C O R R E C T E D V E R S I O N

EDUCATION AND TRAINING COMMITTEE

Inquiry into the potential for developing opportunities for schools to become a focus for promoting healthy community living

Melbourne — 16 November 2009

Members

Mr M. Dixon
Mr N. Elasmar
Mr P. Hall
Dr A. Harkness
Mr S. Herbert
Mr G. Howard
Mr N. Kotsiras

Chair: Mr G. Howard
Deputy Chair: Mr N. Kotsiras

Staff

Executive Officer: Ms K. Ellingford
Administrative Officer: Ms N. Tyler

Witnesses

Mr T. Harper, chief executive officer, and

Ms L. Walker, executive manager, participation and equity for health, Victorian Health Promotion Foundation (VicHealth).

The CHAIR — I formally declare open this meeting of the Education and Training Committee. I advise that all evidence taken by the committee, including submissions, is subject to parliamentary privilege. I presume that you understand you are free to be as honest and wide ranging as you consider appropriate.

Welcome here this afternoon. We are certainly very interested to hear what you have to say, since you clearly play a major role in this area. Over to you, Todd.

Mr HARPER — Thank you very much, Chair, and thank you for the invitation to be here today. We are delighted with this opportunity and particularly that this committee takes such an interest in this issue.

By way of background, for those of you who may not know about it, in 1987 VicHealth was the first independent statutory authority for health promotion established anywhere in world. It has been a model copied now in a number of jurisdictions both nationally and internationally, most recently in the establishment earlier this year of a new Health Promotion Foundation in Tonga.

We work across a variety of health issues and settings that we see as being important to improve health, and schools are certainly one of those. Having said that, while on the one hand we acknowledge that schools are such an important and powerful influence in shaping young lives, it is also important to balance this with the fact that young people's attitudes, behaviours and experiences are also shaped by other very powerful influences, such as popular culture, parents, peers and of course the broader community. I suppose what I am saying there is that we need to have a realistic expectation of what schools can do in isolation from those other important influences.

We think that there are significant opportunities and that perhaps the most powerful opportunities we have for schools and the issue of health promotion relate to the issues of physical activity, healthy eating and mental health. On the mental health issue and the issues of bullying and social inclusion, which I am sure you would be very familiar with, schools have a very powerful role to play in shaping good health outcomes in those areas. The evidence is, I suppose, less optimistic when it comes to issues of drug use in particular.

We are also conscious that often schools are seen as the first opportunity. When we have a broader health issue or social problem in society, then everyone, quite understandably, tends to look to schools as a way to shape strategies to address that problem. That is a very difficult issue, of course, given the already very crowded curriculum that we see with that and the expectations that teachers have. Also, if it is teachers who then are going to take a key role in improving health outcomes, we need to be thinking about what sorts of support structures we have in place behind the school organisational policies and the policies of the broader education department as well and how those interact with the community.

Schools, as we have indicated in the submission, have a terrific role to play in developing respectful relationships between and amongst students, with teachers and into the broader community. That is a vital component for good social development as well as health issues. In conjunction with the department and also the Catholic Education Office, we have undertaken a number of programs to help understand what are the most powerful and productive influences we can be looking at in terms of schools and the role they can play.

In the submission we have identified that we really need to be looking at comprehensive approaches. I think that approaches which look at issues or specific health initiatives are less likely to be successful than those which take a more encompassing approach. What we mean by that is ensuring not only that teachers have the necessary skills, support and training but that the school environment has the appropriate policies in place to support that, the organisation is committed and the department is committed. That extends to school engagement with local communities as well.

If I could turn briefly to the health issues, in relation to smoking the evidence is somewhat mixed, and we suspect that schools can make a modest contribution at best in reducing smoking amongst young people. We think this is primarily because these days the very powerful cultural drivers in our community for smoking are things like the ability of young people to access tobacco products from retailers, the proliferation — less so these days — of environments which encourage or give support to smoking and also the behaviour of parents. We see similar experiences in relation to alcohol. Again we suspect that singular school approaches on alcohol yield very mixed outcomes, unless those school components are actually supported and endorsed by a much broader community response that fosters environments that have less drinking and smoking, reduced

advertising and so forth. These are the things that really are very powerful influences on children, so we need to recognise the limitations of the school environment in that setting.

But there are areas where I think we have seen some really powerful, and quite promising, results. These are the issues which are more endogenous to the school environment — those issues where the behaviours are actually influenced by what is going on in the school environment more than they are by the external environments. They are things like UV exposure; having a good shade policy within the school environment makes a lot of sense, because that is where young people are spending the bulk of their days during highest UV. In relation to physical activity, this is a situation where the school environment has quite a strong influence on the activities, the physical activities, that schoolchildren have during the day, both when they are at school and when they are travelling to and from school, and encouraging kids to be more active in getting to and from school is particularly important. We might be looking at various traffic-calming measures — pedestrian crossings, those sorts of things — which make it more appropriate or make it easier for kids to walk and cycle to and from school.

We also know that the school environment is particularly important for promoting good relationships, developing respectful relationships among students and reducing the incidence of bullying through programs that target self-esteem and also address issues of race-based discrimination. In our submission we have referred to the Ganbina indigenous project, which is a VicHealth investment which my colleague, Lyn Walker, will probably refer to in greater detail if there is the opportunity. That actually saw significant improvements in indigenous health outcomes as a result of working with a local community and also providing strong linkages back into the local community with business community organisations and of course the indigenous organisations in those communities themselves.

I suppose these are our key messages to you today. We certainly know that the issue of school-based health promotion is an important one. We know there is a broad range of activities where schools can be actively engaged and have positive outcomes in relation to the health of our young people. To do that requires a substantial commitment from the school environment, the education system and the policies that influence the employment of teachers and the training of teachers and the policies that operate within the department and at a school level. We also believe the school environment is important in shaping some of the most fundamental attitudes and feelings of belonging and of social connection which are fundamental in shaping the health experiences of young people within a school setting.

Chair, with those introductory comments I am happy to answer any questions the panel might have.

The CHAIR — Thank you, Todd.

Mr ELASMAR — Todd, I understand the environment of the school, the teachers and the students and everything, but nothing has been said about the parents and whether the parents could play a big role in this issue as well. Are there any good programs, in the same way, for them?

Mr HARPER — Yes, certainly. Parents are absolutely critical. In fact, that is one of the reasons why, for example, in relation to tobacco and alcohol we think there is more opportunity to be focusing on the behaviour of parents than through the school program. We know that children are more likely to take their cues in relation to smoking and drinking from the behaviour of adults, and particularly parents. It is not so much by the parents saying, 'Don't drink, don't smoke', it is by setting a proper example and behaving in that way, so not drinking and not smoking as well.

In relation to some of the social aspects I might hand over to my colleague to provide some information.

Ms WALKER — Sure. I think the Ganbina project is an interesting one, in terms of when you look at family participation and integration with the programs. The programming in Ganbina has a better track record or better data in terms of school retention and transit deployment than any mainstream program that you see in the state. The data is extraordinary. Basically what it does is it supports indigenous young people to stay in school and also transits them into occupations in their regions so they are not actually facing unemployment or leaving at the age of 14 or 15. But in relation to parents, the people running the program have realised that the parents and the family actually have to be supported in supporting the children or the young people so they are actually active participants and are engaged in the program. Without that you would basically have the school

doing its job and then afterwards the parents feeling quite alienated from the process. It ends up reinforcing what is actually occurring.

Another example I can give you is of the program that we funded at the Maribyrnong council, which has four or five schools engaged in it. It is designed to basically reduce race-based discrimination through increasing intercultural contact. You find that there is an inordinate amount of integration with multicultural families around this particular program, and the parents and extended families participate in that program.

The other example has often been the walking school bus, where you get volunteers and families supporting children to walk to and from school. So there are a range of examples that we could give you. I think they are the really positive ones, where you have absolute family and parental integration as part of a whole-of-school approach, really.

Mr KOTSIRAS — You have mentioned a number of initiatives and you have said that on their own they do not seem to be working but if you use them as a group then perhaps they might work. How does one evaluate the effectiveness? We have heard of so many programs, so many initiatives, here and also in New Zealand, but no-one has been able to say to me, 'Look, we have done this for five years, we have evaluated the program and it has been successful' or 'not successful'. They sound good, but how do we evaluate them to see if they are working?

Mr HARPER — It is a very good question that you have identified. I can answer that, I suppose, on a number of levels. Certainly in relation to projects that VicHealth funds, we require evaluation as part of that so that we actually learn from the successes — and indeed the failures. I think you learn more from the failures, in a sense, than you do from your successes.

In relation to our submission, we have drawn from the evidence in relation to the health issues. For example, when there have been significant reviews done of the effectiveness of school programs in each of smoking, alcohol, physical activity and mental health, we have drawn from comprehensive reviews of the literature in that regard. That has influenced the submission we have provided today. I suppose, then, the third point is that what you have identified is, I think rightly, an issue of concern. We do not always see from new projects that are funded strong evaluations that can then inform future funding decisions, which then flows into another problem — that it is not always easy to then scale up programs which have been successful, because there is not always the money available.

Often money is available for short-term pilots, and then nothing proceeds from there. For example, the Gatehouse project, which we referred to in our submission, demonstrated really good outcomes in relation to bullying and a good connection within the school. It also, even though it was not intended to achieve this, demonstrated good outcomes in relation to alcohol and tobacco — the premise there being that children who are more socially connected and feel as though they are part of the community are less likely to engage in at-risk behaviour, such as using tobacco and alcohol. That was a substantial pilot; it was an expensive pilot. It demonstrated really good effectiveness, but then there is not the capacity to take those programs through to the next level. Often it requires funding for the program and it requires the skilling and resourcing of those in charge of schools or education departments to actually gear those up. I should say that I do not think this is a particularly Victorian problem; it is a problem that we struggle with nationally and internationally as well.

Mr KOTSIRAS — Should there be more coordination between schools in terms of programs? Do you think that is happening now? Do schools work in isolation?

Ms WALKER — From one another or from the community generally?

Mr KOTSIRAS — Yes.

Ms WALKER — I think probably one of the best examples we have of an integrated approach is what we have been doing with the Catholic Education Office over a number of years — that is, basically Schools as Core Social Centres. They start with cluster schools and then go to regional level. Off the top of my head I think there are about 27 schools participating at the moment. What you do get is a standardised and systematic approach, and schools will share learnings over time. But the main premise of most of the success that we think contemporary programs have is that it is not so much focusing on a single health issue; we maintain that

basically, if you get the social foundations of the school right, and if there is an environment produced for learning and growth, then you will manage all of these sequelae.

The Catholic Education Office has also found that in terms of the school social support centres, where they have meaningfully engaged families, teachers and the whole school environment in the social fabric and foundation stone, where mental health is really evident, the risk behaviours have been reduced. It is not so much going in on one issue in one school and taking a model off the shelf; and schools get so overwhelmed with the proliferation of products that you can have 30 or 40 different products for the one issue, half of which have not been evaluated. Some of them may have been market tested, but it is the luck of the draw.

The Catholic Education Office uses evidence-based approaches that have been centralised. Forgive me, we are not centralists so it is a bit hard to move away from some of that thinking, but it does mean that what you get is really good standardised, evidence-based approaches; and if schools see the value of it and encourage it, they will work together effectively.

With some of the progressive schools, they obviously have really good linkages into the community so that kids are not given one message at a sports facility and another message in an education facility, and then go home and see something different on the television; but rather, everything is streamlined and coordinated. In public health terms, you get a really good dose from a range of places.

The CHAIR — Just to follow up on the Catholic education model then, I understand you are focusing on a broad range of issues; does that mean it takes in everything from the Quit program, to UV protection, to mental health and the general wellbeing-type issues? I am interested in a little more information.

Ms WALKER — It is similar to what Todd was articulating in relation to the Gatehouse program. Like the school social support centres, the Gatehouse program went in, basically wanting to develop positive relationships and a positive school ethos for the purposes of mental health. It was very much about how you actually develop what we describe as a whole-school approach, to actually provide a really good fertile basis for children to learn.

The health issues in terms of smoking and alcohol were not anticipated. What the evaluation indicated was that not only were literacy and numeracy capacity increasing but social skills, relationships, mental health were also improving, and the risk behaviours associated with substance consumption decreased. So it was not specifically targeted, which is why we talk about a foundation stone. If you actually get that right, then other things happen.

Mr KOTSIRAS — Who should take responsibility for the health of students — the Department of Health or the department of education, because we went to New Zealand and they have a special relationship with the department of health?

Mr HARPER — It is a good question. I do not think it is going to happen without it being driven by the education side of things. This is consistent with what we know about what improves health — that most of the gains in terms of better health are actually going to be managed and achieved by stakeholders outside the health-care system. That is because our interaction with the health-care system tends to be more around problems once they have emerged. But the influences on shaping good health are more likely to occur in sports environments, in education environments, in the workplace. These are the influences which actually shape, more powerfully, things like our social connection and providing opportunities for physical activity, smoke-free policies, alcohol-reduction strategies. All of these are much better dealt with through settings outside the health-care sector.

For me, I have come to that view as someone who has worked in the health sector for most of my life. If we are talking about changing and influencing the way people act or behave on a daily basis, it is in those settings where they spend most of their time, and that is not in relation to the health-care system. The health-care system does a great job with health problems once they have emerged, but in terms of shaping attitudes and behaviours, particularly those at an early age, we need to be doing that in those cultural settings where young people spend most of their time.

Mr KOTSIRAS — But the main task of a school is to teach. That is the no. 1 priority, and that is why in New Zealand the department of health came on board and is basically working in partnership with the schools, because they are the experts.

Mr HARPER — Sure, and I suppose it is also to allow young people to fully engage in society once they have left the education system as well, and certainly those who have well-developed skills in that area are also likely to be the ones who are best placed in terms of good health outcomes. But I suppose the issue that you imply is an important issue as well, and that is that for education to engage in the issue of health, they would have to engage in a very, very comprehensive way, and that requires support from the school environment, from the education department, in a very comprehensive manner.

To leave it, as you say, to teachers who are facing daily challenges in terms of other education basics, for them to be engaging in the sorts of programs that we know to be very powerful in improving young people's health, they would need the support from the education system which employs them, trains them, provides leadership in the way that they spend their time and the priorities that they have on a day-to-day basis.

Ms WALKER — I might also add that the investment in health in a range of ways, particularly social health, is also an investment in education outcomes. For me I think it is the issue around finding the appropriate synergies, and clearly education owns the education setting, but health has a lot to contribute to assist education in achieving its objectives while at the same time getting a double bang for your buck with those other outcomes. It is also fair to say that there has been a mixed history in this, and in other states too, to get that synergy working well. I think that is one of the major challenges of this inquiry.

It is about how you get really good, sustained programs embedded in schools that also translate and integrate with the community. For me it is not one investment for health and another investment for education, because they are often the same.

The CHAIR — For this committee it is clearly going to be a challenge to look at the range of programs that are offered and to see how they can be better integrated. Part of that relates to the funding for those programs too, so it would be very helpful, I believe, if we had a better understanding of the programs that VicHealth is specifically responsible for funding. I note that while your submission has been well detailed, it would be useful to have that overlay information as well so that we have a sense of how your funding operates and which particular programs you fund.

Ms WALKER — In our strategic directions plan for 2009–2013 is the full gamut of health areas — there is smoking, alcohol, healthy eating, physical activity and participation and UV exposure. We have invested more in those areas. They are often either demonstration programs or they are programs that have reached some maturity, like SunSmart, so they vary depending on whether it is a substantially known health issue or whether it is a new and emerging issue. We do not do ongoing funding, although having said that, sometimes we have been in programs for up to 10 years, so I do not know whether something that stops and starts is ongoing.

But one of our major focuses is on actually demonstrating the educational achievements alongside health achievements in programs, so that we will do a lot of trialling with the view to transferability, and that is often where we get stuck too — where we know what programs work and what do not and what is required, but then actually getting take-ups in a range of other areas is difficult. So we are not core funders. We largely trial as innovators and advocates for what works.

The CHAIR — I have noticed over the years that the direction of your funding and the mode of your funding have changed quite a lot. At present what would say is the major thrust, the major vision for your funding to go into the next few years?

Mr HARPER — We have recently completed a strategic framework for the next four years, and I would be happy to provide the committee with copies of it. Essentially, as Lyn has said, we are focusing on the so-called SNAPS — smoking, nutrition, alcohol, physical activity and social participation. Within that we have key areas of focus which include a focus on health inequalities and also on knowledge. Given the significant gradient of health inequalities and disadvantage that we see in our community in relation to health outcomes, we certainly focus very much on that area; but also in the knowledge area.

There was a question from Mr Kotsiras, I think, around how we know what works and how we learn from that and focus on that. We have a significant focus on knowledge, developing evidence for what is effective and how those programs can then be scaled up and translated into application in the future. I suppose they would be the key areas. We do that in a strategy that aims to focus particularly on creating environments for health, and obviously schools are part of that through communication strategies that focus on health issues through our

advocacy work and, as part of that, also developing communities, including school environments, that are inclusive and safe as well.

This provides a very brief summary of that work. As Lyn has said, we also have a more detailed strategic plan which sits behind this which has just been approved, and I would be happy to share that with the committee as well.

Ms WALKER — With the Premier's focus on the development of the respect agenda, we have also been trying to align some of our education work into that environment. We are very much looking at respectfulness, responsible gender and cross-cultural relationships. Once again, it is the embedding of that social fabric in schools.

Mr HALL — Thank you for your presentation. I did hear most of it, albeit I had to eat my lunch because I was running between meetings. Healthy community living encompasses an endless list of types of things from drug resistance, healthy eating, physical measures like UV protection, exercise to attitude. So there is a whole range of things. Is there a best model or are there some illustrative examples of how we can best approach that healthy community living? Do we identify priorities for some and have a go at those, or do we have a crack at the whole lot of them in a more holistic sort of way? I suppose it is a very difficult question in terms of, is there a best way to promote healthy community living?

Mr HARPER — By community living, are we extending the remit beyond schools here?

Mr HALL — Yes, we are. Schools are educating for the purposes of living. They are providing young people with the tools for life, that is what education is all about. Indeed schools can play a valuable role in not only numeracy and literacy but also healthy living, attitudes and good community responsible citizenship. All I am asking with this question is, do we break things down into individual programs and deliver those as a matter of priority for the areas, or are there examples where other schools in other nations have a crack at the lot in terms of a holistic sort of an approach to it?

Mr HARPER — I might hand over to Lyn in a moment but first some introductory comments from me. Certainly we would take the approach I think you were suggesting; the holistic approach is the way to go. We should be resisting the pressure to feel as though we need to go into areas where the evidence is demonstrable already that the school is not a significant contributor to some health issues. So we should acknowledge the limitations and not try to force those issues.

But I think the areas where we have best prospects — and we probably alluded to this in the submission — are in the holistic approach that address the fundamentals in terms of the school and the issues which are more indigenous to the school environment: the relationships that young people have; the relationships they have within the school and with people outside the school; issues in relation to the physical activity that they get travelling to and from school. Those issues which are indigenous to the school environment are the ones which offer us the best prospects. But I might hand over to Lyn to supplement that response.

Ms WALKER — It is a very interesting question and it is one that our discipline has been writing about for the last 30 years. Where you have gone is our place-based approaches that integrate the whole gamut of healthy living as the way to go. There is evidence that if you throw enough resources systematically over time at some communities, you will get really good outcomes.

When you are talking about communities, often you are talking about across-sector structures, whether it be sports, arts, education or community health facilities. Often if you are working on specific issues using cross-sector agencies, you get that mutually reinforcing benefit. But it is a question of whether you go in on single issues or whether you go in on the multiplicity, and I think there is less evidence of outcomes on the full spectrum of multiplicity issues, if that makes sense.

The other thing to add, too, is when we are designing interventions, we usually have a fair look at the data in terms of what the community environment structure and infrastructure is. It is probably fair to say that there are some communities in Victoria that do not have the infrastructure to support health promotion programs and you need some infrastructure to be able to work with to get the gains. If that is the case, then we would be advocating for improved community infrastructure; within the next level it would be the program activity. We are certainly looking at things like them in some of the newer estates that are being built, where you bring in

infrastructure that will sustain health in the longer term and how you create healthy, planned environments for the long term.

Mr HALL — Is there any evidence so far to suggest that some of what I call embedded attitude-type programs in schools, where you are teaching things like tolerance, respect and attitude, are leading to good outcomes? One would think that an outcome of those over a period of time would lead to some of the sorts of outcomes which specific programs later on attempt to pick up to repair the damage.

Ms WALKER — Yes.

Mr HALL — So that if you get the prevention and attitude right in the first place, then you may prevent some of the things at the end of the day.

Ms WALKER — Absolutely.

Mr HALL — Is there any evidence of those types of embedded programs having a real impact on health outcomes?

Ms WALKER — The evidence is better in those programs than in any other in terms of attitude change and behaviour change. In both the gendered violence and discrimination and bullying, the evidence in terms of successful programs is better than in other areas. We are working with the department at the moment on an evidence review of international best practice in respect of more responsible relationship approaches in schools. Surprise, surprise! The whole-of-school approach comes up again and there are five programs that were indicated that could be potentially embedded.

The department is interested in a demonstration program, and there is some money set aside to do that work. So it could be a Victorian first — an Australian first — in terms of trying to get the demonstration right, embedding it, documenting it and then hopefully transferring it up. But the science is there and the programs are fabulous.

The CHAIR — Are there some examples of those sorts of programs?

Ms WALKER — There is one in South Australia called the Share program. Originally it was a reproductive and sexual health program in schools; but in order to have appropriate sexual relationships between young people, the essence is that basically you have to be able to communicate, negotiate, respect and support. Since that time there has been a whole lot more gendered-focus violence reduction work that has been added on to that Share program, which is one of the programs we are recommending for demonstration in Victoria.

Once again they are whole-of-school approaches. It is about how young men and women develop relationships in a school environment; how their parents support them in those relationships; how their peers think about those relationships; how teachers teach; where the organisational polices and procedures are that guide bullying or sexual harassment in schools; where do young people go for support if they are experiencing problems. We are expecting to get a fair bit of traction on that investment, and we will fund the evaluation of that.

Mr HALL — That is one. Are there any others?

Ms WALKER — There is another interesting program we are doing in conjunction with Whittlesea local government and also Shepparton. That is basically a whole-of-community approach to the reduction of race-based discrimination. School is an absolutely critical component of that. What we are doing at the moment is an international evidence-based review looking at respect and responsible relationship development programs within a school context. Off the top of my head I cannot give you those examples, but they will be the subject of the review.

Mr HALL — What about such programs as You Can Do It!, for example, which teaches a positive themed approach through a number of school years?

Ms WALKER — I think that one of the better generic programs that we have got is the national MindMatters program, which is basically something that the state has been implementing for some time, interestingly enough through mental health or health money into education. I know that that is also a platform of the mental health strategy at the moment working with the education department. The MindMatters program was developed by educationalists who have a particular health interest, so it has been able to be integrated well

into the curriculum. It is not an add-on; it is parked within a school structure. That certainly deals with self-esteem and resilience, similar to the program that you are actually describing.

Mr HARPER — I have also brought you some copies of a recent publication we had dealing with social and better health issues in particular that might be useful in terms of your consideration. Thank you very much for your time.

Ms WALKER — Thank you.

The CHAIR — Thank you for yours.

Witnesses withdrew

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Mr T. Carr, chief executive officer, and

Mr M. Cameron, research and policy officer, Victorian Healthcare Association.

The CHAIR — I welcome from the Victorian Healthcare Association, Trevor Carr, the CEO, and Matt Cameron, the research and policy officer, who we have seen in another guise in the past, have we?

Mr CAMERON — Yes, you have seen me before wearing one of my other hats. That was with the Australian Health Promotion Association, with Bernie Marshall and Emma Bruce, but I am back again with a different hat today.

The CHAIR — Clearly the Victorian Healthcare Association has a lot to do with the issue of schools promoting health, so we thank you for the written submission you have already provided to us. We look forward to you outlining some of the key issues and having some discussion with you to follow that up.

Mr CARR — Thanks, Chair, and thanks, members. As stated, I come presenting the ideas from the VHA today. For those of you who are not aware, the Victorian Healthcare Association is the peak body for the public health care sector in Victoria, so not only do we have hospital members but we have community health members and integrated rural and regional health services that also provide primary and community health services. There are about 250 sites across Victoria that our members represent in terms of community service delivery from about 100 different services, including all of the stand-alone community health services. Our perspective will focus broadly on the macro-level enablers that we see need to be introduced to embed, within the school environment, the health and wellbeing context and to try to improve health literacy.

I would like to preface my comments by acknowledging that member agencies of the VHA have made individual submissions to this committee, and that anything I say today should not be taken to undermine any of the views that might be put by those individual agencies. My perspective today is more as a synthesis of the views of our members as opposed to representing an individual agency.

As a peak body we truly believe that schools and health services should partner effectively, and through a partnering approach we play a very important role in promoting health and wellbeing, and we support the inquiry and its aims.

As many of the submissions to this inquiry have highlighted, schools reach children from all socioeconomic backgrounds. Unlike some other service sectors, where it is targeted, schools actually cover off on just about every socioeconomic demographic that is sitting out there in our community, therefore they provide the ideal opportunity to give a consistent message across those different sociodemographic elements.

Schools have the capacity to achieve both health and educational outcomes through partnership arrangements with health services, teachers, students and the broader school community, including parents. The VHA truly supports a whole-of-health approach, which implies a fundamental shift of emphasis away from focusing on a particular illness and individual behaviour change to a holistic, multifaceted approach.

In this brief presentation — I hope I am going to keep it brief! — I will elaborate on three key points: the importance of leadership; facilitating partnerships; and health literacy.

In terms of leadership, I will give a bit of background to what is unique here in Victoria in terms of health service delivery. Within Victoria, as I am sure you are all still aware, we have boards of management or boards of governance at local health services. None of the other jurisdictions in Australia currently enjoy or promote that approach to health governance. We think that that really strengthens the health service sector here in Victoria. The reason that I make that comment is because I think it provides a really good context for the role that school boards or school committees could play in terms of the way in which they can help to guide what is a local need within their school environment for the way in which you might embed some of these objectives that we are talking about today into the local curriculum.

The purpose of highlighting some of these elements is to recognise that there is no one-size-fits-all approach. I think we need to find where there is commonality. They are the sorts of things that I think we should be aiming to build into the curriculum at some level, but also to give that flexibility at the local government structure to deciding what are the main influences in that area that are really effective on the health and wellbeing of kids, or the things that you can you can observe in the adult environment that you really want to educate the kids about. For example, a public school in Kew may design a completely different approach to health and wellbeing to one in Lakes Entrance. We look at the health system, and the needs of a metropolitan health environment is quite different to rural. At Hamilton recently they have launched the National Centre for Farmer Health. It is a great

example of the way in which you can identify the needs of a local population and then try to educate that population about how it can self manage. The same thing applies down to the kids. Kids can enable parents and parents can enable kids, and the whole environment needs to be consistent with the messages that we are sending out there.

Mr HALL — It is because country living is so much healthier, you see — living at Lakes Entrance with a healthy environment!

Mr CARR — Unfortunately there is about a three or four-year life disadvantage in rural areas compared to metropolitan Melbourne, so it might be an incorrect assumption to make.

On facilitating partnerships, we are really good in Victoria on partnering. One of the things we consistently put up when we were talking to the national reform commission about why we are seen on the national platform to have a decent health system in Victoria where, arguably, New South Wales and Queensland are falling over and the other states are in a sort of catch-up phase, is because we have developed a capacity to partner effectively. We have developed a maturity about the way in which you do not need to feel that you own something; you can actually go and talk to somebody else who is better placed to deliver a service or deliver some knowledge, and partner with them to effectively engage the delivery of that. That is something that we would promote in terms of, perhaps, some of this approach to curriculum in schools. We have health services right across the state that have health professionals who could go and partner with the school to deliver elements that are unique to the environment. Then you could have a school faculty that delivers the elements that are statewide and part of a tested curriculum.

As I said earlier, a number of our members have developed programs and submitted to this inquiry. Dental Health Services Victoria, Ballarat Community Health, Peninsula Health and Darebin Community Health, for example, are all member agencies of the VHA that we are aware have made individual submissions, but I would like to highlight the range of different approaches taken by those individual agencies in delivering an educative function to the local school environment. Whether that be about oral health services, whether it be about sexual health and awareness, whether it be about just general health and wellbeing, there is a good flavour that is represented through each of those submissions about the different approaches that can be taken. I think that is excellent, and that is the example that I am talking about in terms of what fits the local context. But the problem with them is that they all require that leadership and that commitment at the local level. There is no funding, necessarily, outside of some of the Go for Your Life-type funding models. There is no significant funding that is truly targeted at this sort of context of partnering between health services and schools. It is only due to the leadership exhibited locally — and there are plenty of examples in those submissions — that different services are being delivered to the benefit of those local communities.

The bottom line is that you get sort of a bit of a moment. The kids are exposed to this, but you come in today and then you go away, and you might not be back there for three months. You are only getting at that group of kids you actually see on the day. If we want to truly build that understanding, it has to be a more consistent thing. It has to be maybe even something that is subjected to assessment at the end of the year, if we are talking about the secondary level stuff. The primary school exposure at the moment is probably adequate, but in secondary schools it needs to be embedded into the curriculum and made part of the assessment so that we can build that understanding that they can carry through the rest of their life about how they might manage their own health and wellbeing.

Health literacy is a real issue. There has been a lot written recently about health literacy, and there is no question that there is a direct correlation between a person's health literacy and the number of times they are likely to present to the health system. If you have a higher level of awareness about your own body and what is going on, the things you are putting into it and the things that are coming out of it, then you are less likely to present at an accident and emergency department for a non-urgent problem and you are less likely to end up with a whole range of ongoing chronic illnesses because you will keep yourself in better shape.

Just in the last few weeks four articles have appeared in the daily media, and we did not have to search very far just to pull a few examples out about health literacy. On the ABC news yesterday there was 'Australian literacy found lacking'. The *Herald Sun* had a headline a couple of days ago of 'Hospital emergency departments swamped by alarmingly fat people', and 'Fat people are a direct result of a poor understanding around nutritional intake and the benefit of exercise'. 'One-third don't trust the flu vaccine' was in the *Age* of

5 November. Once again, health literacy comes into this understanding about why it is we do not trust the flu vaccine. It is a well-proven scientific approach to broad public health outcomes of benefit, yet one-third do not trust them. 'State's workers sicker than they think', once again in the *Age* of 30 October. If we are self-assessing ourselves, we tend to self-assess ourselves as being healthier than we actually are. Once again, that is an indicator of poor health literacy.

The unfortunate thing is that traditionally we have not invested in long-term health policy; we have tended to have health policy that has been focused on reacting to a period of poor health, as opposed to promoting and investing in prevention and health promotional-type approaches. I think about 1.5 per cent of the federal outlay, or something like that, is around prevention or promotion; it is really quite a low level of investment that we have been taking.

The national hospitals and health care reform commission made two recommendations directly dealing with health literacy, and we support their recommendations in terms of trying to get health literacy into the national curriculum across primary and secondary schools. We certainly commend that to this committee to take on board in terms of what we can do to continue the leadership that we exhibit in Victoria around health-care systems and health promotion.

The VHA is supportive of a move towards a more people-centred health-care system as part of the overall effort to improve the quality of health care and enable individuals to take an active role in health-related decisions. To accomplish that, people need well-developed health literacy, not simply the ability to read health information on a label but to understand what it actually means.

At the moment we have quite complex subtle messages, except on cigarette packages which are certainly to be applauded. That sort of stark advertising and stark reminder around what it is that person is doing to themselves is something that we have to try to embed more generally, particularly around the nutritional aspects and the debate that has been going on for some time around whether we can simplify the messaging of food labelling and the rest of it. We have certainly taken that approach ourselves. We have not got much traction yet, but we have a policy position on food and beverages available through vending machines in health-care settings, trying to encourage a more appropriate labelling at that point. Certainly from the educational system's point of view, where canteens and vending machines are available at schools, in some of that labelling and that starkness about the nutritional value of the choice — and I know there has been some movement down this track already, but it is not broadscale — we should be aiming to achieve that on a statewide basis.

Unfortunately anecdotal evidence reveals that health services are often asked to do one-off 30-minute or hour-long talks with the students, and they tend to be a passive audience in that case rather than being active participants in talking about a particular topic that then, as I said earlier, becomes a point of assessment. Therefore, we certainly support a shift beyond the three Rs to integrating knowledge and expertise of the health sector into the curriculum to ensure kids are knowledgeable about that.

From a selfish point of view as well, given that our members are large employers, this all helps to build an understanding within the next generation of health-care workers. One thing we have great difficulty with is the way in which commercial television stylises health-care work. Most health-care work does not involve a sexy blonde girl who has a rare disease or the footballer who breaks a leg and ends up in a love match born of an accident and emergency presentation. The reality is that it is hard graft. If we can build some of that knowledge about the system and build knowledge about health care generally, and particularly about health care in ageing which is a particularly difficult area to recruit to, we are also going to be benefiting the future workforce that is available within Victoria. That is probably enough from me, I think.

The CHAIR — Thank you, Trevor. We might move to questions.

Mr KOTSIRAS — Who should take responsibility for health in schools? Should it be the department of education or the Department of Health?

Mr CARR — I think it should be both, and that is one of the difficulties we have experienced for some time in trying to agitate to government a whole-of-health perspective and the intergovernmental department approach. We tend to silo things and say, 'No, health is health and education is education'. That needs to change.

Mr DIXON — Before I ask my question, I was smiling during your presentation because I received an email from a constituent today complaining about all of the smoking going on outside her local hospital — she had to be admitted with an asthma attack. Just following on from Nick's question, the presence of health professionals in schools — can that be a pretty powerful sort of tool, especially for those who are not health literate?

Mr CARR — Yes.

Mr DIXON — I can imagine there would be some areas of Melbourne and Victoria where that might be the case. Any thoughts on that?

Mr CARR — Yes, certainly I think there is a tremendous role for it. There needs to be a complementary role. We can tend to talk in abbreviations and language that only health professionals understand. You have got to overcome that and normalise that in terms of delivering to kids who have not even got a grasp of the basic fundamentals of English, let alone of health care. I think it needs to be a partner thing, because that is where the strength of teachers comes in. Teachers know how to teach and how to get the message across to a receptive learning audience, whereas health-care professionals tend to treat. It needs to be a little bit of both. But we have got a lot of great public health advocates out there and skilled health promotion professionals, so they are probably the types of people who could more readily adapt and contribute in a very quick way.

The CHAIR — I am interested to follow-up on this. Nick asked the question last time around, but I think it is every bit as important to get your feedback on it. In terms of the range of programs that are out there, how do you suggest we can evaluate the effectiveness of those programs and ensure that schools can work out which of the programs might be the ones that they want to take on?

Mr CARR — Yes, it is a real challenge, isn't it? It is a difficult funding issue. At the end of the day people put up pilot projects, they run them, they are great projects. But then they run out of money, and before the evaluation is fully undertaken the thing falls over because there was never money specifically for it in the first place. I guess we just have to look at those programs that have had the opportunity to run a cycle and to be evaluated.

Colac health service — or Colac community, actually — led a very productive, well-measured healthy living program targeted at this audience that we are talking about today. It was very well researched and reviewed. There are those examples out there, but there are not a lot of them. That is the unfortunate part because there tends to be this sort of hotchpotch. It depends on the local organisation as to what skill set they have got, what resource they might have available at the time and who within that organisation is passionate enough about a particular issue to carry it through. Because that is generally the way that it works; it is the people that are purely passionate about the subject matter that will take it through and build it up into a program.

We are not as good about the measurement side at the other end of it as we are about designing the program and getting it out there, I have got to say. That is really quite difficult. The National Centre for Farmer Health that I referred to is not a children's thing, it is an adult thing, but it is one of those organically emerging things. The local Hamilton hospital created it, recognising that the mental health issues to do with farming were having a bigger impact on the health of the farmers as anything else was, getting them engaged and then going through that full evaluation.

There are a few examples out there in rural Victoria, and there are a few at Dental Health Services as well. I know that is in their submission to you, so I do not need to do much more than to refer to it, but they have got some measured programs around oral health that they have undertaken. But it is the challenge: we need to somehow find how we can give people the freedom to commit the resources to take it through that time cycle that it needs to be taken through to then truly do an evaluation and show the value of it.

The CHAIR — One of the issues is also getting a sense of where the funding is coming from for these programs at the moment. You mentioned the Colac program that had $400 000 funding over four years; where did that funding come from?

Mr CARR — As I understand it, that was from local contributions, as well as some of the Go For Your Life adolescent money.

Mr HALL — First of all, thanks for your presentation, Trevor and Matt. I appreciate that. One of the points that you have emphasised in your submission is the need to view health as a core business of schools and integrate it accordingly. Integrated health promotion within the curriculum was one of the terms you used throughout. Do you have a vision or a concept of how that might actually work, how we can actually integrate health promotion into the curriculum?

Mr CARR — There are a few different potentials, I guess. The short answer is we do not have anything expressed in written form. But in terms of social sciences and humanities and some other subjects that already exist, it is more about how you can integrate and embed some of these things into the curriculum that already exists, as opposed to rewriting it or trying to create a new subject that is actually focused on this. I think that when you embed things within something that is already occurring you have got a better chance of actually getting it taken up quickly and then also emphasising the importance of it. If it is something new, you can give it a big launch pad and everything and make it seem like it is important, but it is going to take time to actually gather pace. When we have already got structures in existence it is more about building in that understanding.

A couple of years ago I was lucky enough to undertake a Churchill Fellowship, and I undertook it in technologies to help people stay at home. One of the recommendations that I had coming out of that and the awareness that I got from that study was that we have this disconnect between the workforce, once again, and who needs that workforce. At the time where you want your kids to actually start to take notice of what is happening in ageing, that ageing is a natural process and that we all actually die at some stage, is the time where grandma and grandpa seem pretty boring, so they disconnect from it. Somehow we have got to overcome that. That is just one example around the broader context of health literacy and the benefits that can be derived from it outside of the personal health and wellbeing side of it. I think there are a number of layers. We could build it into social and humanities studies; we could build it into — —

Mr HALL — Personal development.

Mr CARR — Yes, science, human development-type subjects.

Mr HALL — Right through, starting in the early years — that sort of thing?

Mr CARR — Yes, absolutely. And we already do that in some more short-term targeted things at primary school around when they are starting to get that awareness of themselves sexually and adolescent health and wellbeing type issues. It needs to start at a very early stage.

Mr HALL — Do you see that members of your association may have a role in some way in terms of delivering those sort of programs?

Mr CARR — Yes. I mean, our organisations will be collecting the epidemiological data from the area and have a good idea of what the health issues for that community are. Getting back to the suggestion that there needs to be some core element of this that is statewide and therefore measurable statewide so that you can know whether it is being delivered effectively or not, you also need that flexibility for those local solutions and that is where the local health agencies could come in. Plus they could be a testing platform for the veracity of the curriculum, particularly for things that are being delivered locally or created locally, so that they can provide some of that intellectual clout to the way it is interpreted and delivered.

Mr HALL — Do many of them do that now?

Mr CARR — Yes, they do. Once again, getting back to those individual submissions from our member agencies, there are probably about 30 different examples in those four submissions of the sorts of activities that they have been undertaking within their local communities.

Mr ELASMAR — Trevor, on the other side, apart from the school, the parents' role, do you have any ideas about the parents and how we can get them educated?

Mr CARR — It is a more difficult audience to engage, I would suspect. I do not have a vision for it, but I know that when I talk to teachers about parent-teacher interviews there are a lot of parents that do not even turn up for parent-teacher interviews, so I do not know how we could actually manage to get that engagement beyond the student. It is more about empowering the student, giving them knowledge about what might be

going on in their own family unit as well as something to carry forward as they become adults and hopefully then create that ongoing view for the next generation. But parents are a very difficult audience to target.

Certainly taking forward a concept like the health-promoting hospital concept and overlaying it into a school environment, talking about a health-promoting school, you have got that capacity to at least reinforce the messages that you want to reinforce to parents when they come to the school — that is, if there is evidence around you that is fairly visible about food labelling, healthy choices and the value of nutrition and exercise, and all those sorts of things are actively promoted throughout the school environment, then any time a parent visits they are going to get that subtlety of the message coming back.

The CHAIR — Just on that one, though, I imagine that, for example, the Colac program — the Be Active, Eat Well program — would normally try to let the parents know what they were doing, so that parents could be supportive. Encouraging the parents to be supportive of good eating type programs in the school — would that not be a normal component of the school programs in that area?

Mr CARR — I do not think it is, no. That is why the Colac project has been put up as a project for people to aspire to so often, I think.

The CHAIR — Thank you.

Witnesses withdrew.

C O R R E C T E D V E R S I O N

EDUCATION AND TRAINING COMMITTEE

Inquiry into the potential for developing opportunities for schools to become a focus for promoting healthy community living

Melbourne — 16 November 2009

Members

Mr M. Dixon
Mr N. Elasmar
Mr P. Hall
Dr A. Harkness
Mr S. Herbert
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Witnesses

Ms M. Gleeson, professional officer, and

Mr A. Prendergast, industrial officer, Australian Nursing Federation.

Ms M. Sullivan, school nurse, Primary School Nurse Program,

Ms J. Atkin, school nurse, Secondary School Nurse Program, and

Ms L. Armstrong, school nurse, Secondary School Nurse Program, Department of Education and Early Childhood Development.

The CHAIR — Let us get under way with your presentation. We have a good representation from the ANF to present to us about the roles that nurses are playing in schools at the moment. Thank you for the material you have presented to us. We will look forward to digesting that a little later. I do not know who is starting in terms of the presentation today.

Ms GLEESON — I will start if that is okay. Thanks for the invitation to attend today's hearing. Because neither Andrew nor I work in the capacity as a school nurse, even though I have a nursing background, we have asked Jody Atkin and Merrin Sullivan to come along and to speak to the introductions and speak to people about what the role of the school nurse is.

Ms ATKIN — I am a secondary school nurse. I have been a secondary school nurse for nine years. I work in the eastern region. My role is to empower young people in regard to their health. I do that through health promotion activities at school, health education in schools plus individual health consultation, as well as small group programs and health consultations. I work across four schools plus EMR options, which is an alternative setting school. My role is to enhance young people in regard to their health.

Ms SULLIVAN — Do I have to say where I live?

The CHAIR — No, you do not have to say where you live, just how you fit into this inquiry.

Ms SULLIVAN — I am a visiting primary school nurse, and I have worked in that capacity for 10 years. Before that I was a primary school teacher. I work part time; I work three days a week. I visit 12 schools. I have just prepared a statement, and when it is appropriate I will read it.

I would like to thank the committee for the opportunity to explain my role as a nurse in a primary school nursing program. I work within the school community and the wider local communities that we service. As nurses working for the program we offer a free health-care service to all of the Victorian children attending primary schools, including state, Catholic and independent schools and English language centres. The aim of the service is to provide all Victorian children with the opportunity to have a health assessment, to link children, families and school communities to the services and supports available in their wider community and to provide information advice that promotes health and wellbeing.

We are employed by the program; all the nurses are registered division 1 nurses and have expertise in child health and development and understand the needs and issues facing families and school communities — communities that are hugely varied and diverse culturally, socioeconomically and sometimes philosophically as well.

The nurses work independently on individual rosters and tailor their services to the specific needs of each school community. The free service includes an assessment of parental concerns regarding their children's health and wellbeing via the completion of the school entrant health questionnaire, which I have popped into those yellow folders for you. They are offered during the first year of primary school and enable the early detection of any problems. This may involve vision, hearing, height, weight, dental or general developmental assessment. We offer advice and information to parents and carers about their child's health and referral to other services, if needed, and advice and information for families and school communities to promote the health and wellbeing of children and families.

As a nurse involved in the program, I provide parents, children, teachers and school communities with information and advice on a range of child health and developmental issues such as managing asthma, accident and injury prevention, nutrition, positive parenting, health and human development.

In my role as a primary school nurse, I promote and support existing government programs within the school environment such as SunSmart schools, Go for Your Life, Asthma Foundation of Victoria, as well as the collaborative efforts of such organisations as the Community Child Health and its Raising Children Network website, which has been a popular and extremely successful example.

Nurses provide our own programs such as school entrant transition information sessions before children start school, and in some schools they co-facilitate with teaching staff on the delivery of health-related areas of the school curriculum.

There are great opportunities for nurses to work collaboratively with schools and families on health and wellbeing issues, particularly as we are in the unique position of being familiar with the school-based programs and with community agencies and services. However, our capacity to expand our health promotion activities is currently limited by the existing working model which sees a full-time nurse in the primary program providing a service to possibly in excess of 25 schools throughout the school year, and my understanding is that the number of schools visited by one nurse in the country region of Victoria may exceed that number.

Mr KOTSIRAS — Can you tell me who employs you? Is it the department of education or the Department of Health?

Ms SULLIVAN — Prior to about 12 months ago it was the Department of Human Services, and then with the creation of the Department of Education and Early Childhood Development, our services, all the nursing services, maternal child health, the early childhood services, all moved across to be with the education department.

Ms ATKIN — We are also part of that program, all of us.

Ms SULLIVAN — All — yes, absolutely. Are schools an appropriate place to deliver health messages? My observation is that although every family is different the connection between families and community services, particularly schools, appears greater in the early years of development. By the very nature of the dependence of young children on the people who care for them, the ability to convey and engage families with positive and informative health messages is greater through those organisations that have longer exposure and an ongoing relationship with them.

Schools, particularly primary schools, where the involvement of parents is actively encouraged through the support of class programs, management committees and the like, focus on the benefit of the health message to improve the lives of the children in their care, and that message is often extended to the family as a whole.

There has been a great deal of investigation into best practice models for health promotion involving schools, and I refer the committee to the expertise of Merryle French, manager of programs, service development division for the early childhood development.

In conclusion, wellbeing and health of families and communities can only be enhanced by the dissemination of the latest information to the widest population. It may be that schools and nurses like myself who work closely with them are in an excellent position to be involved in that initiative.

I might also add that besides secondary school nurses and primary school nurses, a lot of schools also employ nurses independently. They employ a nurse to cover their first aid program and also do health promotion within the school. That is a choice that the school makes, so that is another set of nurses that you might want to look at as well.

The CHAIR — Let us move back to Jody for the secondary school perception, and then we will come to some questions.

Ms ATKIN — Lyndel gave out a PowerPoint presentation that I was going to present to you today but I thought it would go on for too long. It pretty much explains our role. The mission statement of the secondary school nursing program is to support young people at risk and empower them to achieve better health outcomes.

The objective of the secondary school nursing program is to play a key role in removing negative health outcomes and risk-taking behaviours among young people. It is also to focus on prevention of ill-health and problem behaviour by ensuring coordination between the school and community-based health and support services. We also support the school community in addressing the contemporary health issues and social issues facing young people and their families.

The secondary school nursing program places nurses in the area of greatest health needs and socioeconomic disadvantage — that is how we were placed into the schools — provides appropriate primary health care through professional clinical nursing, including assessment, care, referral and support, and it is also to establish a collaborative working arrangement to deal with any difficulties with their transition from primary to secondary school.

As I said before, the role of the secondary school nurse is individual health counselling, health promotion and planning activities, school community development activities, small group work closely focusing on health-related discussion and information, and a resource and referral service to assist young people in making healthy life choices.

Our involvement in the school is that we are a member of the school welfare team. We deliver health education in partnership with the teachers. We also do curriculum and policy development. We implement health promotion initiatives and activities within the school. We perform health consultations and we provide community linkage. That is just our service delivery model.

Mr PRENDERGAST — I might add, from an ANF position, that we have invited members to come along today to describe the secondary school nurse program and the primary school nurse program. We do have a range of other members in non-government schools and the services that they provide to those schools differs from school to school. Without labouring the point, or without trying to bring in every particular nurse who performs a different role, we thought we would just cover primary and secondary in government schools, but you should be aware that there is a range of other school nurses out there performing a variety of functions according to the needs of a particular school.

The CHAIR — It is obviously going to be interesting for us to tease out a little bit more about what you do in day-to-day activities. We have got the sense of what you cover overall but I will start with the secondary program. I notice the notes say that there is one school nurse for two schools.

Ms ATKIN — Yes, a full-time nurse has two schools, so they spend two days in each school plus they have a day in the office doing administration. If you are part-time, of course, that is just the one school, you spend two days and you have a half a day administration a week.

The CHAIR — In the schools in which you are working, how would your day be broken up in terms of how much you are dealing with individual students who might come to you or be referred to you, and I am interested to know whether they come to you of their own choice or whether they are referred to you, and then what component of your day might be spent on the broader range of programs within the school?

Ms ATKIN — About 80 per cent of our work is health promotion and health education so in a given day, like this morning, I was in health class — I delivered a year 10 health class on pregnancy options, so that was one session this morning. Then I went across to another school and delivered health education to VCAL — that is an alternative to VCE is so they are roughly year 11 or year 12 students — in regard to healthy behaviours. That was this morning.

Generally we spend a lot of time in the classroom educating, so we work with teachers in putting together health education programs in relation to the VELS, which is the curriculum framework that the teachers work under — we enhance and work together. With the school we will work on health promotion initiatives, so they might be Asthma Friendly Schools, SunSmart, that type of thing, or other initiatives that we might be involved in.

In regard to individual consultations, either the student welfare coordinator or a teacher will refer a student or students will self-refer. To see us students just need to either come to our office or make an appointment time with us, but 80 per cent of our work would be health promotion and health education.

The CHAIR — Different secondary schools would use their nurses in different ways, so it is entirely up to the school as to how they make use of you, or has the school been given directions?

Ms ATKIN — We do have guidelines in regard to how we are utilised, but we do try and meet the needs of the schools. There needs to be consistency in practice in what we are delivering to students across our region, What we will do is in consultation with the school, but generally working within VELS. VELS is a statewide curriculum framework. We work within that, so there is a consistent approach.

The CHAIR — I might just follow on to the primary and then open it up to more questions so other members can tease out a little bit more the issues that they want to raise with you. So, Merrin, if you explain what you do on a day-to-day basis. Obviously you are more thinly spread in the primary system.

Ms SULLIVAN — Yes. I suppose a lot of that will depend on the number of schools that we have. I work three days a week. I have 12 schools, but the 12 schools can vary in their enrolment, so possibly I might see within a year over 700 children. It just depends. So what I would do is work out how I was going to roster those schools. At the moment I have just started a new school, so I have already gone through the questionnaires, and I would say I have a very good return rate. Probably of the four classes of prep students I have there are only maybe three in each class who have not returned a form, and we would actively encourage that over the course of the time I am there for them to return it, and I would offer a second questionnaire to those parents as well. So that is a good return rate.

This morning I liaised with the teachers about the concerns they had about the children in their classes. I have already rung in one class half a dozen parents and had long conversations about the concerns that they mentioned in the form. This is before I have even seen any of the children. So I have already rung and spoken to the parents about what they mentioned on the form. That leads to other things that they were concerned about and where they might find information and who they might be able to be referred to. I have not actually found somebody who I have had to officially refer at this point in time. Most of that will be when I send the report, or if I find out a little bit earlier they want the information a little earlier, I will ring them back, send the information home earlier, but sometimes I wait until I have finished seeing their child. Every child that I see has a report sent home, and then I would include that information into the report that is sent home. I also follow up children who I have already referred over to make sure that they are satisfied with who they have seen or they have followed up on the referral or they need another copy of the referral, so I will do that.

While I am at that school, I might talk to people about — at this time of the year it is prep transitions, so we might go and talk to some of the parents about their children starting prep next year, so we have a PowerPoint program on that that we go through and talk about all sorts of issues from how they might prepare for the first day of school to what they might do from now until the child starts school about getting ready for independence, how they can dress themselves, what they should put in the lunch box — that sort of thing — so a lot of them are first-time parents who are starting prep. There is very much an emphasis on nutrition, very much on that emphasis about healthy activities that they can employ before they start school, very much on that independence issue. We do a little bit on head lice. Lots of people seem to think that we do heaps on head lice, but we do educate about that.

The CHAIR — I had a call about it again this last week.

Ms SULLIVAN — Exactly. So I would probably stay at the school, depending on the enrolment in the school, and as I said I work three days a week, I might be at this particular school for five weeks. So you can see that the roles are very different. I might return to that school. I have a good relationship with the people I have met at the school. I have been in these schools now for probably about four or five years. They know if they are concerned about a student before I come to the school, they can ring me and I can come and see a child they are concerned about. I will make sure that I have a very flexible way of using my time, so that if it is a concern in any of those 12 schools, I will go and see the child.

But you also have to remember, too, that in the course of that core work we have had swine flu this year and we have also had the bushfires, and we have been seconded to work in those areas as well as taking care of our core work, and that would be the same for Jo too.

Ms ATKIN — Yes.

Mr KOTSIRAS — How many nurses are there for secondary schools all up?

Ms ATKIN — There are 100 nurses across the state.

Mr KOTSIRAS — Each serving two schools?

Ms ATKIN — If you are full time, you have two schools; if you are part time, you have the one school.

Mr KOTSIRAS — Who determines which schools are in urgent need of a school nurse?

Ms ATKIN — In the eastern region where I work it was decided between the Department of Human Services and the department of education, and there was a learning index back then. This was 19 years ago. So

there is a learning index. There are also schools of highest needs and socioeconomic disadvantage, so there is criteria, and on the DEECD website there is criteria of how the schools were selected. When a school closes, which has happened in the eastern region — we have had three schools close in the last 10 years of the program — then it is pretty much a negotiation between the Department of Education and the Department of Human Services at that time, and now it is the Department of Education and Early Childhood Development which makes that decision.

Mr KOTSIRAS — Do you get other schools which are not part of that group saying, 'That it is a great idea. Can we use — —

Ms ATKIN — Yes.

Mr KOTSIRAS — Ideally it would be nice for every school to have access to a nurse.

Ms ATKIN — We often get asked if we can present at other schools that are not part of the program, and that is probably something we do need to look at it. It would be a great opportunity. Lyndel and I have been asked to work with the Knox police in their Party Safe project to deliver to all schools in Knox, but unfortunately we at this stage can only deliver to the ones that are part of the program. It would be great for us to be able to enhance that project and be a part of that collaboration and deliver to more schools.

Mr KOTSIRAS — Are you able to tell me, having visited New Zealand recently, why you went out from the health department, or who decided to move you into education. Was it recent? Were you coming out from one and going into the other one? In New Zealand the two were together, so half the work has come in from the Department of Health into the school.

Ms ATKIN — We were part of the Department of Human Services and then in August last year, as part of the change of government, we moved over to the department of education.

Mr KOTSIRAS — So it was government rather than — —

Ms SULLIVAN — It was a political decision, because they wanted to include early years of kindergartens under the education system, and then all the services connected to that, I believe, were chosen to go over. I am not the person to speak about that.

Ms GLEESON — Just before you go on, all that move was about trying to have a much more integrated approach so that the early years were not seen to be separate from the education years, and there are documents called the Blue Print for Early Childhood Development and School Reforms — it is a work in progress under Minister Pike that is happening as we speak.

Mr KOTSIRAS — But I would have thought teachers are there to teach and they are not the experts in health, whereas nurses can provide expert assistance to schools.

Ms GLEESON — But what about the teachers who teach health?

Mr KOTSIRAS — Sure.

Ms GLEESON — There is a resource for them.

Mr KOTSIRAS — But the resource could be from wherever they come from. I mean, I understand it was a political choice, not — —

Ms GLEESON — Yes.

Ms SULLIVAN — Can I just say a lot of issues that arise in early childhood are best dealt with in early childhood. If they are not identified and dealt with at that point in time, the impact on the learning of the child can be quite severe. For example, vision. If you do not correct a vision problem early on, by the time they reach say 8 or 9 years of age, 9 or 10, their visual pathways are set, so you are treating just the results of the problem. You cannot actually change the problem, whereas if you capture it at an early enough age, you can actually reverse those issues and it will have less impact on their learning.

Ms ATKIN — And I know supporting young people in regard to — I mean if their health is affected, it will affect their schooling, and we know that with the children and young people we deal with, a lot of their health issues are either preventing them from coming to school or when they are at school it makes it very hard for them to learn.

Ms SULLIVAN — Can I just say, too, that although the programs are very different, the emphasis is really different. Those years of 5 and 6, we often collaborate in the northern region with the secondary school nurses because we share an office. Although we are not often in the office, we have that as a base, but we have times when we all come together for team meetings, and we have really good relationships with the secondary school nurses, and often will go across and help with transitions there, too.

Mr ELASMAR — Just on the 80 per cent of your health promotion at school, do parents get involved with that?

Ms ATKIN — We do. We try. I mean, not every program that we run, of course, has parental involvement, but on the PowerPoint you will see photos of children next to the photographs that they took. Lyndel and I did a health exhibition that looked at the different health priorities facing young people. The young people involved in the program put together an art exhibition about health issues. They invited their parents to come and look, and then of course it was open to the community. It was displayed at the Knox community centre, so we had the community looking at the health information that the young people put down. That was a good way of getting the parents in, because it is hard getting the parents.

Mr ELASMAR — Did the majority of parents attend this, or a few?

Ms ATKIN — The parents of all the children involved attended because they wanted to see their artwork, especially when it was presented at Knox community.

Mr ELASMAR — Is that similar at the primary schools as well?

Ms SULLIVAN — One of the nurses in our region has liaised with a secondary school nurse. They have offered mother-daughter, father-son nights in human development for children at early secondary school and late primary school, and they have quite a good turnout for that.

Ms ATKIN — There is another program called 'creative conversation' offered through the Department of Education and Early Childhood Development. It is a night where the kids talk about drug education, but they do it to their parents, so they perform. That is about encouraging the parents to come and watch their kids and then engage in discussion about drug education. It is a great program, because parents like to see their kids perform or present something. It is a good program.

Mr HALL — Flicking through this folder, I notice some very impressive programs that you have available at secondary school level. Have those programs been developed by the eastern region?

Ms ATKIN — It has. In the eastern region we were talking about wanting consistency of practice, making sure that we were delivering consistency of practice and also making sure that we fitted in with VELS and the curriculum framework that we put together a couple of years ago. Of course they need to be reviewed, and they get reviewed constantly. We actually have a planning day on Wednesday to review them and update them.

Mr HALL — Has that sort of information been shared with other regions?

Ms ATKIN — Yes, it has been shared with other regions.

Ms SULLIVAN — If something works well, it is shared quite readily.

Mr HALL — In terms of its implementation, is it mandatory implementation or do school communities pick up certain aspects of it and choose voluntarily to run some of those programs?

Ms ATKIN — It is generally to help the school understand. It was put out to get the school to understand more what our role was and how we might be able to help them, because teaching staff change. Each year there is a turnover of teaching staff and it is trying to get them to understand how the program works, and it has been well received and well taken up.

Mr HALL — Would most schools in your eastern region implement part, if not the total, of that package?

Ms ATKIN — Yes, definitely.

Mr HALL — In general across the state, how does a school opt in or opt out of the school nurse program?

Ms ATKIN — Lyndel was the pilot nurse, so she might be able to explain better, if she was allowed to.

The CHAIR — She would need to come up to the table and sit by a microphone so we can clearly pick up her contribution.

Ms ARMSTRONG — I am sorry; what was the question?

Mr HALL — In terms of opting in or opting out of the school nurse program, do schools have that choice and, if so, how do they go about it?

Ms ARMSTRONG — They do have the choice, absolutely. If they choose not to be part of the program, they would have to go before senior management to explain why they wish to not be a component of it. They actually do not have a choice. They are allocated by DEECD now, if they wish to be on board. I think there has been only one school in the history of it that has chosen not to take on the secondary school nurse program.

Mr HALL — I think it was said before that there are 100 secondary school nurses, each full-time nurse is allocated two schools, that is 200. There are about 400 secondary schools in the state. Does that mean the other 200 just simply miss out on that service?

Ms ARMSTRONG — They do, yes. I think that is a difficulty we have. Because we are working within the community, often we will be asked, as we have been with the police, to work in collaboration with them, but there may be only two nurses and two schools. That definitely limits the availability of delivering the type of work that we can. We are rung and we have in some cases provided information for them. There was a program called Let's Party. That was very successful and we did hand that over to other schools to utilise that, but we actually passed that on as a general favour or goodwill. We could not pass that on on any DHS letterheads or have anything on it because there was not an agreement. Sometimes as nurses we tend to do that because we see the greater need and we could see that it would be used appropriately.

Mr HALL — Is the school nurse program funded over and above the normal budget allocation given to the school?

Ms ARMSTRONG — That is totally separate from any school budget, yes.

Mr HALL — My final question is: in terms of the school nurse program, do you work in non-government schools and, if so, how?

Ms ATKIN — The secondary school nurse program does not work in non-government schools; the primary school nurse program does.

Ms SULLIVAN — Can I just say — this is slightly personal — the primary school nurses have not had a budget review since 1996. We have had computers and phones — all sorts of things — added to that program. We cannot employ any more nurses than we do. We are stretched really thinly, and we have to refuse requests because we do not have the time or the resources to do what we need to do, as far as health education goes. It is just not possible.

Ms ATKIN — The only thing we do for government and Catholic schools as part of the Department of Education and Early Childhood Development is drug education, and that is funded federally through them. As part of the eastern region they do drug education and inform the Catholic and independent systems. So Lyndel and I presented at a PD to Catholic and independent schools about the health initiatives that we have in schools as part of the Department of Education and Early Childhood Development. At this stage that is the only way we can pretty much just show them best practice examples, and that is how we have presented at a number of forums, based on that.

Ms ARMSTRONG — The other way is if we discuss it with our principals, because they sit within clusters, and we say to him or her, 'This has come from a school that is not part of our program. Would you allow us, in your time frame, to go and have a chat to them about how to actually present this or do this?'. It is at the discretion of the prin, and in most cases, because it is that whole network they sit within, they will let us. But once again, that loads us up, and it would be great, obviously, to have others there that you could just pass it over to.

As nurses, obviously we are there for young people and we are there for schools. We are trying to empower as many people as we can, and I think by the packages you can see that there are some excellent programs. We would love to see the total dissemination of them. The one we are working on at the moment has become quite large. Jody and I apply for funding. We are always hunting for funding because there is not enough money there. We have been successful again, with more funding, so we are hopeful we will go from getting this for Knox to getting this out into the state of Victoria.

Mr HALL — Do you know the distribution of school nurses across the state and whether there is any difference between metro and non-metro?

Ms ARMSTRONG — Yes, there is. The eastern happens to be the smallest and I am not quite sure whether it is north-west which would be the largest group of nurses, but there is a definite difference. The eastern region is seen to be quite affluent, but then again we have the Yarra Ranges, and if you look at the data now, it is showing quite heavily that that is a huge need area. We have been probably the lowest of having any nurses come on board.

The CHAIR — So it is allocated on the basis of determined need?

Ms SULLIVAN — Yes.

Mr PRENDERGAST — Basically, I would say that the answer to your question and I think what you are driving at is that there are insufficient school nurses.

Ms ARMSTRONG — Yes, absolutely.

Mr PRENDERGAST — As you have correctly pointed out, there are 100 for 400 secondary schools and I think in the order of 200 for 600, or whatever it is, primary schools. They are allocated on the basis of specific criteria. There is limited funding for them. The only way that can change is to increase the funding to ensure that there are more school nurses.

Ms SULLIVAN — What you were saying is exactly true. Nurses want to get that information out. That is the very nature of the job you do, and you work above and beyond what is required from the job description to do.

Ms ARMSTRONG — Not to get too emotional, we have been awarded many awards for the work that we have done, and it sits there in our cupboard and goes out to only the east or when we get collaboration' — and there are very few times we meet as a whole; we have biannual meetings. To me it seems quite ludicrous that money is given to experts in the area of health promotion and it is so limited.

It is frustrating for us as nurses, because we are there in the primary prevention, early intervention model. Schools are still sitting, because of the nature of schools, in a reactive model and are finding it very difficult to do the work. So we do that work in partnership with them. We then train the teachers to be able to feel skilled in delivering it. Sometimes we will sit in the class with them and will then help them write it up, and then we will say, 'It's all yours'. They can still ring us up, they can discuss it with us — 'I'm not sure about this'. We send them the recent information to say, 'You'll need to amend your PowerPoint; this is the latest information'.

There are some areas that teachers — and I totally respect it, having been a teacher myself — do not want to get completely caught into. It is great to see a health practitioner come in, deliver and leave. But the skill we have and we offer is that we are always there. If they have a difficulty or a young person has a difficulty, they will ring us. They can contact us on our mobile phones; we will get there within 24 to 48 hours to talk to that young person and/or their family. Also, in collaboration with other services, we can link them in right across the board to doctors, social workers, psychologists — right out in the public arena.

The CHAIR — Can I clarify this. In regard to programs such as MindMatters, which some schools have, do you get involved in those, or are there other people who are involved in those?

Ms ATKIN — I know that with the schools we are involved in we normally go as a team. In the last training that we did we went with the school, so there was a team of us. There were three staff who went with us to the training day to try to implement MindMatters across the school. So generally it is a team; to introduce MindMatters to a school you need a team to go and do the training.

The CHAIR — You have two schools, but in terms of the ones that you know of, what percentage of schools are taking up MindMatters?

Ms ATKIN — In regard to MindMatters, often it is trying to get the teachers to buy into it, because it is not there to replace any curriculum; it is there to enhance it. Some teachers are fantastic and are energised and want to take it on and find out how they implement it in. Others are a little bit more resistant, until you can show them that it actually feather tails in. It is not new; a lot of them are already doing this stuff.

Ms ARMSTRONG — They are doing it.

Ms ATKIN — It is just enhancing it. If you can get them on board, they can do some great things. Sometimes it is a little bit hard.

Mr DIXON — I just want to comment, first of all, that the Core of Life program in the secondary schools actually came out of my electorate.

Ms ATKIN — It is fantastic.

Mr DIXON — It is a great program, just fantastic. It is good to see that it is spreading. They have won a lot of awards with it, too.

Ms ATKIN — Yes, it is fantastic. And the kids love it and it fits in really well with the curriculum.

Mr DIXON — When students speak to me they speak very highly of it, and schools — chaplains, everyone — love it. Merrin, in the primary schools did you say there are 232 schools that have the — —

Ms SULLIVAN — I will just check. There are 228 in the northern region and there are 12 primary school nurses.

Mr DIXON — There are 75.8 full-time equivalent nurses in the primary program; how many schools are they spread across?

Ms SULLIVAN — I do not know. That is statewide?

Mr DIXON — Yes.

Ms SULLIVAN — I do not know. Do you know how many?

Mr PRENDERGAST — I do not have those figures, I am sorry. DEECD would certainly have them; I do not have them.

Mr DIXON — We have the secondary figure; it would be good to know what the primary figure is.

Ms SULLIVAN — I know we are a minor growth corridor; the western region would be the major growth corridor. That would give you some comparison.

Mr DIXON — Yes, I am just trying to get an idea of the spread across Victoria.

Ms SULLIVAN — I am sorry; I cannot tell you that.

Mr DIXON — That is okay. You know your area; you do not have to know Victoria. I just want some clarification on what happens in prep. Every child in every primary school in Victoria gets that questionnaire, and it is filled out.

Ms SULLIVAN — Yes.

Mr DIXON — Does a nurse go to every single school, then, during that first year to follow that up? What happens?

Ms SULLIVAN — I am allocated 12 schools. I work three days a week. As I said, that is around, say, 700-odd children, more or less. I will attend a school and I will collect those forms. They are confidential and are sealed when they come to me. They are stored securely. There might be a two-week turnaround period when they receive the form and then give them back, and I go through the forms personally. They can be de-identified and the information can be used. We have a huge source of information on the health and wellbeing of children of that age, because they are aware that it is de-identified. Then I will go through that, looking at the particular way they have answered the questions or the areas they have highlighted. Then those children will be the children I will see; they will be the children who are a high priority.

Mr DIXON — Yes, but right across Victoria every prep child is doing what you are doing, so everyone has filled this in and it is followed up.

Ms SULLIVAN — And we do get a really good return rate of 91 per cent. That is a pretty good return.

Mr DIXON — That is good, yes. Is a basic vision test or hearing test done in primary schools these days?

Ms SULLIVAN — It is a distance vision test that we do.

Mr DIXON — Every child, or those referred?

Ms SULLIVAN — We are in the process of change at the moment. Up until this year it was every child who received a vision test, a distance vision test, but they are looking at a different set of questions that they are going to include in next year's questionnaire. That will indicate whether children have actually seen or been under the care of an optometrist in the last 12 months and whether they have had their three-and-a-half-year-old maternal child health nurse check. There are a few other questions that are indicated through that that will perhaps indicate the way we then proceed. But if there are any concerns at all mentioned on that form, then I contact the parents.

Mr DIXON — You follow it up. I notice there is no optometrist listed, is there? Is there a box to tick?

Ms SULLIVAN — There is a box about vision.

Mr DIXON — There is; that is for the parents?

Ms SULLIVAN — Yes, and we look at things such as whether there is a family history as well.

The CHAIR — Thank you very much for your time. That has been very helpful for us to get an understanding of your role. Well done.

Witnesses withdrew.

C O R R E C T E D V E R S I O N

EDUCATION AND TRAINING COMMITTEE

Inquiry into the potential for developing opportunities for schools to become a focus for promoting healthy community living

Melbourne — 16 November 2009

Members

Mr M. Dixon
Mr N. Elasmar
Mr P. Hall
Dr A. Harkness
Mr S. Herbert
Mr G. Howard
Mr N. Kotsiras

Chair: Mr G. Howard
Deputy Chair: Mr N. Kotsiras

Staff

Executive Officer: Ms K. Ellingford
Administrative Officer: Ms N. Tyler

Witnesses

Mr B. Allen, president, and

Ms R. Miller, executive officer, Victorian Primary Schools Sports Association;

Mr R. Carroll, president, and

Mr N. Mooney, acting executive officer, Victorian Secondary Schools Sports Association; and

Mr W. McKelvie, manager, school sport unit, Department of Education and Early Childhood Development.

The CHAIR — We will hear from the Victorian Primary Schools Sports Association and the Victorian Secondary Schools Sports Association together. Thank you for the submission you have presented to us. I do not know who is going to lead off.

Mr ALLEN — I will.

The CHAIR — Brad Allen from the Primary Schools Sports Association will lead off first, and then we might hear from Rob, and obviously we will have some discussion to follow on from there.

Mr ALLEN — Thanks, Geoff. We recognise that, as I think even the government probably does, as educators we have a responsibility to give young Victorians the best chance for an active and healthy lifestyle. History and the evidence clearly show that intervention work at the earliest years leads to lifelong and lasting activity.

We are a proud and passionate sports association. The primary schools association is over 100 years old, and the secondary schools association is something like 80 years old. We have 1800 primary schools involved and nearly 400 secondary schools. Nearly half a million children are involved in school sport.

As educationalists we recognised in 2006 that our workforce was an ageing workforce in schools and that the voluntary support that is needed to provide sport in schools was under threat, and we undertook a review in 2007. School sport had evolved over the years, with more and more being added to it as changes and trends came. As an organisation we felt we were not in a position to be able to provide a quality sports education program in schools for the future. By undertaking that review I guess we bared our soul, and we looked at the best way to reform the delivery of school sport.

The report was undertaken by Ken Rogers, a former assistant director of education in Queensland. He came up with 10 recommendations. Both associations endorsed the recommendations, and as a result of that a number of significant changes are taking place now and certainly next year in the delivery of school sport.

Foremost, and I think it is one that certainly some of my predecessors are struggling to come to terms with, there will not be a primary and secondary school sports association; there will simply be School Sport Victoria. Even our department is structured on secondary and primary lines. It is quite a significant step.

We will be providing opportunities for children from 10 years of age through to 19 years of age, from the school sport competition at the local level right through to an elite level at a national competition. To do that a number of structural changes have had to be put in. One is that we have completely reviewed the sports officer and the way the sports officer operates. A whole new job description has been written for that. In fact those positions have closed, and we are going through an interview process. As soon as next week that will happen.

We talk about the need for the links with state sporting organisations and how we as a school structure can work to support that. It was interesting to be sitting there and listening to the health experts, because we see a very strong link between sport and a healthy lifestyle.

We have a conduit and we have a mechanism for getting to just about every 10 to 19-year-old student. The difficulty we are having is providing that support — that is, personnel issues. We are sure that with our new structure and terrific support from the department — and I need to recognise that support from the minister down; we have had terrific support; I think that is the best way to describe it at this stage — the recommendations will be taken through.

What I have just tried to do is give you a brief snapshot of what has happened. I am more interested in not what has happened but what could potentially happen in the future. From a historical point of view I am happy to answer questions later, but I will hand over to Rob right now.

Mr CARROLL — In the review process that Brad has outlined we think we have a really powerful platform to reach school sporting-age students. As Brad said, we will put together nearly 2300 schools under the banner of School Sport Victoria next year, which will potentially deliver to nearly half a million students. Really by combining the two organisations we will have 100 per cent of the primary school populations because the Catholic and independent schools are part of the VPSSA, and we will have about 70 per cent of the secondary-age students in Victoria as well. So we are in a powerful position to deliver school sport in physical

education. There are another 12 organisations, much smaller than our own of course, that deliver secondary school education — things like the Associated Public Schools of Victoria, Eastern Independent Schools of Melbourne and Associated Grammar Schools of Victoria. So there are a number of others, but we will have 70 per cent of the market share in this organisation.

Brad and I met with Minister Pike earlier in the year with the view to gaining her support for the important role of school sport and physical education in our curriculum. There is a government mandate that you will be aware of that has been running since 1993. Part of the meeting was to reaffirm that that mandate would continue and to look at some compliance measures around how we bring schools to make sure that is timetabled in a very crowded curriculum and it is seen to be important in school curriculums. We are very pleased that this week the minister, along with the student learning division of the department of education, has released this document, which we will leave you. It has been sent to every principal in the state as well as every school council president. If I could borrow from the minister to tie the sports association into the healthy communities, she talks about:

> One of the most significant responsibilities we have as a government and as educators is to give Victorians a strong foundation on which to build a full and active life.
>
> Physical activity for children has been linked to positive self-esteem, skill development, skeletal and cardiovascular health, and general healthy development. It is now widely established that childhood is the best time to establish positive attitudes and behaviour relating to physical activity and a healthy lifestyle.
>
> Young people spend a significant amount of time at school and therefore school environments need to be supportive of students being physically active. School sport and physical education programs are an important part of a comprehensive approach to providing this support.

She goes on to talk about healthy and active students in our schools meeting our health issues as a future state and why all schools need to continue to be required to meet the mandate for school sport and physical activity through the programs offered to the students. It is a powerful statement coming from the minister to all our schools and school council presidents. We are certainly looking at it as an affirmation of the important work that teachers and volunteer coaches do in our schools to get kids active and build the links to community sporting clubs.

Mr HALL — What is the title of that document, Rob?

Mr CARROLL — *Improving School Sport and Physical Education in Your School*. We also want to leverage off it, given that it will be back on school council agendas as correspondence. We think it is an important timing with this review as well, and we do have that captive audience. So it is in our interest to make sure that that program is a quality program and is delivered in the right way. It is very important for us, and we table it for your committee.

I want to talk about some of our workforce recognition issues. Brad mentioned that we have restructured our school sport unit at Coburg. Traditionally this has been organised to separately organise sport for primaries and secondaries. Next year a transition work plan will be in place and school sport will be delivered from that unit in a much more coherent and team-oriented way, with primaries and secondaries working together, and Catholic and independent schools being invited to join government school competitions. Sometimes that happens in regional areas — Warrnambool is an example, where the local Catholic and independent schools join with the local government schools just to make up numbers, but at the moment with our structures they are limited in how far they can go. They cannot come through to state finals. This new amalgamation and merger will allow all schools in Victoria who choose to join this organisation to go all the way through, to state finals. It is a much more cohesive and inclusive approach.

But I guess we saw recognition problems within our school sport unit. It was a very flat structure; there was not a real career path. I think we have now addressed that. Brad indicated also that we are going through a mechanism where we will have a chief executive officer appointed within the next month at Victorian public service level 6. They will be supported by an operations and a strategy manager at Victorian public service level 5, and then there will be a role raft of level 4 and 3 positions to make sure the delivery of school sport really occurs very well.

What we are talking about there is a very centralised office, though, that organises all of this. One of our other workforce issues is what is happening out in the local schools, where the coalface is? Teachers have for a long

time been volunteers and put in countless hours to make sure students are actively involved. We want to seek the assistance of the government to both recognise that volunteer workforce and perhaps provide some extra resources to make sure that it occurs in a very systematic way across our nine education department regions.

For the first time school sport will be organised on a regional basis. We have operated for a long time out of the way education organises itself, but for the first time ever our school sport will be organised on the basis of regional education communities and regional network leaders, and therefore can become agenda items for every principal in the state. That is a great opportunity for us to showcase and try to push what we are trying to do to every school.

There is the importance of having that regional presence. I am sure you, Geoff, will remember your time in communities like in Kaniva and that in those small places the hub of the community is often the sports clubs and schools and the links between the two. It was interesting to see after the bushfires that for people in areas like Kinglake and Marysville one of the first things on their minds was not necessarily to have their own home rebuilt but to have the community sports infrastructure rebuilt because it is the fabric that links the communities together. We have an important vehicle to build healthy communities, and that is through sport. We have a unique difference, I suppose. School sport is slightly different in philosophy than community sport; we are not just one and the same. We think we are in a unique position to offer a sporting experience that is perhaps free of some of the barriers like cost and transport and distance. It is important that not only our school sport unit is reorganised to deliver better outcomes, but somehow we recognise the workforce that happens out in all the primary schools, whether metropolitan or country, and in our secondary schools. At the moment we are just relying on people's goodwill to do that. With ageing workforces — and people tell us that volunteerism is disappearing from generations X and Y; I am not quite convinced of that — it is something we have to future proof sport with, I think.

We are trying to address workforce recognition issues and acknowledge the voluntary role of teachers and coaches in school sport and their important links to club sport. In the document we tabled we put together three pieces of evidence that tried to address some data. Most of what I think is sadly lacking in Australia is the Australian data that links the role of sport and physical education to healthy lifestyles and improved academic performance. We invariably go to UK studies to get this sort of data, and we have offered a couple of UK examples there. It is interesting, the document entitled *Know the Score*, which is readily available on search engines such as Google. The *Know the Score* document specifically looks at specialist schools in England. All specialist schools, or schools that specialise their curriculum for their students, invariably produce better academic outcomes, especially in literacy and numeracy scores. Of the specialist schools that advance those scores, the interesting fact is that specialist physical education and sports schools advance them much faster than even specialist maths and science. There is a link between what physical education and sport programs can do for improving the literacy and numeracy scores of students. If we can make these links with principals, they are better able to sign off on their compliance checklist that physical education is mandated and happening in their schools.

As I said, there is a glaring lack of evidence in Australia that this is the case. The closest we can come to is Dr Dick Telford's research out of the AIS. Dick Telford is a former director of the AIS and he ran a study called the LOOK study. LOOK is an acronym that stands for Lifestyles of our Kids. It specifically looked at some Canberra primary schools. They certainly found a positive correlation between high levels of physical activity in 8 to 10-year olds — it was measured with a pedometer, how active they were around the schoolyard — and their scores on the national literacy and numeracy tests. I think between the overseas research and some emerging data in Australia these links can be proven, that it can not only improve academic scores but lead to all sorts of things that the minister was attesting to: improving self-esteem, improving engagement with communities, mixing with adults in club settings — those sorts of things where that positive role modelling and those attitudes are passed on to our young people.

Brad, I might go back to you with some practice models.

Mr ALLEN — One other interesting piece of data has come out of New Zealand, from a personal contact of Rob and I. The New Zealand school system showed a distinct lack of support for school sport and they wondered what effect that would have. What they were able to track was the actual decline in local sport participation because of the decline in school sport. In the last two years the New Zealand system has put money back into the New Zealand sports program and there has been a corresponding increase in elective sport

of a weekend and that. So the state sporting organisations in New Zealand have recognised very quickly the strong relationship between school sport and the active participation in private time, after school or of a weekend. That is very recent information, in just the last couple of years.

Mr CARROLL — It was not an insignificant amount either; it was $80 million put into school sport by the New Zealand government over a three-year period to turn that data around.

Mr ALLEN — That probably leads very nicely into what we see as one of our major roles. We talked about the review. In 2007 we also set up a sports council, of which partners are the Municipal Association of Victoria, VicHealth, VicSport — help me out — independent schools — —

Mr CARROLL — Sport and recreation.

Mr ALLEN — Sport and rec, and the department.

Mr McKELVIE — ACHPER.

Mr ALLEN — ACHPER — sorry; I could not remember them all off the top of my head. Thanks, Warren. That was the first time six or seven agencies, all with some interest and some relevance to sport, were actually sitting around the same table. Whilst we are going through our review, the sports council is providing a level of governance and interest in the other areas of government. It is as simple as that.

One of our key areas is the development of partnerships, and I think that is recognised in everything we do these days, partnerships. Certainly with our state sporting organisations we have been able to do that to some extent. Some of our state sporting organisations are now well entrenched in our schools, but not all state sporting organisations. We just had the golf carnival down at Rosebud this week. It is only in its infancy. I am talking about that it is probably seven years old now, and 2500 kids compete in it. I think Tiger Woods has probably had a little bit of an influence, and when you look at the scores the kids are playing off, it is rather embarrassing for us. That is what happens when state-organised sporting organisations can get involved. They have been a major driver of the golf competitions within the school system. It is not in all sports, but that is a very good example of one.

Again, I think the cross-government support — whether it be VicHealth, VicSport, schools, those partnerships — need to be looked at. We believe we are an avenue, an organisation — a very big and powerful organisation — that could be beneficial to other government agencies. I know we are all concerned with the inactive students and the structures by which they can get involved in sport. Rob talked about support for our personnel, and we would desperately like to see the people who are involved, particularly in school sport, recognised within our service, because currently they are not. Interestingly, and I was listening to the previous presenters, the school principal has a huge influence on what happens in individual schools, and it is the same with sport. That is why Rob made reference to the minister's paper. That has been a long time coming, and we hope it is a blueprint for the future and the value that we certainly see in school sport. It is very much an iconic Australian lifestyle, the involvement in sport.

Rob made reference to the data that is coming out of England, particularly. Where 10 years ago their sporting performance was questioned, they have had a massive turnaround. But that turnaround has not come through state sporting organisations; it has come through their school system. That is where we see that. I think the partnerships is a key one, whether it be within our department or cross-sectorial.

The CHAIR — I am concerned that there be some opportunity for us to ask some questions.

Mr CARROLL — We will wrap it up now. I think we are just saying that through the work of our members we show the individual schools, Catholic, independent and government, that we want students, when they leave us after 12 years of education, to be equipped with a lifelong appreciation of sport and a positive approach to active lifestyles and healthy living and to be connected to their local sporting community — that is, sporting clubs — and that schools work together to deliver sporting clusters and regions in ways they have not done before this merger.

The final part of our paper, in I think part 6, puts forward the VPSSA and the VSSSA recommendations on I guess what we would like to see happen. I will not read those out again; they are certainly in the paper that was presented.

Mr HALL — First of all, thank you for your submission today. Where does current funding for the association come from?

Mr ALLEN — The department. Warren would be in a better position to indicate the exact amount.

Mr McKELVIE — The Department of Education and Early Childhood Development does provide funds annually to both associations, but they also come from membership affiliation fees, funded through schools.

Mr HALL — Do you have staff in regional offices, for example?

Mr ALLEN — No.

Mr HALL — Only centrally?

Mr ALLEN — Yes.

Mr HALL — Does the funding arrangement change under one organisation, which you are about to become?

Mr ALLEN — We hope not. We hope if anything it would be improved, but that is still to be negotiated. What we have seen in the new structure are additional positions created in the sports office. When I talked about the support from the department, we certainly feel that we have meaningful support there, but we are always looking for more, as in any situation.

Mr McKELVIE — If I could just add to that, the department will be increasing funding support for the school sports unit personnel, so it has accepted the need.

Mr HALL — Do both associations support the one organisation?

Mr ALLEN — Yes.

Mr HALL — Does the minister's statement, which you referred to, commit to those mandated levels for sport and physical education at the moment?

Mr CARROLL — Yes. On the last page it goes through the time allocations as per the Moneghetti report and reiterates the mandated time allocations to schools.

Mr HALL — My last quick question: the federal government department has a very successful after-school sports program now. I forget the name of that program.

Mr CARROLL — Active After-school Communities program.

Mr HALL — That is right. It gives kids an opportunity to participate more in a broader range of sports, in things that might not always have been able to have been provided through a normal school program, and also gives parents the opportunity to be involved with the kids in terms of participation. Do you have any comments on that program and do you see that as complementary to the work being done by your associations?

Mr CARROLL — I have a couple of comments. Both my children are involved in teaching in that program. It happens in certain schools and not in others. I guess it does provide a great service. Sometimes it is seen as an after-school hours thing and therefore as not necessarily controlled by the school. I think school sport has a unique philosophy that is quite different from that of community sport. I think it probably sits somewhere between us. The thing that I have heard most criticism about is that it starts to pay people for engaging students in sport and removes the volunteer role that has previously been there and I suppose provided a lot of the passion to link schools with clubs. People say, 'If I can get paid for it, why would I volunteer my time?'. So there are probably pros and cons to it, I think.

Mr HALL — Does anybody else have any different views?

The CHAIR — I want to follow up by looking at the key aims of our inquiry. I do not dispute anything that you are saying. Those who are involved in sport are in a good position to be able to do well, and that is perhaps enforced by everything we have heard, but I am interested to get your view on how you involve some of those students who normally are not involved in sport and encourage them into sports. I suppose the concern you might have with the school sports program is that those who are involved are going to be involved at the weekend and how do you bring on some of the others who you would love to see getting more activity.

Mr CARROLL — I think school sport, as I said before, is in a unique position in that we can separate ourselves from community sport a little bit. Whereas in community sport win at all costs and premierships may be part of that philosophy and the best players always get to play, school sport does not necessarily have to have that philosophy. We can adopt a sport-for-all philosophy and we can involve a much more rotational philosophy. The students themselves probably see the outcomes of school sport as not as important as the outcomes of their community club, so they are not as hooked on winning at all costs. Also, the coaches are generally teachers who have a more holistic idea of the development of the student, rather than one of just whether the team wins or loses. I think that because of our philosophy and the sorts of staff we have involved, there is a greater opportunity.

I think also that schools follow good sports education principles — that you do not have to have a pathway as just a player. Schools are in a much better position to encourage students to be umpires, student and peer coaching and getting students involved in writing reports for the newsletter and sports journalism. So a whole other pathway evolves, whereas that is not necessarily the case at community sport, where a certain level of expertise is expected and it is hard to apprentice someone through a local footy league because of what parents expect and the pressures they would bring on a student like that. Often they are paid roles. Does that answer your question?

The CHAIR — I suppose the next point is that it is not always the message that comes out of school sport. Some schools do get pretty competitive in the way that they treat school sport. How can we build that message, that maybe the winning is not the key element but it is participation that we want to encourage? Does the association have a view on how to promote that concept more strongly?

Mr CARROLL — I think we have started to look at things like intraschool sport as well, not just all interschool sport. You will see that now schools are starting to re-engage things like house systems, not just about sport but also for debating, music and raising funds for charities. I think we are seeing another level of sport come into schools. Besides just the interschool teams going out, there seems to be a return to house sport systems in a number of our key schools. Again, schools have finite resources. Some schools do this very well; others rely on goodwill and volunteerism.

Mr ELASMAR — On the volunteers issues, which I think is a concern for everybody, the school principal can do whatever he or she likes. I was a member of a committee and my son played in the Coburg stadium. Has there been any study about approaching the parents to be involved in a club or a school itself, to support their children in a different way? All the parents want their children to play sport, but unfortunately not many will be members of a committee. It is truly an issue that a lot of problems could be faced, when parents do not come and there will be no volunteers to do any work. Is there any plan to bring the parents on board?

Mr ALLEN — It is a difficult one, because it has been there since Adam was a boy. I think from our point of view we need to get the teachers involved first and foremost. I am from a Dandenong school. My parents are very reliant on what the teacher says or does. We know that the biggest influence on a young child is going to be the parents and the next biggest influence outside the family is going to be a teacher. If we can get the passion back into sport through teachers, then the children will be given the opportunity to participate. The children will drive that with their parents: 'Come on, Dad, I want to go and play football now' or 'I want to play netball' or 'I want to do rollerskating' or 'I want to do skateboarding'. How we engage the parents after that, I do not know the answer to that, to be honest.

Mr CARROLL — I think it is easier in primary schools than in secondary. I have been to quite a few primary carnivals and there seems to be a lot of involvement of parents at primary level, but it is a maturation and development thing, where the students start to not want mum and dad hanging around for sport at secondary school. Some of our parents do coach.

Mr ALLEN — Yes, we do have parents involved.

Mr HALL — Is there any problem staffing sport and phys. ed. programs in schools, particularly at the primary level where there are not the specialist teachers to deliver those programs?

Mr ALLEN — Exactly, it is one of the reasons for a close look at what we are doing, Peter. The age of the teachers is a factor; participation in sport, depending on the sport, is seen as a younger person's activity. There were all of those concerns, hence the review and how we could structure it. That has meant we have had initial meetings with universities around training courses and programs; the old PE programs have disappeared from the colleges. There has been some initial work in the last 12 months to two years, going back to that, to finding the skills to train people.

Mr CARROLL — Eight hundred teachers went into the workforce last year — their first year out — who had no units in physical education or sports education training anywhere in their university course, which is a concerning statistic.

Mr HALL — Is it fair to argue that school sports can provide diversity of opportunity for people? When we went to school you played footy and cricket on the weekend but at school you would be in the athletics, swimming and cross-country sports. Instead of doing footy during the week, you would do golf, trap shooting and those sorts of things. Is that still the case nowadays in schools?

Mr CARROLL — What is our current offering? Eighteen different sports?

Mr MOONEY — We have 18 official sports and we have 9 recognised sports as well, things like touch football, surfing, water polo et cetera. In the secondaries, there are 27 different sports on offer.

Ms MILLER — At primary school we have 16 sports that we offer across summer and winter sport. Not all schools can take advantage of that because we have a fairly high percentage of schools out in country areas that may have 50 students or less in the entire school, from prep to grade 6.

The CHAIR — We know about them.

Mr HALL — There are other sports where you can offer an interschool sports competition or regional competition, but beyond that, in some of the normal sport and phys. ed. programs, there would be additional sports depending on interest and I presume the expertise of staff?

Mr CARROLL — That is right.

Ms MILLER — There is a fair percentage of primary schools that have no staffing allocation at all for a phys. ed. teacher, so it will often fall to the grade 5 or grade 6 teacher, in amongst their normal curriculum, to organise not only phys. ed. in their school but also the interschool sport. With the crowded curriculum that becomes an additional volunteer activity that we rely on so many of our grade 5 and grade 6 teachers to undertake.

Mr CARROLL — Thanks, Geoff. Some might say we have the model the wrong way around: secondary schools have always been very well staffed with physical education specialists, yet in years 7 and 8 we are teaching fundamental motor skills that perhaps should have been addressed when the students were in grade 2 and grade 3.

The CHAIR — That is a fair comment, too. We presume that is part of an issue of training in the phys. ed. area now?

Mr CARROLL — Training is one aspect of it; funding is another. I guess there are 500 secondary schools compared with 1800 primary schools, so it is easier to staff the secondaries on a funding basis.

Mr McKELVIE — Mr Chairman, we know the scoring of all that has been said. The benefit that we hope to achieve in school sport is the whole-of-school, whole-of-life experiences for the development of students to greater citizenship and community awareness. That is the highlighted benefit that we understand through academic excellence, school engagement and interrelationship building.

Mr MOONEY — Just to add to that, I think that some of the questions today have been around training and how we communicate things. I think the key to moving forward are our key partnerships with the department and bodies like ACHPER. In the new staffing structure we now have a communications manager and a marketing person, or a communications officer. I think that is also key to moving forward, because we have spoken a little bit about how we get the message out in schools. I know that you, Geoff, asked the question: how do we encourage a non-winning culture to a certain extent? I believe moving forward that how we communicate with our teachers in schools via electronic bulletins and websites and best practice models will be a real fillip in terms of what is happening in schools. That is an important outcome of the review as well.

The CHAIR — Thank you all for your contribution. It has been very useful.

Witnesses withdrew.

C O R R E C T E D V E R S I O N

EDUCATION AND TRAINING COMMITTEE

Inquiry into the potential for developing opportunities for schools to become a focus for promoting healthy community living

Melbourne — 16 November 2009

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Mr M. Dixon
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Mr P. Hall
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Staff

Executive Officer: Ms K. Ellingford
Administrative Officer: Ms N. Tyler

Witnesses

Ms E. Prater, and

Mr A. Prater, installations and education program manager, The Home Grown Project; and

Mrs B. Buzaglo, committee of management and principal, Bayswater North Primary School.

The CHAIR — Thank you for coming along. It is good to hear from the Home Grown project. We have seen some of the information that has been provided to us about Home Grown and we are interested to give you the opportunity to tell us a bit more about your program.

Ms PRATER — Thank you, and what we are about.

The CHAIR — We will have some discussion with you following your presentation.

Ms PRATER — That would be lovely. I will move straight into it. The Home Grown project is a not-for-profit organisation, importantly. It was established as a direct result of what became an overwhelming desire for schools to have basically sustainable instructions for a garden that did not necessitate or incur additional ongoing costs for gardeners, specialist teachers or kitchen installations. When we joined the school community we found that there was a lot of talk from schools saying that, yes, there was a program of this sort that was funded and available, but it was terribly inaccessible because the model did not necessarily fit their community and their space.

As a direct result of that feedback, Andrew, being the organic gardener and horticulturalist in our family, and me, being in the corporate side of things, felt that we could come together with people like Berna, who is the principal at Bayswater North Primary School, and other people who have run not-for-profit organisations, and bring all of that expertise together to formulate a program that was better suited, potentially, for school communities and more accessible. That is what we set about to do, and that is what is in front of you in these manuals. I will draw your attention to those shortly. I will just continue on with a history for you, if I may.

What we found was the model that we were going to create needed to be a holistic growing program, right at the grassroots. So what we designed was, as you can see from the picture on the front, basically seven vegetable beds, working in a primary school community — one per year level. As I said, it is basically designed really as a initial growing program, an introduction to food in its natural process — how to care for it, how to grow it — which ultimately, as you are aware, does link to a stronger outcome of healthy eating. I am sure you have been presented with loads of facts and figures on that, so I will not go there. We will just presume that we are all on the same page.

Outside of those seven beds we also install a 5000-litre water tank and an Aerobin composting system. Are you familiar with an Aerobin composting system at all?

The CHAIR — Not what yours is.

Ms PRATER — In your green folder at the back there is a little brochure on the Aerobin. It is a fully enclosed system, which we find is an interesting way to introduce students to composting their scraps — their food scraps, their fruit scraps, that sort of thing. The program is designed to get them growing, get them nurturing and get them attached to their food; to introduce them to water conservation and having to water their vegetables by hand — it gives them that great ownership and that connection to the plants themselves; and then, within their classroom, to actually utilise the composting philosophies of saving that waste and creating it and turning it into something that then goes back into their garden. They are getting that whole cycle, if you will, with this program.

That is what we install, as the physical facility. The Home Grown project installs that facility. That is part A of our program. Part B is the essential part, which is the education program. We designed a program that is not run by volunteers. It does not need a champion, so to speak, to get it going in the school.

What we do is our education officer will go into the school and teach the classroom teachers and the students in the first season. In season 1 they all plant together. Then Andrew will go back; he does all the maintenance reports and teaches the teachers how they have to take care and when they have to do their thinning out, and they talk about and learn about pest control. So they are learning about the whole gamut of the experience in this model.

Once they have got to their harvest and they have harvested, they clear it all out and get ready for season 2. That is when the teachers take over. Through season 1 we have empowered them with the knowledge and the professional development so that they become confident in teaching this sort of program and using this sort of facility in their school, and then they — with Andrew in the background as the helping hand, just to give them a

bit of confidence — will then use our teaching notes that we provide them with in the manual and will step forward and become the educators for the children. There is a massive sense of ownership with this type of model. We impart the knowledge to them in season 1, we just guide the teachers to feel confident, to step forward, and they then become the teachers themselves of this type of program.

At the end of the second harvest we step back; they have the knowledge, they can continue on with this program within their school. As we say, it is not reliant on any specialist teachers; it is just empowering them as educators to use their natural teaching ability to then work with this facility.

That is the sort of concept for our program. Over and above that, obviously the teachers will work with the standard curriculum units that they work with every year, and they will look for opportunities to interact with this facility — so in their maths, and I have quite a list and I can give you a run-down. In the initial 12-month period teachers organically found ways to interact with this facility in their happy healthy humans, from prep to grade 6; plants in action, from 3 to 4; nutrition and your body, from 5 to 6; looking after me — healthy eating, from 1 to 2; mini beasts, prep to 2; water wise, 3 to 6; and how things grow, prep to 2. They also worked it into their sustainability curriculum, in talking about reduce-reuse-recycle concepts, because they are seeing that happen naturally within the garden setting itself. They interacted it with their science and maths areas, using measurement, graphing, chance and data; and their reading, writing and oral language. They also did projects, and I think we have some here today to show you. We will show you at the end of the session.

Ms BUZAGLO — We will show that later.

Ms PRATER — Yes. They have incorporated their experiences of interacting into those areas. It has also moved into the IT and media sections and their curriculum. We have a website available, and of course you are more than welcome to look at that website; the details are in the resource. Information about our program is available on there. There is also a link to what we call the 'Ask Andrew' page, which is a portal for teachers and students, or the general public, to ask any gardening questions they may have.

That is a live link, if you will, to us as well. They have plenty of opportunities to take control of this program themselves. We professionally develop them so they feel confident. We have teachers who have said, 'But I am not a gardener'. We say, 'No, but you are a teacher. Here are your notes. You have learnt with us; just step forward and follow the step-by-step program and you can't go wrong'. And they have not. They have really got on with it.

At this point I might take you quickly through the resource manual. This is a resource manual that we developed over the last year for the initial pilot, and you will see that it is quite comprehensive. Our program is based around crop rotation. Mr Howard, you will probably love that. We teach the students about crop rotation, how looking after the soil can help control pests and help the energy that is put into their plants. Again it is based on crop rotation. Under the 'How to use' section, you will see a tab that says 'How to use the H. G. P. program'. This is the step by step run-down of what the teacher needs to do when interacting with this resource: step 1 is the vegetable bed rotation chart, and determine the season number you are commencing. We can go to the bed rotation chart under that tab, and you will see it works in seven beds in seven seasons. If the preps in this school are assigned bed 1 and they are starting in season 1 — —

The CHAIR — They know they are growing legumes.

Ms PRATER — They know they are growing legumes. It is a very simple structure. They have a lot of control over how they can run this program. They can stick to this; they can then go to the plant group list; if they have legumes, they can look under 'legumes' and say, 'We might like to plant peas or peas and beans'. There is a lot of creativity and ownership that can come from a very simple program like this one.

They can get a bit creative themselves or alternatively, gentlemen, they can go through our program. They can go to season 1 and just stick to what we have laid out for them in each bed. Then for each season they can turn to the new season; they can take the sheet out and divvy the planting out between grade levels — 'You can do bed 1, we will do bed 3. You can do bed 4'. They can stick to that or under the planting record sheet they can get creative, and they can keep a record of what they have planted in which bed. We have given them a lot of freedom.

Under the 'Ask Andrew' tab you will see that there is information about the direct link to 'Do not fear; if in doubt give us a holler. You are never alone'. Then moving beyond 'Ask Andrew', you will see we have tabs for brassica, leafy, root and legumes. These are all the different vegetable family groups and within them there is a planting guide, so they can see what time of year they can be planting them. As we say, we recommend they plant in February and again in August so they have two harvests. The beds lie dormant over the summer period when nobody is there. They are cleaned up and readied to plant out for the next year in February. It is a very simple, neat structure.

If a teacher in his or her bed is planting cabbage, they come into the resource book, take out the pages on cabbage and they then have their step-by-step information. They are empowered by having all the information they need. They can then go and measure out the drill lines using their maths. The plants have to be certain distances apart, depending upon the plant. There is a lot of interaction with real, practical curriculum elements in interacting with this sort of program.

They are the nuts and bolts. At the back of the manual there is some information on organic fertilisers and composting, which is the other element of getting nitrogen into the beds and making sure that these plants can grow successfully. There is information in here about watering routines; we encourage the teachers to have a rotating roster of whose turn it is today to go to water the beds. We also look at encouraging the schools to have a leadership program for their students; the grade 5 and grade 6 students are there to help with the tank and the watering cans, so you get that ownership of the whole program.

This is the program we have designed. As I say, it was in direct response to ensuring that there was a model available for schools that was simple, that they could take ownership of, that they could then, after this first year of interacting with this program, feel confident to say, 'Now we want to branch out. Now we would like to add more beds and to bring the community in to make it a community garden'.

As Nick said before, you would like us to come to your house. That is not such a silly statement. We hear that a lot and that is the aim of this program; it is what we are hoping our future will be. We have developed this for the schools. The students are interacting with their parents; they are talking to neighbours over the fence about, 'They have a vegie patch; why haven't we got one?'. We have commenced the development of an urban manual. We are hoping that in the future we can go in and we can empower a school community to bring this health education and practical education into their environment. But then we can also provide families with a step-by-step manual of how to establish a vegetable garden in their own backyards.

Andrew is developing a 1-metre by 1-metre bed size, so it is quite practical for an urban backyard. Again it is on a crop rotation principle with six beds. Generally that will provide families with 24 carrots or 8 lettuces in a month. They will plant consecutively so this food will be constantly coming through. That is our big picture of how we feel that we fit with a health-promoting school, how we can be a practical aid to that whole framework, and then how we can feed through to the families. If we can get the support we require, we will be able to develop that urban manual as well and we will run the whole gamut. It will go right through to the families; we are pushing right out into the community.

The other concept is that schools could invite families in to weekend workshops about utilising their facility. We could then start really getting to families and teaching them: 'Here is a session; come in and learn'; or, 'Over four weeks come in and learn'. They will have the urban manual and they can have that interaction between our organisation, the school and the family unit.

That is our model. That is how it is different from others. I think it is important to highlight at this point, if I can, the current funded model. We are grateful to the government for funding any model because it is important work. Obviously now that you are looking to the future of these sorts of programs, potentially in schools, it is probably time to respectfully show the differences.

With the current Stephanie Alexander model, I would like to draw your attention to a statement that they have made in their public submission where they talk about what organisations can do and what problems there are in various areas. If I could just raise the fact that they address funding and the need for schools to source funding to employ part-time chefs and gardeners, establish gardens and kitchens, purchase equipment and supplementary ingredients and pay for increased energy use. It is obviously going to be a big issue once the funding has stopped, because the school communities will have to fundraise quite heavily to support those specialist areas.

The CHAIR — Just so we understand, how has the program been financed to this stage with the primary schools you have been involved with? How has that part worked out?

Ms PRATER — How did that come about? When we designed this model we went out to the school communities to ask if it was suitable, if this was what they were looking for. We had over 100 schools come back in about two weeks saying, 'We want it'. We then went to the federal Department of Health and Ageing and applied for nine grants of over $200 000, which was the maximum, so that we could then represent all of those schools that wanted to have this program. Being a pilot, we were able to get only an initial $200 000, which we took very willingly. We were able then to put this program into 12 schools, 10 state primary schools and the college for the Koori students.

The CHAIR — Yes, we have seen that.

Ms PRATER — So that came through and it needed a lot of in-kind support to get it across the line. We tried to do as many schools as we possibly could.

The CHAIR — So the schools did not have to pay anything to buy into the program?

Ms PRATER — They did not have pay anything.

The CHAIR — It was covered by the federal funding.

Ms PRATER — Absolutely. It was gifted, if you will; we gifted the whole amount. I think that comes to the essence of what we were trying to do. Schools get such limited funding and they ask for very little. They need a lot of assistance in this area to get these facilities in, but once they are in, you can see that they can just run and run. A prep can have seven years of interaction with it, and it can become the norm. The reason for saying that was just to highlight the fact that we were really quite conscious of the schools being empowered with the knowledge and not having to be focusing so much on having to fundraise. At the end of our 12-month program, when our funding with them ceases, they have to purchase literally only seeds and pea straw mulch. So for a couple of hundred dollars a year this actual program can continue to run, because they have the knowledge of how to do it. I thought that was a very important point to pass on to you.

We have just acquitted the federal department information, that money. In your green folder there is a copy of information that I thought you might like to look at at your own leisure. They are the findings of some survey work that we also did. Obviously $200 000 does not allow you to do 12 school programs and a fully fledged evidence-based survey program, so we did the best we could. We obviously had the schools do an acquittal report on what they thought of the program, and the evidence is actually in this report. We also asked some parents to do a survey, which was very interesting. On the question of, 'Have you seen evidence of your child's knowledge increase?', we had 80 per cent at Bayswater North say yes, 86 at Point Cook say yes and 75 at Gladesville. So the families have noticed an understanding and awareness raised.

Also, on the note of consumption: 'Have you noticed an increase or a willingness at the end of the program for your children to eat vegetables?'. Again, at Bayswater North 48 per cent of parents said yes; 57 at Point Cook said yes; and 45 per cent said yes. That was in one year. We can only imagine what will happen in seven. so we feel that the evidence is there to support that.

Just quickly, the reason for us coming here is not only just to speak to you about our program, it being a different model, but also to request that the committee look at equitable funding in this area. If I may be so bold as to say that I would sincerely love to see the schools being empowered with some sort of funding, whether it is a matched percentage of funding from government for them or for some pre-approved programs like Stephanie Alexander, like us or like Cultivating Community programs. If they were pre-approved by the government, schools could then select the one that fits them. It would be better if organisations like ours — —

The CHAIR — So the message at this stage is that you have not gained any support from the Department of Education and Early Childhood Development?

Ms PRATER — It has been extremely frustrating, if I can speak openly.

Ms BUZAGLO — The only support that they have gained is the fact that it is not an add-on for our teachers. The program comes in and we have the garden beds, but our school is actually a health-promoting

school. As part of the partnership we have a Home Grown project and we have a community renewal program that is outside, in the community. So now we have all these health-promoting areas in our school.

Ms PRATER — With regard to what you said, we have had quite a bit of a run-around at state level, I must say. I am going to speak very openly, if I may. We went to the health department and asked for a meeting to explain again what we have explained to you, to show the model difference and what it could do for the state — the fact that it is a facility and education program that costs around $25 000 probably and then that is it, and then the school is equipped to run on with it. We were told that it is not health, it is education. So we have met with education and we have been told that they cannot fund programs like these yet; we have a funded model that is currently in the state. We have found it very difficult to get a hearing, if I may say. We have our program; its model has a lot to offer, cost effectively.

Mr KOTSIRAS — Are you aware of anything like this happening in any other state?

Ms PRATER — They keep calling us to go to those states. We have over 130 schools on our list and some of them are from interstate. We have had horticulturalists ring us and say, 'I would be delighted to start your program in our state'. We are not just blowing our trumpet. It is an effective model and people identify it as a model — —

Mr KOTSIRAS — But you are not aware of any other similar?

Ms PRATER — No.

Mr PRATER — We are getting phone calls. We got a phone call last week from a teacher in New South Wales, asking if ours was available in their state.

Ms PRATER — I think I put in our submission some information about the California state school garden program. They actually found us on the internet and one of the board members of the Sonoma county chapter emailed us to say that we could learn a lot from each other and asked if we could stay in touch. Ours is not necessarily a perfect program; it does not fit everybody. We understand that.

The CHAIR — But it is well thought out; there is not doubt of that.

Ms PRATER — But we are hearing that from around the country and from other countries where they are well and truly active. They have US$15 million put into schools just in California to try to get these programs into there. Again, they are still using a program that champions the use of volunteers, and I can see why they probably want to know more about our model. We are happy to become a — —

Mr HALL — Can I just get the funding issue clarified? Did you mention $25 000 before?

Ms PRATER — Per school we need — —

The CHAIR — Two hundred thousand from the federal government that has allowed them to do that.

Ms PRATER — Two hundred thousand. It was about $17 000 funding that we have received and we have acquitted, but we had a lot of in-kind support, we were working full-time hours on part-time — —

Mr HALL — Say I suggest a new school that wanted to enter into this program next year. What would it cost to develop seven garden beds of the nature you have described?

Ms PRATER — To essentially purchase our program, if that is what you are asking, I would say it would be about $25 000. But we need a minimum of 10 schools to survive. To be quite honest, we are not operating now. We are not funded, so we are — —

Mr HALL — For my $25 000 I would get the infrastructure — that is, the garden beds set up. Do you do that?

Ms PRATER — Yes, we do all of that and the 12-month education program.

The CHAIR — The water tank, the composting unit — —

Ms BUZAGLO — And the soil and the seeds — everything — and Andrew coming in. We are in our second year now, so we are fully sustainable now.

Mr HALL — Ongoing for the next four or five years, do you need Andrew's help?

Ms BUZAGLO — No. We are doing it by ourselves now.

The CHAIR — But you are making Andrew available sort of online to answer any questions?

Ms PRATER — Yes, he is there always.

The CHAIR — If it is a school that has used you in the past, then Andrew is available to say, 'Oh, yeah, look, this might be an idea'?

Ms PRATER — Yes.

The CHAIR — It was just to clarify that.

Ms PRATER — Yes, we are always accessible.

Mr PRATER — Online — I am always available.

Ms PRATER — We are accessible for the general public 24/7, sort of.

Mr HALL — What if I was a school and I developed my own seven garden beds and I had parents who were very au fait with doing that? Can I get into your program?

Ms PRATER — Yes. The thing is we want to be available to everybody in some manner because we believe in the model. I will give you an example in Geelong. There is a health promotion worker in the Geelong city council who has stopped surveying her schools, because there were too many. She has 30 that have some sort of beds there already, but they desperately need our program because they have tried and it has fallen over. Sure, if the facility is not there, then we would reduce that price. It might be only $15 000 to have the program. But as an organisation we know that we need a minimum of 10 schools each year to keep our head above water and to keep operating. We can upscale and put on more educators. One man can do 20 schools in a year.

Ms BUZAGLO — If you are going to try to do it by yourself, we have on board every classroom teacher. We have 21 classrooms. Every one of our teachers is on board, because it is a whole-school focus. It is not just one or two who have decided that they would like to do garden beds; it is all in, everyone in.

Ms PRATER — It has become part of your strategic policy, too, has it not?

Ms BUZAGLO — Yes, because we are health promoting, too. Every one of our teachers takes it on board and so they are all in, doing it. It is not seen as an add-on; it is part of the curriculum. We already had our units of work there; this is added into the units. It is done in maths — it is done across the whole, but it is not an add-on.

The CHAIR — But in terms of getting started, you might have enthusiastic teachers but it is latching onto some people who have the skills to get you started, which is what you provided, I guess?

Ms PRATER — Absolutely.

Ms BUZAGLO — To get you through the first 12 months, and then you are right.

Ms PRATER — Do you know what we have found at the end of this 12 months? In one school, the grade 6 students now are the champions of it and they are the leaders of the programming and the rollout and everything. So that is us; that is our model and we need support.

The CHAIR — We understand. It is a great kit — and I presume you have copyrighted that system?

Ms PRATER — We have 'copyright' written on the bottom of each page. Hopefully we can hear from the state government. It would be lovely. We may be doing other jobs by then, but we will come back.

The CHAIR — Keep promoting it.

Ms PRATER — If you would look at the resource.

Ms BUZAGLO — Our preps made broad bean pâté — and ate it. We were going to pick the peas on Friday, but we could not, because the kids ate them at lunchtime, off the vine.

The CHAIR — I know that is the other challenge of school gardens.

Ms BUZAGLO — Our new preps coming in took all the beans, because they were not just normal green beans. We are not growing just the normal vegetables, either. We grow different ones. They were purple tongue beans with lines on them, so the preps were munching those.

The CHAIR — Thank you for your presentation. We will come and have a look at that, but we will formally end the hearing at this point.

Committee adjourned.