst young people today that cause the stresses that cause them to take drugs and what would the programs be, do you think, to try to resolve some of these problems? I know that is a big question.

Miss Aoun: First of all, the stigma was highlighted in one way when we looked at the issue of youth centres. We actually considered that just yesterday in our Minister's Youth Council meeting. We looked at the youth centres and the kind of image they present to young people and how attractive they are or unattractive they are. One of the issues was highlighted amongst a group of young people talking about those youth centres being for drug users and they stay away from them, and the majority of young people do actually stay away from those centres because there are druggies.

MRS BURKE: The stigma is attached to the centre, not necessarily to them.

Miss Aoun: It's the centre in a way, but why? Because of the drugs. Even young people have a negative attitude towards young people that use drugs. So there is a stigma associated with it. How much of a drug user do you have to be to get into the category of the drug users and that kind of thing? There are all sorts of issues there. The stigma I mentioned is also associated with community perception and judgment. What was the other question?

MRS BURKE: The pressures that lead to it and you were talking about peer-based programs, which sound great. What would they look like?

Miss Aoun: I was delivering the pastoral care program that was set up at Stromlo last year, so I was one of the pastoral care teachers there. I guess I had a huge advantage, being a young teacher. I would go into the classroom looking forward to delivering the program. I know that teachers dreaded doing it and they did a dreadful job, some of them. I found that some of the kids were just interested in the information; they wanted to know. I'd sit there and rattle on and talk about the drugs and they really had no idea.

I think we assume that they know a lot more than they do and really they don't. I would go and mention a street name for a drug, just being a young person and knowing about that, and they wouldn't know what that was, and I'd have to explain it to them. They were so interested in just knowing little things, can it do this, can it do that, and the whole experimentation with what it does. Of course, I couldn't answer all of it, but one thing that I found was that they were interested in information. Once again, having a young person deliver it to them highlighted the fact that they responded more positively to a young person.

Certainly, that was highlighted in the conference, I guess because it was more relevant to them, more realistic. Another thing that I think would benefit a program like that is being focused on harm minimisation. We've all heard about harm minimisation, safety when under the influence, and I think that needs to be emphasised more so in a program. Even in the program we had last year, there was still not that. It was touching on it. It was touching on looking after your friends and all that kind of thing, but it just didn't do a great job. I guess that my response to that is my being interested in looking at another program that was peer mediated and all that kind of thing.

One of the members of MYC who had just finished year 12 said that he was involved in a program that was funded by the Heart Foundation. They trained a group of students from year 9 age to year 12 and they actually ran a program for year 7s and 8s, so they were only just a little bit younger than them, about smoking and the effects and all that kind of thing. The way they ran it was that they had lots of trivia, quizzes and all sorts of fun things. They gave them incentives. They were funded, so they were able to do that. There were all sorts of little prizes and the way it was put was that they had to answer the questions—not, “Nicotine is blah, blah”, or whatever; they had to answer them and see how much they knew themselves and then they were given the correct answer in this trivia quiz and little things like that.

One of them in particular told me that he was a non-smoker; so, going into that program and training the students about smoking, you don’t necessarily have to be a smoker, an ex-smoker or whatever. Sometimes it helps to have both, but he was a non-smoker and he was able to say to them, “I actually survived school and came out a non-smoker.” I think that’s quite positive. At the same time there may be someone else who said, “I am a smoker and these are the consequences that have come out of that.” I’m sure that they could highlight some negatives.

THE CHAIR: Thank you very much. We appreciate your giving us your time.

Miss Aoun: Thank you.

Committee adjourned at 5.05 pm.