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 — 5 October 2009

Members

Mr M. Dixon
Mr N. Elasmar
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Witnesses

Professor G. Patton, professor of adolescent health research, and

Dr S. Hemphill, senior research fellow, Centre for Adolescent Health.

The CHAIR — I wish to advise all those who are going to be speaking to us today that they are subject to parliamentary privilege. That means you can be pretty free and open in what you wish to share with us. I am very pleased to have representatives from the Centre for Adolescent Health speaking to us today. I welcome Professor George Patton and Dr Sheryl Hemphill to our hearing. In the 30 minutes we have allowed, we would like you to make a presentation to us on the issues you think are relevant to our inquiry, and then we can ask some questions of you from there.

Prof. PATTON — What we would like to do is for me to speak for 5 or 6 minutes, then Sheryl to speak for 4 minutes and then throw it open for questions. I have brought one page of overheads which I will speak to, if I may pass copies of those around.

The Centre for Adolescent Health is Australia's leading academic centre dealing with the health and social development of young people, so we will be speaking from that base and indeed from an evidence-informed perspective.

By way of opening, the opportunities that schools present are something that I think we in health have neglected. Young people until about the age of 17 or 18 spend close to half their waking hours in a school setting. The most important relationships they have outside their family are with their peers at school and with their teachers, yet we in health have tended to have a very minor focus on what we do in schools. We have tended to do health education. Typically within the health and physical education curriculum in schools, we have delivered small doses of interventions that are largely ineffective. In the work that we have done we have tried to take a very different perspective and say that schools and the social context of schools are far more important because of those relationships. It is the social relationships at school which are fundamental to the attitudes and lifestyles that young people adopt during those years.

There are a couple of other things that I would like the committee to keep in mind as we speak. This stage of life that we are talking about — late childhood and early adolescence — is one of profound biological, psychological and emotional change. We talk about the paradox of adolescent health — stronger, fitter, faster, smarter — and yet a whole lot of things get worse, and they relate to emotion, emotional control, behaviour and lifestyle. That happens because of the changes at puberty. I want to remind you that what happens at puberty is profound change, not just in terms of physically and becoming sexually mature but we see a whole lot of other changes. We see the growth spurt, which has profound implications for aspects of cardiovascular health, and problems with obesity.

We also see changes in social affiliation which are biologically driven. Any of you who have teenage kids will know that you get a profound reorientation of kids away from their families toward their peer group and toward the external world. That is something which is due to changes in the oxytocin system, we believe. This is a biological change, but the social context that young people are exposed to at this stage is profoundly important.

There is a third point I would like to outline to you in terms of the approach that we would recommend. Turning to the first of those slides, this illustrates what a population-based preventive strategy is. If you take an example of something like blood pressure and the risk for stress, there are two approaches one can adopt. One can go through the extremes of those with very high blood pressure and try to target them with antihypertensive medication. That is an approach which we are very familiar with in health. In fact, the most effective approaches are broad approaches where one is attempting to shift the blood pressure of the whole population in a favourable direction, through lowering salt intake, through promoting physical activity and through reducing weight.

One could adopt a very similar approach to adolescent health and problems such as tobacco use, antisocial behaviour and the emotional problems, where what one is focusing on is promoting social connection of a positive kind, and that is what we have done in our work.

If you look at the Gatehouse project — I think I have tabled one of the papers here from a paper summarising the findings — the central focus was, on slide 2 here, social connection. We know that social connection at school promotes good educational outcomes. We believed it also promoted healthy behaviour and healthy emotional adjustment. To do so we focused on three things in schools: a sense of security with your peers — so, freedom, if you like, from being victimised and bullied; promoting open communication and the opportunities to communicate with your teachers in particular, but also with your peer group; and promoting opportunities for

engagement in school beyond simply doing the schoolwork. That was what we set out to address in a very large cluster randomised trial — the highest level of evaluation that you can do — with successive cohorts of over 3000 kids with comparison schools where they did not get the intervention.

The intervention had three elements, which I think are really useful and instructive. I refer to the third slide. We measured the social environment of schools and we got good information on which schools could develop policies and actions that were relevant to their school. I want to stress to you is that every school is different. That is something which I in health did not appreciate when we came into this project. If you are talking about a school in the eastern suburbs with private education, you are talking about a completely different thing from a poor school in rural Victoria. So what is appropriate in one school is not appropriate in the other.

We used teachers to consult to schools around how they would implement those changes. The information shown on slide 4 for one school illustrates how that school compared with other schools across the state of Victoria, in terms of where they might focus. I cannot give you more than one example here — the information we presented was far more comprehensive — but we used that information to set a couple of priorities for each school about where they could promote healthy social adjustment. Lifestyle is not dissimilar to that.

We then worked with those schools over a period of 18 months. What we found over that time were profound reductions in aspects and use of substances. We were talking about alcohol, tobacco and cannabis use. There were profound reductions in antisocial behaviour — theft, interpersonal violence, property damage — in 13-year-olds in these schools, and very much lower rates of early sexual intercourse in 13 to 14-year-olds. It was reduced by half there. Substance use was down 25 per cent and antisocial behaviour down about 20 per cent in our schools over a period of four years.

The message we want to give from this project is that at this age, as kids are coming through puberty, school is a profoundly important social context. It takes major aspects of lifestyle and social development. These things are really important in terms of future health, because what we know is that things gets biologically, socially and psychologically embedded at this age, so we think schools are a very important context. I will pass you over to my colleague Sheryl Hemphill to talk about another aspect of schools.

Dr HEMPHILL — I have some slides as well. The slides you have copies of there summarise some of the key messages in my presentation: managing challenging student behaviour in ways that promote healthy community living. In today's presentation, I will talk about the impact of school suspension on student behaviour and wellbeing and the ways that schools can manage challenging student behaviour to promote healthy community living.

By way of introduction, my research focuses on the prevention of adolescent violence and crime, with a particular focus on school and community contexts, and I convene the violence and crime research group at the Centre for Adolescent Health. In this presentation, I will be drawing on findings from the International Youth Development Study. The IYDS is a longitudinal study of adolescent development in Washington state in the United States and in Victoria. There are approximately 1000 students in years 5, 7 and 9 — that is slide 2 on the paper you have got — in each state, and they were recruited into the study in 2002, yielding a total sample of about 6000 students. Each year the students have completed a comprehensive survey of their behaviours, mental health and influential risk and protective factors.

The ways that schools respond to challenging student behaviours such as violence, bullying and drug use can have an important influence on student behaviour, wellbeing and achievement. Previous research has shown links between school suspension and a number of unintended consequences. These include academic failure, school dropout, crime and delinquency, and substance use. Students from disadvantaged backgrounds are more likely to be suspended than other students.

Our analysis of the data from 4000 year 7 and 9 students from Victoria and Washington state who are participating in the International Youth Development Study found that a student suspended from school is 50 per cent more likely to engage in antisocial behaviour 12 months later and 70 per cent more likely to engage in violent behaviour 12 months later. We know there is a range of influences that affect antisocial behaviour and violent behaviour, and these include things like family conflict, poor family management and discipline or mixing with friends who get into trouble. What is unique about our study is that we showed that even when we

include these other known influences like family conflict, suspension still increases the likelihood of antisocial behaviour and violent behaviour 12 months later.

Although school suspension is often legitimised on the grounds of keeping other students and staff safe, research shows that students and staff report a lower sense of security, a less positive school environment and poorer academic results in schools that make frequent use of suspensions. Hence, a commonly asked question is: what can schools do to manage challenging student behaviour?

In the context of school suspensions, schools can make sure that they use suspension only for the most severe behavioural transgressions. If suspensions are to be used, schools can minimise the negative impact by doing the following: giving students schoolwork to complete while on suspension; having open communication between the school staff, students and their parents about students' behaviour, which falls back into the Gatehouse project; ensuring students are supervised by an adult while on suspension; and having a process for reintegrating students back into the school once suspension has been completed.

As George was saying, schools can also use evidence-based approaches. These can seek to prevent the occurrence of challenging student behaviours. These include programs that can teach students social, interpersonal and anger management skills, as well as ways to resolve conflict, and they also include whole-school approaches, like the Gatehouse project.

Schools can also use restorative practices which are implemented at the school level. These practices seek to include the student engaging in the challenging behaviour, those affected by the student's actions and others in the community to use a shared process of problem-solving. There is a focus here on maintaining relationships and undoing the harm, such as by giving an apology or repairing damage to property. The one caveat with restorative practices is that although they are increasingly being used in schools, as yet they have not been well researched, so there is a call there to do some good research on those. Finally, having appropriately trained staff, ongoing opportunities for professional development and adequate resources is essential.

The current policy focus, both at the federal and state levels, on inclusive schools provides a context here through which we can develop effective alternatives to school suspension. Ultimately, this is likely to improve student outcomes, particularly for disadvantaged students, and to promote healthy community living.

I want to add just one other little point from a colleague of ours called Dr Nola Firth who is at the Centre for Adolescent Health and does research on dyslexia. She wanted to make the point that there is research indicating that resilience is a strong predictor of life success and it is actually stronger than the extent of dyslexia, but that these young people are often at risk of depression, giving up and/or acting out, so engaging in things like antisocial behaviour. These can lead to a downward life spiral. She argues that these can be changed. They are changeable through the use of supportive environments and programs like the sorts of things we have been talking about so far.

Mr KOTSIRAS — I just have a query. When you say that suspension should be used for only serious behaviour, how would you define serious behaviour? Then what happens to the other children who are in that same classroom? It is fine to talk about the one child, but as a parent I send my child to school to learn and not so that the teacher spends half the classroom time dealing with one other student. How do you balance the two?

Dr HEMPHILL — This is the dilemma for schools. It is not an easy situation to resolve. I have forgotten the first part of your question, which was in terms of how serious?

Mr KOTSIRAS — How do you define serious?

Dr HEMPHILL — The best way to define that is really around safety. If there is a threat to the safety of the student themselves or other students or staff, then clearly something needs to happen at that point. One of the concerns with the use of suspensions is that they are not always used for those really serious end behavioural issues. They are sometimes used for wagging school, which is almost contradictory because the student is staying away from school because they do not like being at school and then you suspend them, which reinforces the behaviour, really.

In terms of weighing up the needs of the one versus the needs of the many, it is really difficult. There is research that suggests, as I said, that if schools are using a lot of suspensions then the climate or environment within the

school is not very welcoming, so the students and staff report that but also they do not actually feel safer necessarily if there are a lot of suspensions being used. I think ultimately it comes back to the general environment of the school. If suspensions are used within a supportive environment that has open communication and other feelings that lead to security and trust and building positive relationships with teachers, then they can probably be used for those most severe situations in an effective way. However, if they are being used in a school that does not have a supportive environment and good relationships with teachers and so forth, then things can become problematic.

Prof. PATTON — Can I just add something here? It relates to the point that our colleague Nola Firth was making, that many of these kids who are disruptive in the classroom have significant learning difficulties. With those learning difficulties often go behavioural problems and sometimes emotional problems. I do not think we have always been very good at picking these up as they emerge, and they emerge during primary school. It is the kind of thing where action at that point, in terms of getting a kid engaged at the level at which he can be engaged, prevents some of the boredom, some of the opting out that we see later on. I think that we, although we are coming from an adolescent health perspective, would say that for that kind of problem the intervention probably needs to begin earlier than secondary school.

Dr HEMPHILL — I think one of the really important things in terms of dealing with challenging student behaviours is for the teachers and the staff to try to pause for a minute and work out why the student is behaving that way. It could be problems at home or it could be that they are having difficulty learning and they are trying to divert attention away from that. I think it is really important that there is time taken to try to understand what is underlying the student's behaviour.

The CHAIR — What you are saying is schools need to try to be more inclusive of students who are perhaps at risk. Can I just get you to outline, in terms of Gatehouse and in terms of the bottom line, what are some of the specific actions that schools or teachers can take to try to develop this more inclusive environment?

Prof. PATTON — In Gatehouse we really took a very broad approach and we were thinking that there are a number of levels at which schools can take action. Curriculum is a core aspect of what schools are about, so curriculum was important, but it was actually not curriculum with a focus on a particular health problem, such as tobacco or physical activity; rather, it was a focus on those social and emotional skills that all kids need to learn at this age, and very much with a focus on life's little problems. I am not talking about big things like suicide which are really inappropriate to talk about in a school setting, but the kind of scenario where, for example, you have called a friend, the friend has not called you back and you are feeling a bit anxious about it — how do you actually manage that kind of problem? It is about emotional literacy, if you like, and that was the focus.

We put it in English. Why did we put it in English? Because you get a lot of English. We put it in English in such a way that it was seamless in terms of the English curriculum. When kids were doing Gatehouse, they did not actually know it. They were simply doing their English curriculum using the texts that would go with English, whether they were written or video or whatever.

What happens in the classroom? Kids spend a lot of time in the classroom. What happens in the classroom is really, really important for the kinds of social interactions that are put in place. So we did a lot of work with teachers around how at the beginning of the school year you set classroom rules — rules such as that you do not have put-downs and that everybody has a chance to have a say. The rules are clear, they are set with the class, and everybody knows that if a kid transgresses those rules, then you go back to the agreement that you had at the beginning of the year and say 'This is the agreement that we all made', and the teacher is empowered, as it were, to act on that.

Changing the way that teaching happens is another thing, so the kids actually begin to interact. In some schools there are real problems with cliques. How do you break down those cliques? You actually get kids working together in a different way in the classroom — not necessarily choosing who they work with, but mixing kids up. That is really important. At a whole-school level — what happens in the sporting field and in the schoolyard? These are the kinds of settings that are really important as well, where kids are interacting with each other. They are settings where victimisation and bullying is most likely to happen. That is also a focus of how we worked — differently in different schools.

Sometimes it was outside the school, on the way in which the school interacted with its community. So we had a school action team bringing together the different silos within a school — the curriculum team, the student welfare team, the administration team, sometimes parents, sometimes students and sometimes groups from the community, community agencies. Some of the country schools had problems with males leaving school early, so we brought in some of those community groups, or TAFEs, which do further training, and community employers. That was the kind of way in which we worked. That might have taken a number of different forms. It might have been around giving kids a soft landing when they actually made the decision they were not going to continue with school. At other times it was working around things like kids coming from and going to school. I think that has a lot more potential. We did not develop it as fully as we might have. I think there is a lot more that could be done there.

Mr HALL — First of all, are schools sufficiently resourced to meet their needs in terms of addressing student behaviours? What you describe there is a very complex operation which involves a whole lot of time from coordinators at different school levels, from teachers, other staff and administrators.

Prof. PATTON — Look, this makes life simpler for teachers. We went into one school where they had 39 different programs of social development happening in that school. Nobody had an overview of what they were doing and nobody had a view as to whether or not it was sensible to be doing 39 different programs of social development. The major work we did with that school was to reduce that down to a handful of social development programs that were well resourced. The comment from an English teacher early on was, 'Look, the stuff that we're doing in the Gatehouse curriculum is the stuff that we've always done, but I as an English teacher haven't been sure what I could do with that in terms of whether or not it was my role to comment' — for instance, when a student reveals something very personal about what is happening in their life in an essay. It happens every day with every English teacher and yet how does the teacher respond? We help those teachers respond.

In terms of the amount of activity we are talking about here, it is not exorbitant. This kind of survey work we did and the kind of consultancy we needed to do with the schools, we guessed would cost between $5000 and $10 000 per school per annum. You are not talking about megabucks in terms of this kind of thing. I think in terms of the work that was done, it is work that is all part of running a good school. I do not think it is a complex activity. It is, rather, changing the orientation of the school and its staff.

Mr HALL — In terms of school suspensions and the need to limit the times that is being used, and the impact that has on the child, are alternative school settings a viable alternative to formal school suspensions? Do they work?

Dr HEMPHILL — I think it depends on the way those schools operate. I am not sure how well they have been studied in terms of doing good evaluations of how well they work. I have not really come across any. I know in New South Wales they were looking at that but I have not seen a final report. I think there are a few key points. One of those is that the staff who work in those schools obviously need to have a lot of skills and support to be able to run those schools. I think it is important, if students are moved into an alternative school, that the longer term picture is always to try to get them back into a mainstream school, so to try to work with them for six months or so with the aim of eventually getting them back into a mainstream school.

Mr HALL — I have seen examples where I think they work fairly well, where you have students who have had a mixed history in their current school going out for a term at a time and meeting and working with teachers and kids who have similar sorts of problems and then coming back the better for it, in most cases.

Dr HEMPHILL — Certainly I have heard about the Doxa school in West Melbourne. They operate quite differently from a normal school, but they still have classes as well, and the reports coming from there are that they have some really good outcomes with the students getting back into mainstream schools.

Prof. PATTON — I think probably a healthy system is one that maintains a range of options but where the emphasis would be on trying to prevent a kid needing to go down that course. If that were the only option that was available to these kids, I think that would not be a healthy system.

Mr HALL — Have you seen any practices where external role models are used to address antisocial behaviour in students?

Dr HEMPHILL — I have heard of an example in the eastern suburbs where they have used what they called Saturday morning detentions, but what they did was brought in former school principals who had a monitoring role with the young people, so they sat down and talked to them about what happened and got them to think about what they could do differently and supported them in that way. Reportedly they were quite happy with some of the outcomes they were getting there. I guess you need to ensure that you have the right people involved in terms of helping the young people through those situations.

Mr HALL — I suppose in my mind former school principals was not the role model that I had in mind. I was talking about a local school graduate who is a footballer or a good skateboard rider or whatever.

Prof. PATTON — I think these things can work, but the evidence base is not as strong as we would like and many of the mentoring programs have been shown to be ineffective. The ones that have been shown to be effective have been where those people are adequately trained. So whatever they are doing, to have a good understanding of what they are about and to have training, and the implementation of that is likely to be very important. Some people may be able to do it, if they are gifted individuals, but for most, training is going to be important.

Dr HARKNESS — I wonder if you could comment on how schools might best be able to engage the parent body in promoting adolescent health? You have the children at school for 7 or 8 hours and the parents have them for other parts of the day. Is there a way that schools can engage the parents to assist with the work that they are doing within school hours?

Prof. PATTON — I think this is a really big problem. What happens — and you have probably had the experience yourself if you have teenage kids — is that at primary school you have a sort of high level of engagement and you know the teachers. They get to secondary school and they change in their attitudes — 'Dad, don't drop me off at the school gate' — and it is very hard to find a point of connection at the school. Schools try various things, such as having a tutor or a house coordinator. I think we have little evidence that they are effective. On engagement of parents in the school community, I know of no models that have been demonstrated here. Would it be a good thing? Of course it would be a very good thing, because parents are a really important part of the picture. Getting a good connection between what happens at school and what happens at home is going to be essential for adolescent development.

Mr KOTSIRAS — Further to that, is there any evidence to suggest the impact of family life? A school can have the best programs, but if there is a problem at home — —

Prof. PATTON — This is an area where I would say there is a lot more work that needs to be done. I can tell you about things that we tried in the Gatehouse project, which was to get parental representatives on the school action teams, but you get particular parents putting up their hands and you are not really getting to the parent community through a mechanism of that kind.

Mr KOTSIRAS — No, because those parents who are the problem will not come to a program like that.

Prof. PATTON — Exactly, and this is exactly the problem where you have parent information nights or parent education nights — you get a small subgroup of parents. We tried things like taking homework home, so we had homework that you actually did with your parents, tasks that you did with your parents, but it is a tiny dose. You are right, it is a big issue, and I think it is a really good question. I do not think that we or anybody else has put together the package or the answer to that. It is not likely to be one thing. It is likely to be a whole series of things that a school does with its parent community right from the day a kid comes into the secondary school.

The CHAIR — I notice we need to move on, perhaps, but in terms of the Gatehouse project and where that is going into the future, what is the story there?

Prof. PATTON — The project was a research project and we never intended that Gatehouse was going to be the be-all and end-all of how we in health work with schools. We have a capacity at the Centre for Adolescent Health and we would like to do a lot further in terms of passing on the skills and the knowledge from the Gatehouse project, and that is probably where we are at at this stage. We think that the principles of the Gatehouse project are probably applicable to a range of other health problems around things such as obesity and physical activity in adolescents, and that is an area that we are looking to explore. But in terms of the project

itself, that research project is now finished. The learnings, I think, are those I outlined here — what happens in schools and particularly what happens in the social environment at schools. For those kids in this early part of adolescence, it is crucially important to their development and their health.

The CHAIR — Thank you for that.

Witnesses withdrew.

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Ms J. Pearman, national team coordinator, and

Ms V. Archdall, Victorian state project officer, MindMatters Program.

The CHAIR — Welcome to our hearings today. I do not know which one of you is going to start your presentation, but obviously we thank you for the information you have provided in regard to MindMatters and look forward to your further expanding on that and us being able to have some discussions.

Ms ARCHDALL — We are going to do a bit of a tag team. I am going to start and then Jill will continue. I wanted to give you a bit of a background on MindMatters. MindMatters is a program with Principals Australia. Principals Australia is the peak body of all principals across Australia in primary, secondary, independent, Catholic and government schools. There are a few programs that Principals Australia run — KidsMatter, MindMatters, and a few others, such as Feeling Deadly not Shame, which is an indigenous one as well. We are funded from the federal Department of Health and Ageing, and we have been funded for the last nine years since 2000.

When we originated there was basically a desire from the federal government, and I think the state, to improve mental health promotion in schools. What happened was that many of the universities and academics put together a kit which is on mental health promotion. This kit was printed and put in a big yellow box and it was sent to every school with secondary enrolments in Australia. When the kit was produced, and it had a lot of academic research behind it, the intention was that teachers would have professional development on mental health promotion because it was found that they were unsure about how to approach delicate issues in a classroom.

The other issue that emerged was that there is a very crowded curriculum, and so they felt that this was a particularly important issue, but they wanted it to be integrated into the curriculum that already existed so the professional development went forward and it has continued over the last nine years.

We have done professional development on two days with 120 000 teachers across Australia, which is a significant amount of time and commitment, I suppose, by the federal government to mental health promotion in a school environment.

About two years ago MindMatters extended and expanded its professional development to teachers. A part of our profession was also, I should say, to link with the community sector, and so the community sector and people who were working in schools were able to attend our free professional development. We have had big numbers of people, both community and schools, attending this.

The redevelopment meant that we were very interested in looking at big picture planning for schools, so how do you take all these great ideas and then structure them into a school environment? One of our books was called *School Matters*, which was about that big picture planning, and a lot of schools had picked that up and run with it. We felt that it would be really useful to give them more resources and more help with that big picture planning around mental health and wellbeing, and so a whole new development emerged around that.

One of the areas that we picked up and ran with, I would argue in a very important way, was that communities do matter, which was specifically about how we link communities to schools. We had always talked about this. It had always been a part of our structure, looking at the national health promoting schools framework and at the curriculum, but also looking at the ethos of a school and the links, and then we started to think more about that community aspect of community and school links.

I will pass over now to Jill, who is going to talk about communities do matter as a specific professional development.

Ms PEARMAN — Thank you. I have brought some visual materials along to show you, for those of us who are visual learners, as I am. I will just keep one so I can talk to it, but I will pass these out, if I may. As Viv said, MindMatters has had incredible take-up, and I suppose, as Viv did say, there has always been a focus on community and partnerships and working with that in the school. In fact as part of our development and our actual planning of what we do in MindMatters, we work with groups in a core team. We ask schools to come to training in a core team, including community members, parents and students, if the schools see that as being appropriate.

If I can get you to look at the first page that I have handed out to you, it gives you a bit of a visual process of the types of training that we are offering in MindMatters now. As Viv said, we have been under redevelopment, so we have now got level 1 training, which is bringing to life the kit. In that we have a key document, a booklet

called *Community Matters*, which is looking at how we link with community. That has picked up the audits within that volume, and they were picked up very widely across schools. They are audits around what is our community and how do we work with our community, so we have been doing that ever since the inception of the program.

We have now developed this level 2 planning workshop, which is the second stage there, which is looking at what health and wellbeing mean. How do we take that further forward as a school, and what are some of the things we need to put in place to make that happen as a core team? With that training we are asking people to come along with executive leadership, so we are asking them to commit, either principals or deputies, to that training. We are finding that our numbers of principals and deputies attending training is increasing, both in Victoria and throughout the country. We also have those nine focus modules and you will see nestled within no. 4 that the communities do matter module is an integral part of the training package.

You will see that is a data-driven plan. We are asking schools to come up with something. We are assisting them with the collection of that data, bringing that data together. Schools are a great place for collecting data, but often it is in pockets all over the shop, so we are trying to look at and work with creative ways, interactive ways of bringing that together to make some sort of picture of how our health and wellbeing is looking and how we take that forward.

If I could take you to the next page, it will take you through then to having a look at how a school may attend, for example, a level 1 workshop. They then as a team, a core team, a wellbeing team, will attend a level 2 planning workshop. They made decide, coming out of that planning workshop, that one of their priority action areas is to work and build community. That could be for a range of reasons. It could be because they have a high indigenous community. It could be because they feel the sense of community is necessary for the school to build its capacity, and if they do go down that route, if they take this communities do matter one-day training, you will then see that from there we offer a range of six different training seminars which lead on and which are to do with invited leader seminars, community yarning, family, parent and care-giver seminars, community agency, indigenous education worker, and one target specifically for students which is titled 'Feeling deadly not shame'. This communities do matter module does have an indigenous focus, but nestled within there, of course, we have family, parent and care-giver scenarios as well, which is inclusive of all. As you see, there is quite a significant proportion of PD.

The next page will give you a focus of, I suppose, where we would see — and where MindMatters has always seen — the importance of the community to what we do, because we have found that a lot of schools are saying that unless we actually activate and work with our community, we cannot successfully educate well our young people because their identity is coming from community. There is a very strong focus there. As you see there, that model that we are working with here is looking at the self. The community development model shows the young person is surrounded by the family, the school community and the community.

If I can take you to the next page — forgive me for being quick — this page shows a model community development process for mental health and wellbeing. As you can see there, we are looking at schools and allied health. In our training in Victoria we have a variety of people attending training, not just schools. We have health professionals and we have others attending as well. We encourage schools to bring parents and other people along to that training. But we have a process happening here whereby we are looking at a community strength approach and we are looking at having key meetings and then coming up with a collaborative action plan about what might happen. We have some successful working models of how this is working out in the field currently.

Moving to the next page, as part of what we do in all of our MindMatters work, and in fact in all professional development training, whether it be youth empowerment, whether it be transitions, whether it be whole student approach, we are looking as a focus at how we build protective factors across schools. As you can see, this is actually a summary of all different international and national research around protective and risk factors. I have just provided some protective factors for you here. We highlight in this module the family and community focus, but we are looking at, for example, in that PD, in the communities do matter PD, how in fact we build those protective factors. What are some of the things we can do to help build that within our community and in our schools?

I just put the next page in really because I think it is a nice quote. It is from our *Community Matters* booklet:

A positive sense of cultural identity and heritage, especially if accompanied by strong community affiliations, can be a protective factor increasing the resilience of students.

That is really at the heart of what we are doing in MindMatters. We are trying to help build connection to school, to result in educational attainment but also a sense of worth, a sense of who the student is and how they connect and feel a sense of belonging, thereby reducing mental health problems.

The last page I think is important because it will show you a process. These slides are taken from the communities do matter professional development program we run. I have just printed some off for you, just to give you a flavour of the sort of style that we are using. If you look at this last diagram, you will see we have a planning tool in terms of our community plan. We are talking about what we each do — school, community and agencies — to achieve our outcomes. We see this following on and going together, if you like, to see the development of the child.

Where are we now? We are looking at auditing where we stand now, where we want to be, how we get there and how we keep going. We are taking this approach, so we actually have some proper planning in place; it is not ad hoc. That is something the evaluations told us, that in fact planning and auditing and involving leadership are all critical to the success in this area of health and wellbeing. That is a little bit on that. Sorry, it is brief.

Ms ARCHDALL — We might leave it there and answer any questions.

Mr KOTSIRAS — With all the PDs that are in front of teachers, communities and schools, how do you sell yours? What do you do to entice — encourage — teachers and the school community to attend the PD that you put on?

Ms ARCHDALL — Firstly, it is free. Schools only have to pay for the CRT time to replace them. The other thing is that it is excellent professional development. I think it is word of mouth that keeps us going. Teachers talk to each other about what professional development has been worthwhile and useful to them, and that is what has kept us going. It is the sheer quality. I know that sounds like I am big-noting us, but our professional development is very highly recognised.

Mr KOTSIRAS — When were you established — which year?

Ms ARCHDALL — 2000.

Mr KOTSIRAS — Have you had any before and after research done on any particular school to see about the wellbeing of students, whether it has increased or improved?

Ms PEARMAN — Yes. The commonwealth actually commissioned five evaluation studies which were conducted. I suppose the biggest one would be the one done by the Hunter Institute of Mental Health, which looked at the level 1 training, which was the initial training that rolled out the kit. The kit was sent to schools — the box — and there was professional development attached with it. The findings — and I would like also to quote from the Australian Council for Educational Research evaluation — were in fact that schools using MindMatters had a significant change in ethos and culture within their schools in terms of understanding mental health and wellbeing and understanding the ethos of wellbeing if you like.

The Hunter Institute of Mental Health made some quite good findings in relation to the success of the professional development training, and that the two-day format was a very good format. It was interesting because Trevor Hazell, a director of the Hunter institute, obviously chose schools randomly for the study. Of those schools, one dropped out and the rest carried on. It was fascinating research. It is a big research study, so I am not really giving it justice at the moment, but some of the findings that were most significant in terms of schools using MindMatters certainly were addressing the issue of wellbeing, and it looked different in their playgrounds — for example, things like bullying were impacted. Interestingly enough, things like substance abuse — believe it or not — was shown in one of the studies to be affected. It was not exactly what Trevor was going to find, but these were things that came out. Subsequently, that has meant that further studies have been commissioned which are being conducted now in the Hunter.

Those five evaluations actually found a variety of things, certainly enough for the commonwealth to refinance and re-fund another commonwealth contract, and to say that in fact what they would like us to do with this next

level of development is to go deeper with schools, and hence there has been the redevelopment that Viv spoke about. That is why we have had level 2 and all the modules looking at these specific areas.

These modules — the nine modules here — are all coming out of what we found in the evaluation as key points in a young person's life where something can go wrong. We know that the more transitions in a young person's life, the higher the likelihood of mental health problems, for example. As key points and as key issues, we put together these focus modules based on that research. That is where this really came from. We are happy to provide further information in summary form on the evaluations.

The CHAIR — How do you go with your programs in secondary school situations, especially when you look at trying to involve the communities? You immediately think that they can work well in primary school situations, but how do you go in secondary school situations? What is the balance in terms of uptake, and how do you deal with the challenge of the secondary situation?

Ms ARCHDALL — It is much more difficult with a secondary school. It is a normal age-stage development that adolescents grow away from their families. What we have done with our core teams, where we are actually asking schools and the community to come together and plan, is that usually we ask the school to think about who might be leaders within their community and who they think would be interested in being a part of that core team planning. The communities do matter professional development takes a broader schema than that. It starts to talk about how you engage with that family and those groups. The indigenous community do things like yarning and talking about some of the issues that might be more specific. It takes much longer. It takes time, it takes trust. Those things take considerable work.

The CHAIR — The other issue I was interested to follow up a little more on relates to the area in box 5 that you have talked about — the students who experience high-support needs in mental health. In my experience that is an area that schools have not picked up as well as they should. I wonder if you would expand on how you identify students who have high needs in the mental health area, and I presume we are talking about depression and other associated issues?

Ms ARCHDALL — Yes.

The CHAIR — How is that picked up on, and can how those students be supported?

Ms ARCHDALL — That professional development is a two-day workshop that I have done a considerable amount of work on. One of the areas we look at is actually getting schools to do some mental health auditing. There are a lot of questions about that approach of surveying young people about their mental health and about whether they are or are not ill. We might have one in five young people who might be ill. Do you have the service provision to be able to deal with what emerges out of that?

When we do that professional development, we go through a lot of discussion about how you might handle it, the parental consent around that work, what might emerge, how might you deal with the things that emerge, the ethical issues that are attached to those sorts of concerns. Is it better to know or not know about things, and the parental rights in that? There is lots of complexity about surveying groups of young people for mental illness. Certainly, from my experience of having worked with the independent, Catholic and government sector, I know that many in the independent sector have the systems in place to deal with that. It is more the government system and the Catholic system that would struggle with it.

Communities in regional and rural Victoria have really significant issues, even though the federal government has brought in the capacity to do mental health work — from going to a GP and it then being outsourced. In those regional and rural communities there are not the psychologists or social workers or people to do that work, even though it is now part of Medibank. There are some complexities there that I suppose we must ensure that schools are really aware of.

The other aspect about students with high-support needs is about enabling schools to do some planning and to put in some structures around those students, because from my experience often what happens is that it is a little bit individual. People have knee-jerk reactions to behaviour or to something that is happening without big picture planning around how they are going to deal with it. It is an ongoing issue. All schools will have about one in five children who have something significant happening for them, but not many of them have really structured plans about how they are going to deal with it. We are trying to encourage them to pick that up and

run with it, and think about what might emerge and think about all sorts of complexities that they probably have not considered before.

Ms PEARMAN — When we are working with schools on that we say, 'You will have a population of young people — probably about 20 to 30 per cent of young people — who may have some high-support needs, but they are sitting in the middle there, they are not right at the pointy end of the triangle'. But we need to build whole school wellbeing, a connection to school and a sense of belonging and understanding and pathways of achievement.

The CHAIR — When you say they are not at the pointy end of the triangle, does that mean they are gaining a lot of direct attention?

Ms PEARMAN — Yes, exactly. Diagnosed; exactly right. We would say young people move up and down that triangle all the time, you know? It is not static. Something can happen away from school and suddenly a student who has been travelling just fine can be not travelling fine. Teachers are great observers. We are saying that when you build whole-school wellbeing you are looking at what you are doing in your structures in your school and your planning; your transitions are good and you have pathways of care, but also your teaching and learning is engaging, and you are inclusive in the way your classrooms are run et cetera. You have fewer kids who would be in that difficult area. They travel. For a great many of our students that sense of isolation at school can be a very big one. So we are really trying to get people and schools, if you like, attuned to that sense of what we call whole school, and it is right at our fingertips, what we do every day. But clearly we also have to have those special structures, which is what we are doing with that two-day training that we run.

Mr HALL — Does MindMatters go to the extent of developing responses to specific issues that are identified as part of that planning process, like, for example, substance abuse, depression or bullying? Does the process involving the MindMatters professional development then focus on and develop a response plan for those issues?

Ms ARCHDALL — Yes, I would say. This afternoon I am actually going over to Bendigo. In fact one of the things that has emerged is that at one of the schools I have done a level 2 professional development with its core team has decided it wants to do some work around bullying and harassment. It has started that process and written up its plans. This afternoon I am going there to work with those people in talking about the different strategies they might want to implement, what some of the advantages of that might be and some of the whole-school approaches that are there. I will do a follow-up with that school this afternoon and may make suggestions like, 'This is what you might want to think about, but it is up to you as a school to decide. I will give you my expertise on this area, and it is up to you to decide how you want to go forward with that'. That is my afternoon's activity. It is funny that you should mention it.

Ms PEARMAN — Also one of our key partners, or one of our partners — it has to be formally announced, but it has been in our contract for some time — is headspace. We will be partnering with headspace, and it will be working with us in terms of referral and those sorts of things.

Mr HALL — The other question I had was that given your very impressive penetration into schools — I think in your submission you mentioned 31 per cent of Australian schools have used MindMatters, and also staff from more schools go to that, so that is terrific — in terms of your experience working in schools, where schools have put some of the preventive programs in place, can you see a difference in terms of the schools you work with? I am talking about those schools that have put things in place early in life, so to speak — programs like You Can Do It, which is an example I have come across that has had a significant impact on the attitude and the welfare of students in the school because of the values it actually teaches. Can you see the difference, and can you therefore comment on the value of having such programs implemented in the early stages?

Ms ARCHDALL — Different programs have different levels of penetration, and some are better than others. I suppose what MindMatters would say is that we should think about putting it under a bigger structure. We would encourage schools to think about using the social and emotional learning and those sorts of programs. We would also take them through a process of actually understanding which programs are better than others, because some programs are; some have effective evaluations, and you get better bang for your buck, basically. But it is often, again, that knee-jerk sort of thing: we have something happening, we will get this program and that will be our silver bullet. It is not that simple. Many kids have many different issues, so you

need to be much more holistic. The only way you can do that is to do that auditing and to get a bit of a picture about what is needed.

I suppose that is about what MindMatters is saying to schools, 'Get your big picture, get your umbrella and understand what is existing in your situation'. It is saying, 'You can do a program that could be a perfect program to run in your junior or primary school, but actually you might want to think about some other aspects as well, because your research is telling you that safety is a major concern. You can run it and you can do it until you are blue in the face, but it will not do the safety stuff'.

So it is about thinking holistically, again thinking about it, integrate it into the curriculum, so it is not just one period a fortnight, which some of this social emotional learning ends up being. We teach teachers about integrating concepts into the curriculum — for example, okay, you are thinking about issues around loss and grief, about how it fits in the SOSE curriculum, and we talk about it when we do World War 1. So we actually teach teachers how to integrate that. It is much more holistic. Those one-off programs are great, and I do not deny that they have good outcomes. It is just that they are not holistic, and sometimes they only capture a small part of the curriculum.

Mr HALL — Yes — good answer.

Ms PEARMAN — Can I just add one thing? One of the things we are doing with schools when we take them through the training is to take them through a seven-stage planning process. If you put that up when you are working with schools, you show them at what point they take action, and the first step is to address the beliefs and perceptions. Step 4 is when schools take action and plan implementation.

Schools will often wonder at what point they should jump in. We will often say they should jump in at step 4; we identify the problem, whether it be bullying, depression, anxiety, or whatever, and then suggest implementing something. We ask people to take three steps back through this process. We are saying that before we go to the implementation step, we need to consider our beliefs and perceptions — that is, what we think as a group about this issue — because if people are not together on the one page, they will not go forward together. I think if we consider what we currently have, what our capacity is now, what we have and what is going really well — and let us celebrate that — we can then plan what we are going to do and then go forward into the implementation process.

We are saying there is a bit more to it than just jumping in. We are trying to get schools to back up and take this planning stuff quite seriously. They are quite shocked when they come to PD and they look at the quantity of data that does exist in all these different pockets. Just pulling that together can really give you quite a clear picture of where you are and how you might go forward; it is a great asset.

The CHAIR — Thank you very much, it has been very interesting.

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 — 5 October 2009

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Ms R. McClean, policy and conference adviser, and

Mr G. Munro, national policy manager, Australian Drug Foundation.

The CHAIR — Welcome. Geoff Munro and Rosemary McClean, representing the Australian Drug Foundation, thanks for coming along today. I also thank you for the submission you have given to the committee. In the 30 minutes that we have together today, I invite you to just outline some of the key issues that you want to bring to our attention, and then we can enter into some sort of dialogue after that.

Mr MUNRO — Thank you very much. On behalf of the Australian Drug Foundation we thank you for the opportunity to present to you today. What I would like to do is make some preliminary remarks and then hand over to my colleague Rosemary McClean to amplify some of the comments we made in our submission. Then we are very happy to take your questions and enter the discussion.

I would like to point out that in our view the Australian Drug Foundation is one of the leading non-government independent organisations that is working with communities to produce a safer and healthier Victoria. In this year, 2009, we are celebrating our 50th anniversary, which we are very pleased and proud of. We have a long tradition. We are very proud of that because we have been educating and informing the Victorian community now for half a century. Sometimes it has been a struggle, but we believe we are quite well positioned today.

Our essential role is to inform and educate parents, young people and workers in a range of professional settings, including health, education and sport, law enforcement and other human service fields. We also advocate evidence-based policy to government, industry and other non-government organisations, and we develop programs to prevent drug problems in various settings, including families, sporting settings, education settings and workplaces.

Broadly, we help Australians to understand how they can avoid problems associated with drug use, and those drugs include alcohol, tobacco, pharmaceutical drugs and illegal drugs. From our view we have been working in school settings now almost since we started 50 years ago, and one of our concerns is that drug issues are quite different to many other health issues, because drugs are ambiguous substances. On the one hand, people are often worried about their children using drugs because some of them are illegal and they can all do a great amount of harm. On the other hand, most Victorians and Australians are drug users, and we choose to use drugs for social, recreational or hedonistic purposes. Alcohol is a very good example, but tobacco is another good example.

Drugs are ambiguous substances. They are confusing for that reason. We are all in favour of them in some circumstances, and in others we might be quite concerned and fearful of them; and of course some drugs save our lives, and we take them for that reason, to benefit our health. They are often difficult, and they are ambiguous in a way — for example, schools have no problem teaching students about nutrition or physical fitness. Those issues are not ambiguous. Schools can be totally in favour of talking to, say, Jordan about nutrition, how to eat well and what the sources of good foods are, but schools are sometimes quite concerned about drug education. They can be difficult because teachers often do not feel that they are very well informed about drug issues; they often feel students are better informed than they are, and they know that some students may use drugs at home or in their recreation. Sometimes students bring drugs to school, and that poses another set of problems.

We are concerned to ensure that schools are well resourced to respond to drug issues, that teachers are well trained and that schools have access to professionals in the community to assist them in those situations. With those preliminary remarks, I now ask my colleague Rosemary McClean to add to that.

Ms McCLEAN — I will just cover the main points of this submission and where possible, add some extra input. It is very clear that the education system has an extremely important role to play in drug and alcohol education and prevention initiatives. However, at the ADF we believe this role and what it covers and what it can realistically achieve really need to be reconsidered and reframed. Too often when issues of social concern arise, such as alcohol and drug use, schools have been expected to solve the problem by delivering the magic education bullet. We know it is a much more complicated and long-term task than that.

It is interesting to note that the recent report from the preventive health task force, which sets out the preventive health strategy for smoking, obesity and alcohol use, and which was delivered to the federal government in June this year, mentions schools frequently, especially with regard to the strategic direction of engaging communities.

Schools are playing, and this report confirms it, an important supporting role to larger, community-wide programs such as social marketing campaigns and legislative and regulatory change. Specifically, they are all about saying the role of action on alcohol is to promote key messages from social marketing and to deliver complementary preventive health policies and programs, and also to facilitate school-based parent networking for mutual support and information sharing about managing alcohol issues. We see this is an important recognition of what realistically can be achieved through school-based programs.

We are not expecting schools to do everything, but we need a firming up, showing that they are there very much to support much wider and more comprehensive community programs. It is often queried whether school drug education can be effective, and we have considered that in our submission.

The answer really is it depends on how and what you are measuring. Are you measuring that school drug education is going to stop all drug use; or is it going to change attitudes, increase the level of information or even delay initiation of drug use in certain groups? It is important to be clear about that, like any evaluation. Overall the evidence suggests that while many drug education programs can achieve desired change and knowledge and attitudes, few programs achieve sustained behavioural change. Again it is about being realistic about what we can achieve. This again reinforces the need for school-based programs to be complementary to and supported by wider community programs.

In our submission we also raise some of the challenges facing school-based drug education, which include overcrowded curriculum — everybody trying to get their issue on; the need for training and support for teachers, which Geoff has already mentioned; and the fact that schools are only part of a wider community and that there are lots of other cultural and social factors impacting on students' attitudes and knowledge and behaviour. Kids are at school for only part of their lives. So it is a big cultural change that is needed.

There is also the need for effective programs. Schools need to have access to effective evidence-based best-practice programs. In our submission we detailed the 12 principles that have been developed to inform school drug education programs, policies and practices. But these 12 can be summarised as the need to adhere to evidence-based good practice, the need for schools to tailor programs to the needs and realities of their students, to take a whole-of-school approach — and we heard the previous presenters talking about that as well — and also the need to provide a safe and supportive environment. We know that these things all contribute to the resilience of students, and there is a whole wealth of knowledge about the protective factors and the risk factors for students in relation to substance use.

An important aspect which links in with schools is the role of parents and families. Really their role in influencing their children cannot be underestimated; however, engaging parents is often a challenge for schools. We thought the committee might be interested in hearing about a recent study which looked at a Swedish program where parents of grades 7 to 9 students were given information by teachers directly at parent teacher interviews. They were given information about alcohol and encouraged to take a stronger line on alcohol and to set and communicate clear rules and guidelines. The results were reduced levels of drinking among the students, a reduced incidence of intoxication amongst those who did drink and a reduced incidence of criminal and antisocial acts. The question is how well something like that would work within the Australian context. We say that sort of thing would need to be thoroughly trialled and evaluated, but it is quite interesting. I have got the paper here if you would like a copy, and also a review from the UK which has asked the same questions.

On the issue of the parental role, an important aspect that the ADF was looking at is the issue of supply of alcohol by parents, and Geoff might say something about that.

Mr MUNRO — Yes. We are impressed by legislation in New South Wales and Queensland which places much firmer limits on the supply of alcohol to under-age people than in Victoria. In Victoria the supply of alcohol in private premises is entirely unregulated, so there is no limit to how much alcohol an adult can give anybody's child at any age, whereas in New South Wales the law states that a person supplying an under-age person with alcohol requires the approval of the child's parent or guardian or equivalent, and Queensland has gone further and stated that not only is parental approval required but anybody supplying an under-age person has to have regard to supplying a responsible amount of alcohol and then supervising the young person while the young person is drinking the alcohol. Even a parent in Queensland might be charged with irresponsible supply or inadequate supervision. We think those laws are setting a reasonable benchmark, because many people are not aware that anybody can give their child alcohol. When we have raised this most people tend to

believe that is not appropriate, and feel that they as a parent would want to control as much as possible when their under-age child has access to alcohol and how much they drink. So we have been advocating in Victoria that the Victorian government adopt similar legislation. We are happy to discuss that as well.

Ms McCLEAN — Just one other aspect, the whole issue of connectedness — of the students to their family, to the school, to the community — seems to be a very strong protective factor for young people getting through early teenage life and early adult life — —

The CHAIR — That seems to be a message that has come through in every one of the presentations.

Ms McCLEAN — Yes. It is traditionally strong support. And it is how schools are connected to the wider community obviously. Anything which links the school more closely with the community is of benefit. The main community-based program that the ADF runs is the Good Sports program. We have talked about that in our submission. That works mainly with community sporting clubs. Local clubs which participate in this program promote and practise a responsible attitude towards alcohol, and given that probably 100 per cent of the junior kids, players and families connected with community clubs will also be involved with the local schools we see there is a strong potential for crossover there, so that whatever is being promoted in school as a community is reinforced with their community sporting experience. We do not have formal links between that program and schools but there is obviously a strong community link there.

Mr KOTSIRAS — I have had three children go through their teenage years. One is 18 and has just got his licence and is out every night, and he tells me what he sees at nightclubs and so on, and I am sure a lot of that is taken into the school environment as well. I just cannot see how you can compete with what is out there. Teenagers will take drugs. I am trying to think of ways to stop them and I just cannot come up with anything. While yes, this is good and you can go into the schools and you can educate them, have you had any research done to show how many have listened to you and have stopped taking drugs? Is there any research to prove that your programs are working?

Mr MUNRO — I think that is a really good question and it goes to the heart of the purpose of drug education. The simple fact is that schools are operating in a society where drugs are available. They always have been but I think we could argue that there are more drugs available now than ever before. Certainly compared to 1970, when something like 4 per cent of the teenage population had used an illegal drug, now it is well above 50 per cent. We would agree with you that it is not possible to eliminate drug use by young people because drugs are out there and they are available in all sorts of ways. But going on from what Rosemary said and what you have heard from other people so far, if drug use comes to the attention of a school it is really quite vital how the school responds to that. That comes back to maintaining students' connectedness to the school, not expelling students for drug use but using that as an early intervention, essentially, so that if a student uses drugs at school or has drugs at school or drug use comes to the school's attention, the school can make sure that that use is investigated and the student receives any professional attention they require.

On the issue of how drug education has been evaluated, there have been many evaluations internationally done on drug education in schools, and what they have shown is that schools are very effective in increasing students' knowledge of drugs, their cognitive awareness about that — —

Mr KOTSIRAS — So they pick and choose now rather than just taking anything?

Mr MUNRO — That has always been one of the criticisms of drug education: that in fact it can provide a much better informed populace, so that they know what is out there and they know what the effects are. But that has always been the aim of school and education: to at least ensure that people are well informed about the world they live in. We do not have good research into the impact of a harm minimisation approach, although we might say that in the early 1990s the Australian Drug Foundation undertook a program of alcohol education in Victorian schools which led to a resource called Reducing the Risk, which was a harm-minimisation approach to alcohol.

That approach was adopted by the National Drug Research Institute in Perth. It created an alcohol harm-reduction program in secondary schools in which it did a proper research comparison between students who received the program and those who did not. The students who received the SHAHRP program drank less alcohol than students who did not. The students who drank alcohol drank less and met with less harm than students who had not been exposed to the program.

The Victorian education department is currently trialling that program in Victorian schools. It is one of the few programs around the world that has actually been shown to reduce alcohol consumption and reduce alcohol harms after the program has completed. It is a promising approach, and that is all we can say at this stage, but at least it is a sign that if we take a harm minimisation approach — and that is easy with alcohol because it is a legal system substance and most young people are exposed to alcohol in the home — that shows there is a strong possibility that we can reduce usage and harm.

Ms McCLEAN — There is also research looking at working with parents of young families and working with the whole family that would be classified as high risk or who have certain factors which are early indicators of risk. That is in America and the UK. There is a major inquiry being undertaken by the National Centre for Education and Training on Addiction at the moment on drug education in schools. That report should be out in the next few months. That is Professor Ann Roche. I think they have made a submission to this inquiry too. That will be very useful. That is a global review.

Mr HALL — Maybe I could pick up on that point. You have made constant mention of the need for people to be well informed of the issues, particularly we as legislators; certainly as parents and grandparents we need to be well informed. How can we tell when we are well informed? We can read the statistics. I can pick up a novel like I am reading at the moment, *The Slap*, and try to broaden our perspective. When I read that I think, 'Am I living in the same world as these adults and children who are portrayed in this piece of fiction?'. I am at the point where I do not know how well informed I am of the problems and therefore how I need to respond to the issues.

Mr MUNRO — That is a very good question. One way of tackling that is to be up to date with what is happening in the world. Perhaps we do that through our contact with the media — TV and reading the newspapers and magazines — but perhaps also talking to experts in the field. I think that is certainly one way. It is through maintaining a constant dialogue with people in schools as well as those in the helping professions.

Mr HALL — I do that. I talk to my nephews. I talk to kids, like Nick's kids et cetera. I am not sure if they are telling me everything that is going on, because at times you hear contradictory stories. We lived in a world where there was lots of use of licit drugs when we were growing up but virtually none of illicit drugs, so to speak. It has not been part of our experience, and yet we now are required to respond to a situation in which we do not have that direct experience. It makes it harder.

Mr MUNRO — Indeed. I understand. I think we need to bear in mind, too, that illicit drug use is still very much a minority practice. While most young people have got access to cannabis — and I think the statistics show nationally that over half the population has tried cannabis — the number or proportion of young people or adults who go on to use drugs on a regular basis is very small. The current figures I think are declining, which is promising at this stage. We know that drug use is also cyclical, that it fluctuates and it comes and goes. It is not always easy to predict that or to know exactly what is driving it.

Mr HALL — Maybe the ADF could help us by spelling out a critique of a novel like *The Slap*. Currently it is way up the top of the bestsellers, and if you read it, you are appalled.

Mr MUNRO — What is it about the novel that struck you so vividly?

Mr HALL — It is all about a culture of Australians who drink excessively, who take drugs, whether they are parents or kids. They go to parties. *The Slap* itself is about a circumstance that arose from somebody who was drunk at a party and slapped a kid.

Ms McCLEAN — It is middle-aged, middle-class angst.

Mr MUNRO — I think it is a really good example of the world in which our children are growing up in, where drug use is not restricted to young people. Now we have a generation of baby boomers who grew up with a high level of drug use and who perhaps used drugs or dabbled in the past and who have retained that to some degree. There have been some signs from Europe and Scotland where they are getting very concerned about parents continuing to drink quite heavily into middle age. Whereas traditionally drinking tailed off in middle age and older age, now it may be continuing on. That will have perhaps severe consequences for the health budget and the health system, for example.

I think what you are pointing to is our children now are growing up in a world where their parents not only drank alcohol perhaps like our parents but they are using a whole range of other substances, so they do have a different attitude towards them. So we cannot be surprised, I think, when they appear in schools. Our concern is that schools do not overreact when drug use comes to their attention. As I said earlier, it can be an early warning or a time for early intervention to just check it out with what is happening in that young person's life and also to make sure that they remain connected to school, because that is very beneficial obviously for their later lives.

Mr HALL — Have a look at this novel.

Mr MUNRO — I am keen to read it, but I just have not got it yet.

Ms McCLEAN — It is on my list to do.

Mr HALL — Can I mention one other quick thing? What is the impact of a Brendan Fevola-type incident generally on the work of the Australian Drug Foundation and those in the community who need to deal with it?

Mr MUNRO — I was going to mention earlier in terms of alcohol that obviously children grow up in a world where alcohol is ubiquitous. We are very concerned about the way in which alcohol is marketed and the fact that there are now products on the market that are very attractive to young people in ways that have not been there before. It is not helpful at all when sports stars and other celebrities and heroes of young people and even adults behave in that way. We have been urging the AFL among other organisations to adopt stronger alcohol policies in the past. We are pleased that the AFL has adopted a stronger view on alcohol, in particular, as well as other drugs. The AFL does have what they call an alcohol framework policy to guide the more intensive policies of clubs. We are supportive of the AFL and the football clubs in ensuring that the players and the whole community understands that that sort of behaviour is no longer acceptable, if it ever was.

The CHAIR — In terms of school programs, can you give us any examples of either specific programs that you think have worked well in school or specific types of programs that seemed to be more effective in schools?

Ms McCLEAN — With regard to what Geoff was saying about the move from where it used to be 'Just say no', we would say there is plenty of evidence to say that that does not work. Often by the time schools try to deliver those messages the kids just reject them, because they have known people who have used drugs and have not dropped dead. They are out there. There are programs based on accurate information, so not overinflating the dangers, and based on where the students are at, so relative to their life experience, and giving honest information which is about what damage drugs can do — but done honestly.

The CHAIR — Are these fitting into a standard part of the school curriculum, or are these programs that are coming in from outside providers?

Ms McCLEAN — The principles of what constitutes good drug education practice says it should be linked through the curriculum, preferably delivered by teachers, with perhaps some expert support — people coming in — but primarily delivered by teachers, because they are the people who have the relationship and know the students. It should not just be as one-offs but integrated across the whole thing and backed up by school policies and a whole-of-school approach, so it is not just, 'Oh, right, we will do our 2 hours of drug education, and that is you drug-proof'.

Mr MUNRO — Could I just jump in and say that the program I referred to earlier was the school alcohol harm reduction project, which has been published in a journal called *Addiction* and written by McBride and Midford in 2000. That was based on their work in Western Australia, which showed reduced alcohol use and reduced harm. As I said, that has now been replicated in Victoria through the Victorian education department. I am sure you have access to public servants there, but I could also refer you to the appropriate people.

Ms McCLEAN — But probably underlying all that is what we have both said: research shows school-based drug education can be effective in increasing awareness and information levels and altering attitudes, but behavioural change is harder to track through, because there are so many other things influencing young people than just what they do at school.

The other aspect of a quality program we see as very much from a harm minimisation perspective. You are hoping that people do not use, but you also accept that some will. Some might experiment and not use again,

and some will go on. Any information that they can then use to keep themselves and their friends as safe as possible is useful, so they know that if they are at a party and someone collapses, the first thing to do is to call an ambulance. If they are using drugs but they do not know what is in that drug, they know their risk is going to go up. It is harm minimisation-based information, so they are making maybe not the best decisions but better decisions along the way: not to use alone, and not to take huge amounts of doses when they do not know a drug. Again that is the sort of information that has to be tailored to where a young person is at in regard to their maturity and their experience. That is where having quite a sophisticated approach to drug information comes in.

The CHAIR — Thank you very much.

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 — 5 October 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

Ms Y. Kelley, manager, education, communication and resource, and

Dr K. McNamee, senior medical officer, Family Planning Victoria.

The CHAIR — Welcome to the representatives from Family Planning Victoria. Thank you for the submission you have provided for us; that is very useful. What we would like you to do over the next half hour is to share with us some of what you think are the key issues that you think are most pertinent to our inquiry, and then we will have some discussion following from that 10-minute presentation.

Ms KELLEY — Thanks, Chair. What I thought I would do is just give a brief summary of our submission, and then Kathy and I will both take questions. Is that the way to go?

The CHAIR — Yes, that is right.

Ms KELLEY — Thanks very much for inviting us to appear today. In making our submission we wanted to give two key messages. Our first message was that when you are referring to healthy living you need to include sexual and reproductive health. Our second message is that schools have already been used to promote sexual and reproductive health, and we think we know what is needed to make it effective.

Why include sexual and reproductive health? It is because just like healthy eating, active lifestyles and reducing harm from drugs and other substances, sexual and reproductive health is a Victorian government health promotion priority. In making it a priority in 2006 the government recognised sexual and reproductive health was fundamental to our sense of wellbeing and a powerful driver for many of our social behaviours. The government also identified young people as a target audience and school education as a protective factor.

Why are young people a target audience? They are a target audience in part because they are sexually active. The fourth national survey of Australian secondary students released in August tells us 70 per cent of young people are sexually active by year 10. This increases to 88 per cent by year 12. Young people are also a target audience because they carry a disproportionate burden of sexual ill-health, particularly young women, particularly Aboriginal and Torres Strait Islander women, and women from culturally and linguistically diverse backgrounds. For example, recent figures show that 75 per cent of notifications for chlamydia are from people under 25. Almost 60 per cent of chlamydia notifications in Victoria are diagnosed among young women, and almost 20 per cent of women and 5 per cent of men report experiencing sexual coercion, and 50 per cent of these people were under 16 at the time they experienced it.

Why are our school programs an effective protective factor? We also know from the fourth national survey of Australian secondary school students that 10 per cent of young people who are sexually active never seek advice from anywhere — websites, friends, parents, books, doctors; nowhere. They fly completely blind. But fortunately almost 50 per cent use and trust their school programs. That in itself gives schools great potential to be effective health promotion sites.

There is more good news. Research shows school programs work. The 2008 UNESCO review of almost 90 sexual health education programs found most programs with long-term positive effects were school programs. It found school programs could increase knowledge, consolidate positive values and attitudes, increase communication with trusted adults including parents, delay sexual intercourse, reduce unprotected sexual activity and reduce the number of sexual partners — but not all school programs.

The research also showed that for school programs to be effective, they need some key characteristics. They need a supportive policy environment; they need to take into account student needs and assets; they need input from experts; they need active student involvement; they need to foster communication with parents; and they need skilled teachers with ongoing professional development support.

How do Victorian programs measure up? Importantly we have a really sound policy platform with a number of key documents that guide our practice. For example, *Talking Sexual Health, A National Framework for Health Promoting Schools*, the *Victorian Sexually Transmissible Infection Strategy*, the *Victorian Essential Learning Standards*, *Catching On Everywhere* and the *Victorian Government Schools Reference Guide* are part of our excellent policy framework. They all advocate for a comprehensive, whole-school approach to sexuality education that is supported by government and school policy and supported by professional development for teachers and that have strong community links and partnerships.

The Victorian essential learning standard also provides a strong curriculum framework. It makes sexuality education compulsory from prep to year 10, and it is flexible enough for teachers to adapt to student needs and assets. Victorian teachers are skilled in participatory learning activities. But then we run into difficulties. The

vast majority of Victorian teachers are not skilled in building sexual health literacy and do not receive ongoing support to do so.

How do we know? Family Planning Victoria works with teachers in schools. Last year we conducted almost 40 professional development sessions with about 850 teachers, and we also conducted 650 school sessions involving almost 1500 students. In most instances the request from schools and teachers to come into their classrooms was an appeal for us to do work that they felt unable to do.

What is stopping teachers from doing this work? Our Bass Coast project conducted in 2003 shed some light on the issue. This project work was with schools in the Bass Coast region to build their capacity to deliver a sustainable and comprehensive sexuality education program. It was later replicated in the Portland, Bayside Central and Wyndham regions. In each region teachers said they were reluctant to teach sexuality education because they thought the parent body did not want them to do it; they thought teachers were not the best people to do it; they lacked confidence in their ability; they lacked specialist knowledge; they did not have clear sample programs; they did not have sample classroom activities and practical teaching resources; and they did not have enough time to gather that material themselves.

Every time we work with teachers we hear the same messages. These teacher attitudes and the low level of ongoing practical support are preventing schools from being effective health promotion sites, certainly in sexual and reproductive health.

How do we overcome these barriers? In our project we conducted a two-day professional development program. The program provided local evidence to show that local parents did not in fact oppose sexuality education. It gave a clear outline of sexuality education, its place in the curriculum and the importance of teachers undertaking the work. It gave up-to-date specialist knowledge, sample programs and sample classroom activities. It gave opportunities for the teachers involved to practise those activities to build confidence.

We found that the attitudes shifted. Our impact evaluation conducted through Deakin University showed that the two-day program generated a significant shift in beliefs and attitudes. Over 90 per cent of teachers involved said it increased their confidence to teach sexuality education, that it gave them a good understanding of the rationale for including sexuality education in the curriculum and that it enabled them to improve their sexuality education programs.

Our recent long-term outcome evaluation conducted through Southern Cross University showed that most teachers involved in that program were still teaching sexuality education. When the program commenced, 6 out of 30 were teaching sexuality education; today, as a direct result of the program, 24 out of 30 are teaching. This tells us schools need equipped and supported teachers to become effective sites for health promotion and that this is something we can achieve.

We can undertake comprehensive workforce development that provides policy and program clarity for school leaders, pre-service training for emerging teachers, a retrofit of current teachers and ongoing resource and professional development support. We need government and school policy to clearly affirm that program delivery and curricula are matters of policy and not personal choice. We need school leaders to provide encouragement, guidance and support to ensure the curriculum is implemented as planned, to ensure that teachers have access to ongoing support and to ensure that the program is adapted as developments in sexuality education emerge.

We need teachers to receive pre-service training and ongoing professional development. This professional development would help them to distinguish between their personal values and the health needs and rights of learners. It would provide an evidence base on which to build an accurate understanding of parent views, the role of teachers and the compulsory curriculum. It would give a balance of content and skills and provide practice and participatory learning methods, and it would provide practical resources.

Essentially it is our view that equipped and supported teachers make schools effective sites for health promotion. It is certainly a key prerequisite for promoting sexual and reproductive health.

Our third and final message would be that Family Planning Victoria has the expertise to undertake that work, should funding become available to do so.

Thank you for the opportunity to summarise our submission.

The CHAIR — Thank you.

Mr KOTSIRAS — I have one question: in the school environment, who teaches this? Is it the science teacher; is it a special teacher? In most schools, who teaches it?

Ms KELLEY — The reality is that it varies across schools and it is very different between primary and secondary. Secondary schools clearly have specialist teachers, and it lends itself to the specialist approach, but it is usually the health and PE teacher, not the science teacher. In the Victorian Essential Learning Standards you will find that in biology, for example, we get the nuts and bolts — 'This is how the body works. This is the technical side of things'. Health and PE brings a more rounded focus and there is a capacity to address wider health needs like STIs, safe sex and so on. But what we find in our research is that teachers in a secondary setting are quite comfortable with those aspects of sexual health; they are much less comfortable teaching aspects to do with desire, arousal and the relationship side of things. In a primary school you will find that it is really a classroom teacher and that classroom teacher is most unlikely to have any special training in the area at all.

Mr KOTSIRAS — I used to be a science teacher many years ago. I was asked to teach a sex education breakdown, which was just the factual side of it. I do not think, if I was asked to do anything more, I would have been confident enough to have gone through. I just imagine it would be the same case now with teachers.

Ms KELLEY — It is the same case, and the sad reality is we have got an excellent curriculum in the Victorian Essential Learning Standards that makes it broader and wider and more comprehensive than the nuts and bolts, but we have a workforce that is ill-equipped to take it on, as you say.

Mr ELASMAR — What is the best age for students to receive sex education?

Ms KELLEY — I do not know if you want to answer, Kathy?

Dr McNAMEE — We think there is probably no really youngest age to start with. It is a very gradual approach, as Yvonne has outlined in the report, starting in the early primary school years with very basic stuff and integrating it into the whole curriculum.

The CHAIR — But when you get to the relationship side of it and those issues you alluded to, desire and 'What do I really need to know when I am getting sexually active?', I guess that is early secondary, is it?

Ms KELLY — It is. When we say that it starts in the early years of primary school, there we are talking about children learning the difference between public and private: what sort of behaviour is private behaviour; what sort of behaviour is public behaviour; who is allowed to touch you? Essentially no-one is allowed to touch you unless it is your parents, and as you grow older that is not without your permission. Those are the things that are part of sex education at the early end of school. We are not talking about the more serious issues that you have just raised.

The CHAIR — It is more the nuts and bolts — 'What is the difference between boys and girls?' — I suppose.

Ms KELLEY — That comes up in the secondary school. In late primary school some kids have already gone through puberty, some are a long way off and some are about to go in that direction, so you really need to be giving them a heads-up on the changes that they are going to experience through puberty, in the middle years of primary school.

Mr ELASMAR — So if the teachers did not have any courses, as you just said before, how would they be able to put that kid in the right direction?

Ms KELLEY — They call us in; that is the thing. That is what we find: we are doing a lot of what the education department would say is teachers work because the teachers feel ill-equipped to do it themselves.

Mr HALL — Is there a difference between the competence, the suitability and the acceptance of males and females in delivering sexuality education in schools?

Ms KELLEY — I do not think we would say there is a difference in the competence. We would think that both male and female teachers could be competent in teaching it. What the research shows is that it can be done by either a specialist teacher, as you suggest, or it can be done by a classroom teacher, but one of the key ingredients is that they feel comfortable about teaching the subject matter. Probably what we perceive in schools is that many male teachers do not feel comfortable addressing the subject matter. Women tend to have a greater comfort level with it.

We would say that probably men can feel in a difficult situation addressing some of those issues, particularly with girls in the class. That is something that we understand and that can be overcome with professional development, but I think we will always see that women have a greater comfort level with it.

Mr HALL — What about the attitude of parents towards a male delivering sexuality education? Is there any significant difference in terms of their attitudes?

Ms KELLEY — That is not something we have surveyed. It is not something I am aware of. Kathy?

Dr McNAMEE — No, not in any research.

Ms KELLEY — Kathy, I should say, is our senior medical officer. But what we do know is that wherever we have surveyed local parents to find out their attitudes about sex education the vast majority have all been in favour of it. In particular parents find, schools find and the research shows that sex education helps begin the conversation at home.

No-one is saying that teachers are the only people responsible for building sexual health literacy in children; it really is a major role of parents too. But because it starts in schools it sometimes breaks down that discomfort barrier at home, and then you get a team approach where parents, teachers, school communities and service providers are working together.

Mr KOTSIRAS — How do you cope with culturally diverse families and different backgrounds — those who would object to the teaching of this at school?

Ms KELLEY — What we have found ourselves is that we anticipate there will be some objections, but often there are not. Schools also still have the right for families to withdraw their children from those classes, but we find when we go into schools that very few children if any have been withdrawn.

Mr KOTSIRAS — So it is a case of 'opt out', not 'opt in'?

Ms KELLEY — There is an opt-out clause, but it is seldom taken up in our experience. Sometimes when we are working with schools — say, for example, Catholic schools — they will say, 'Please come in. We want you to teach this, that and the other. Do not mention the "C" word'. The 'C' word is 'contraception'. Schools themselves will draw lines, but that is where it is really important that if we accept that students have sexual health needs and sexual health rights and there is a compulsory curriculum in place, we would like to see the full curriculum taught, regardless of personal views.

The CHAIR — On that score, I used to teach sex education too, and I was teaching at an all-girls Catholic school. I found that the kids initially thought they would try you out, but in fact you developed a good relationship where they could ask questions, and some of the kids then were quite amazed that I could be relaxed and that sort of thing. But the parents certainly did not raise issues with that, and the principal, who was a nun, taught the complementary classes that I was not teaching, and she was always very comfortable about it too.

Ms KELLEY — When we did the Bass Coast project in those three regions we actually surveyed local parents because teachers had the view that, 'We cannot teach it because parents do not want us to'. But when we surveyed local parents we found that over 80 per cent were happy for it to go ahead, and that in fact stacks up with national data that has the same figures. We are of the view that almost wherever you ran those surveys you would get the same results. It is really a vocal minority that opposes it rather than a widespread feeling amongst parents.

The CHAIR — In fact a lot of schools would see that they have a significant role to ensure that they teach it because at home they do not deal with that very well at all and they see the issues flowing on from that.

Mr KOTSIRAS — How do you deal with the few students whose parents opt out of the class? Are they ostracised at school? Are they made fun of at school? Are they bullied at school because they are not taking part?

Ms KELLEY — I cannot really answer that question, Nick, because that is something for the schools to take care of. If we were coming to deliver a session, we would just deliver the session to whomever is there, but you would hope, in the same way, kids are not really ostracised or bullied if they opt out of religious education.

Mr KOTSIRAS — Yes, but that is a bit different.

Ms KELLEY — You would hope that the same thing did not happen.

Mr KOTSIRAS — The wellbeing of the students is paramount here, and I would hate to think that you are trying to fix the system in one way but that in another way those who are not doing it are being frowned upon or looked upon as not part of the class.

Ms KELLEY — We would not like to see that either. As I said, we are not aware of any students being withdrawn when we have come to present, but we know the option is there.

Mr KOTSIRAS — It is 88 per cent of students by year 12, you are saying?

Ms KELLEY — Are sexually active. But Kathy can speak to that. That does not mean they are all having sexual intercourse.

Dr McNAMEE — About 50 per cent at year 12 are having sexual intercourse; Sexual activity also refers to some sort of kissing or touching.

Mr KOTSIRAS — Okay.

Mr HALL — Does some of the work that you are invited to perform in terms of program content include sexuality education and attractiveness towards same sex?

Ms KELLEY — Yes, it does.

Mr HALL — Is that a sensitive issue for parents, or no more than anything else?

Ms KELLEY — It is not something that parents raise with us as an issue. The education department itself has put out the policy about schools embracing sexual diversity, so it is being established in schools with or without Family Planning Victoria. We are not leading that groundbreaking work. What we do know — Kathy helped me with the statistics — is the number of children who do identify as same-sex attracted.

Dr McNAMEE — Yes, and it is quite a significant proportion. With the most recent school surveys nearly 10 per cent of young men had not specifically identified themselves but were experiencing attraction to other men.

The CHAIR — Some of those issues can be followed up in the classroom or least raised in the classroom and followed up with specific staff in the school who are there as support staff, I suppose — counsellors and so on.

Mr KOTSIRAS — That was interesting.

The CHAIR — Thank you for that.

Ms KELLEY — Thanks, Chair.

Witnesses withdrew.

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

EDUCATION AND TRAINING COMMITTEE

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Melbourne — 5 October 2009

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Witnesses

Ms S. Heward, manager, and

Ms J. Osborne, schools and early childhood coordinator, SunSmart.

Ms HEWARD — My name is Sue Heward. I am the manager of SunSmart. This is Justine; she is the schools and early childhood coordinator. Thank you for the opportunity of presenting today, and again apologies for being late. I am sure you have heard a great deal about the health promoting in schools approach and the behaviour change that can be put in place by schools as a setting, so I am not going to focus on that too much today. I want to talk to you more about UV radiation.

To begin with I would like to reiterate a few key points about UV radiation. The sun's UV rays are both the major cause of skin cancer in Australia and the best natural source of vitamin D. We know that Australia has one of the highest skin cancer rates in the world and 1700 people a year die from skin cancer, more than the national road toll. The thing that is particularly pertinent to this group is the age group of childhood and adolescence. Those years are quite critical in terms of UV exposure and really help to predict your risk of skin cancer later in life. Skin cancer is the most expensive cancer of all cancers, but it is also the most preventable. The school setting provides a unique opportunity to change some of that risk, mainly because the times of day when kids are at school are when UV levels are at their peak. It is also, as I said, because childhood and adolescence are crucial times for setting the path or the map in terms of the person's risk around skin cancer. The school, whilst it is an educational environment, also provides a unique setting that can be made a safe setting in terms of reducing the risk around UV radiation.

The second point I wanted to make concerns the SunSmart Schools program. You would have read in our submission that this program has been in place for 15 years, so it is quite a precedent in terms of health promoting programs. It is an excellent model for promoting healthy community living within that setting. What we have in place is a program that now reaches 90 per cent of all schools across Victoria. That means that on a daily basis we reach approximately 400,000 schoolchildren. It is quite unprecedented in terms of public health programs across Australia and internationally.

The program is non-mandatory; schools join voluntarily. It is a non-profit membership program. Obviously it also assists schools to address occupational health and safety risks. UV radiation is classified as a risk under the Occupational Health and Safety Act, so a school providing a safe environment also helps with its duty of care in terms of occupational health and safety.

The program promotes sun-safe practices — trying to minimise UV radiation exposure but also trying to provide a balanced message around vitamin D. There are times of the year, particularly in Victoria, when you need to protect yourself from UV and there are other times when it is safe to get some exposure to maintain vitamin D levels. We can answer some more questions about that subject, if there are any. The program sets up a policy framework and provides resources for schools. What we know from our monitoring is that 94 per cent of all schools across Victoria have written sun protection policies and between 75 per cent and 100 per cent of students and teachers wear hats. We also know that the participation rate in the program is universal across all socioeconomic areas. It does not matter whether a school is in a disadvantaged or an advantaged area: the program is feasible and practical and schools endorse it, as do parents.

The other thing to mention, and this is probably a key point for the committee to think about, is that we have a specific secondary school protection program. This has only been established in the last couple of years. It works in secondary schools around a graduated approach to sun protection. We recognise that for young people in adolescence things like wearing a hat at school are not seen as cool. There is quite a lot of peer pressure around that and quite a lot of pressure for the school if they are trying to put in a policy that makes it mandatory to wear a hat. We work with secondary schools around other things they can do; for example, rescheduling PE activities. That secondary school program, while it is in its infancy, has quite a lot of potential from an educational point of view but also from a settings point of view.

Research done in the last few years but published last year in the *British Medical Journal* showed that if you build a structure that provides shade in secondary schools, kids will use it. They will not only use it but they will not avoid it, which was the other risk. Cancer Council Victoria ran a randomised control trial here in Victoria on purpose-built shade. The risk was always if we build shade, will it be seen as uncool and will people not use it, but it proved to be completely the opposite. Kids will use it, they will not avoid it, and it will minimise their risk of UV exposure. The thing about shade is that it can reduce a person's UV exposure between 94 per cent and 75 per cent. It is really quite an effective intervention.

To sum up in terms of what the program is about, it was implemented in Victoria first and is now run nationally across Australia, and elements of it have been picked up in other countries where there are high skin cancer rates, for example, New Zealand, the United Kingdom and the United States.

To finish, there are three ways this committee and the setting in schools could be improved in terms of UV radiation. The first is the building of shade, so the first point for us would be a directive from the minister and from the education department in terms of shade and shade audits being included in the initial planning, design and building schedules of schools and all new schools. We know that with secondary students, education alone is not going to change a lot of their behaviour unless you have a supportive environment, and shade is crucial in that setting.

The second way the government can help is endorsement around the secondary school program. Currently only 59 secondary schools are members of the SunSmart program, compared to approximately 1500 primary schools, so there is quite a difference. It is recognising that secondary schools think that the sun protection program is just about making hats mandatory when there are quite a lot of other things they can do to reduce the risk, but, as I said, and shade is the most crucial.

The third thing is that we would like to build a better partnership approach with the education department around looking at what educational tools will get secondary school students to change their behaviour. We have research, which is not our research, it is international research, which shows that if you expose young people to the negative consequences — and you can forget about dying, that is too far down the track — and expose them to issues around vanity; saying they are going to be wrinkled, that they will get a huge scar from a skin cancer, and looking at new media and digital media, this would be a worthwhile initiative for us to try to lead in Victoria in terms of being an educational tool for young people.

I will finish there, and Justine and I will answer any question.

The CHAIR — I should mention that in an earlier inquiry we did on school uniforms we had extensive discussions with SunSmart and then followed that up with the schools in terms of hat behaviour and the broader issues of how the program can roll out between primary and secondary.

Ms HEWARD — Absolutely. There is quite a difference, obviously, between primary schools and secondary schools. Trying to build that gap in secondary schools is really a focus for us at the moment.

Mr KOTSIRAS — Why is it that secondary schools do not get involved?

Ms HEWARD — It is a bit about the culture of secondary schools and it is about what else they have on their plate and the emerging issues for people. Things around, probably, body image, depression and other things going on for kids means that schools direct their resources towards trying to meet those more immediate needs. The unique thing about UV radiation is that if schools, maybe, thought, 'Okay, from an educational approach we need to focus on those other health issues', but considered building shade, that would really help to minimise the risk. We have more work to do with secondary schools in saying, 'It is not just about making hats mandatory as is the case in primary schools; shade really does make a difference'.

The CHAIR — Even so, it is your sense that the message is still getting out there into secondary schools, or is it not? For example, I would have thought that swimming carnivals would be a key example. Do the majority of secondary schools provide advice ahead of swimming carnivals, for example, that on those particular days they need to have sunscreen or the school provides sunscreen and so on?

Ms HEWARD — It is probably a hard question.

Ms OSBORNE — It is very dependent on the school. We find that where people have had an experience with skin cancer in the school and there is a SunSmart champion — someone who has been touched by cancer or a family member in that school community — those schools are very much on board with the message and trying to change the culture of the school. The culture of the school is not necessarily we all only wear hats, as Sue has been explaining; the culture of the school is that when we go out for our PE lessons we apply some sunscreen and we have sunscreen available, that we have rashies for swimming sports carnivals, that we choose indoor venues or have twilight sports events. You have some schools that are doing that brilliantly but you have other schools where it really is not high on their agenda. They have lots of other issues, and in the adolescent

age group there are a lot of other health issues they are grappling with, and unless you have staff, parents and students on board the culture of the school is not going to change too much. There are still some schools out there where we get parents calling us after events to say that there were no shade tents available or that the school did not remind people to bring sunscreen along, so we still have quite a bit of work to do in those upper year levels.

Dr HARKNESS — When you receive a call like that, do you then follow up with the school?

Ms OSBORNE — If a school is a registered member we have recourse to be able to say, 'Are you following the policy?'. If a secondary school is not a member we can only provide information. We have developed an information sheet based on the Department of Education and Early Childhood Development's guide on how to investigate a query or a concern, and we have developed a form as well. But because we are a non-mandatory program we cannot really go into a non-member school and say, 'You should be doing this'. It is not really appropriate for us to do that. We can certainly provide the parents with a lot of information; we can offer to do a professional development session at the school for parents and staff; we can provide the school with curriculum resources and do as much as we can, but there is a fine line that we cannot cross.

Mr HALL — Do the SunSmart practices get extended beyond the school gate naturally — that is, do kids apply sunscreen and wear hats at the weekend when they are out playing with other kids?

Ms OSBORNE — We find they do. We also run a program in the early childhood sector. Young children, with any health issue, once their teachers and carers are on board with it, tend to tell their parents what they need to do on the weekends, and that is certainly something that is part of the program. It is not only educating staff and students, but parents, so part of the enrolment criteria in the SunSmart membership program is that you include SunSmart information in newsletters and websites and provide fliers and information for parents so that all the great work being done during the school week is not undone by one Saturday's sunburn. We are finding that a lot of children will say, 'I have to pop my hat on', and if you go to a park or a beach, it is very unusual to see young children particularly without a hat or appropriate clothing and their parents are rubbing sunscreen on.

Ms HEWARD — But maybe to address the upper end, we have been running a sun survey in Victoria for 20 years which looks at behaviour change over those years for both adolescents and adults. and the preference for tanning has decreased in young people but not to the same extent as adults. There is still a perception that a tan looks healthier, although if you ask questions about whether it is actually healthier, then people say no. From the last sun survey, which was done in the 2006–07 summer, we found there were still a quarter of adolescents, nationally, getting sunburnt on the weekend. That is much higher than for adults — for adults it is down to about 14 per cent — but that is a real focus for us in terms of young people.

Ms OSBORNE — Interestingly, young people are one of the most knowledgeable about the issue. They can give you all the answers. They know what the issues are and why you need to be doing this because they have learnt it in early childhood and primary school, but there is that little clique that happens and behaviour and peer group takes hold.

Ms HEWARD — I agree with that, and there is also quite a lot of pressure from fashion. You go to the Logies and everyone has a tan. They used to have a solarium tan, now they are fake tans. There is a real issue about our psyche around tanning, so we have a fair bit of work to do. There will be a new campaign this summer that the Victorian government has supported this year around tanning and young people. The school setting can only do so much, especially about what happens once a young person has left school. There is a fair bit to do around changing that social and cultural norm for young people.

Mr HALL — You would have been encouraged by the recently reported decrease in tanning salons around Melbourne.

Ms HEWARD — Yes. That research was done by the Cancer Council. We have worked quite closely with the Department of Health, previously the Department of Human Services, around solariums. That has been a real success in that it has been a mix of legislation and education and we have really seen a change very quickly. That is great.

The CHAIR — Thank you for your contribution. That rounds out the inquiries we have been doing today pretty well.

Ms HEWARD — Are you nearly finished?

The CHAIR — No, we still have a number of inquiries, and following on practice in schools is probably a key issue we need to pursue. That brings the hearing formally to a close. Thank you to everyone who attended.

Committee adjourned.