LAW REFORM, DRUGS AND CRIME PREVENTION COMMITTEE

Inquiry into the supply and use of methamphetamines, particularly ice, in Victoria

Shepparton — 25 February 2014

Members

Mr B. Carroll
Mr T. McCurdy
Mr S. Ramsay
Mr J. Scheffer
Mr D. Southwick

Chair: Mr S. Ramsay
Deputy Chair: Mr J. Scheffer

Staff

Executive Officer: Ms S. Cook
Senior Legal Research Officer: Mr P. Johnston
Committee Administrative Officer: Ms K. Martinow

Witnesses

Ms M. Vidler, Youth and Family Support, The Bridge Youth Service.

Ms A. Bruinier, Youth Connections, The Bridge Youth Service.

The CHAIR — I welcome you both to this public hearing of the Victorian parliamentary Law Reform, Drugs and Crime Prevention Committee. You are here providing evidence to an inquiry which was given to us by the Victorian Parliament to look into the supply and use of methamphetamines, particularly ice, in Victoria. I understand Sandy has given you some background in relation to this inquiry and the references associated with it, so I will not go into detail about that, but I will read you the conditions under which you are providing evidence this afternoon.

Welcome to the public hearing of the Law Reform, Drugs and Crime Prevention Committee. All evidence taken at this hearing is protected by parliamentary privilege as provided by the Constitution Act 1975, and further subject to the provisions of the Parliamentary Committees Act 2003, the Defamation Act 2005 and, where applicable, the provisions of reciprocal legislation in other Australian states and territories. It is important you note that any comments you make outside the hearing, including effective repetition of what you have said in evidence, may not be afforded such privilege. Have you received and read the guide for witnesses presenting evidence to parliamentary committees?

Ms VIDLER — Yes.

The CHAIR — It is also important to note that any action which seeks to impede or hinder a witness or threaten a witness as to the evidence they would give or have given may constitute, and be punishable as, a contempt of Parliament. We are recording the evidence and will provide a proof version of the Hansard transcript at the earliest opportunity so you can correct it as appropriate. They are the conditions under which you are providing evidence to this committee this afternoon. I understand you have a verbal submission, which we encourage and invite.

Ms VIDLER — Yes, good.

The CHAIR — A brief one, though. We also want to tease out some areas of interest in relation to the work you do and what you have contributed to this report.

Ms VIDLER — Yes, absolutely.

The CHAIR — Melanie, it looks like you are ready to go, or Alexandra?

Ms VIDLER — Yes, we both have our little dot points.

The CHAIR — Is it in tandem?

Ms VIDLER — Yes, we are a bit of a tandem team today. Did you need an intro about where we work in our service?

The CHAIR — Yes.

Ms VIDLER — We work for the Bridge Youth Service here in Shepparton. We work with young people aged 12 to 25 and their families. Basically we work in a range of programs that support young people in regard to homelessness and education support. We have a major on young parent programs, and we also work quite closely with child protection. There is a range of programs that we work with, but I will not go into detail. In regard to drugs and alcohol, we do not have a specific drug and alcohol worker but we are seen as the main — lead — youth agency in Shepparton and therefore we do see quite a lot of drug use, including obviously ice use. Hence why we are here today, and hopefully we can help you guys out a little bit.

We sat as a team yesterday and we discussed — overall there are about 12 of us in the office, so we had a team discussion — ice use in the area. It was clear to all staff members across all programs that there has been a massive ice use increase probably in the last 12 months that we can personally identify. Obviously due to the increase in ice use, we have seen a massive increase in violence with young people, especially young males. A lot of offending behaviours are coming out, which we are then being told are to generally feed their ice habit. Another thing that came out from our conversations yesterday was that we are seeing a massive increase in young mums using

ice, because one of our major programs is parenting support. Thankfully all the young mums are ceasing use when they finally find out they are pregnant; however, they may continue on, or do continue on, after they have given birth. Did you want to talk about engagement education?

Ms BRUINIER — Yes. We have also found, I guess along with any drug but more so ice, a disengagement from education and the community in general, which can be temporary or a long-term thing. Also from that, with younger support — I guess the age range — there is child protection involvement as well, which has been another big thing in my area.

Ms VIDLER — We work quite closely with a lot of young people who are in residential care as well. As a service we have identified that the drug use within residential units is quite high. At the moment, from young people we are working with and speaking with constantly, ice is the drug of choice. It is probably becoming more common than marijuana. A quote that we have heard along the traps is that it is a lot quicker to get, to make — 'You've got to grow a plant, whereas in my mate's kitchen it takes three days, and we've got a lot of stuff to use and to sell'. It is becoming quite common that young people are dealing to then feed their own habit. Yes, there is a lot of child protection involvement, which we try to intervene in to be a bit of an early intervention, but sometimes things have just got too chaotic that we cannot kind of step in, unfortunately.

Ms BRUINIER — I think along with that as well is prostitution, which we have been finding in young women around the area. Given the people that they hang out with and get to know by using drugs, they get given drugs — —

Ms VIDLER — As payment.

Ms BRUINIER — As payment as well. And even if they have not tried it, that is often — I have found, from the young people I have supported — how they initially get into it, how they start using ice, generally starting off using marijuana or alcohol and then leading into ice.

The CHAIR — Can I just ask: have teen pregnancies gone up because of the use of ice? We have been hearing some evidence that there has been an increase in single parent pregnancies.

Ms VIDLER — We do not have any evidence to suggest that.

Ms BRUINIER — We do not have any evidence or data. However, we are aware — we do offer options counselling at the Bridge as well, and I guess there have been quite a lot more cases come through for options counselling. Some of them have been using ice, I guess, and some of them opt for termination. They do not come through to be supported long-term by the Bridge unless they continue their pregnancy. However, from what I have found, there have been a lot more options counselling sessions happening in the last six months or so.

Ms VIDLER — There are a lot of relationship break-ups due to the ice use. It may not be the mother using; it might be the partner. Generally there is quite a lot of family violence involved, and the young women are trying to flee their partners in a small town like Shepparton — very hard to do. That is coming through as well. We are getting a lot of young mums coming through that are not partnered and did not have any intention to reconcile that relationship with the unborn child's or the child's father. A lot of the time that is due to some form of drug use.

I guess one of the barriers for us as a youth service is that we are a voluntary youth service as well, so even if young people are court mandated to come to us for some form of counselling or support, because we are voluntary we cannot force that to happen. One of the things that we find quite difficult and one of the barriers that young people have identified to us is that they do not have to come to the Bridge youth service, We prefer it that way, but they do not feel that there are services that they are well aware of in the community that they can access and feel safe to do so. There is a bit of that, I guess, small town syndrome.

There is only one drug and alcohol youth-specific worker in Shepparton, and they are located at Primary Care Connect, which you guys have probably heard of. They are on the main street here in Shepparton, and it is quite a medical model which they work from. They do some amazing work,

but some of the feedback we have from young people is that it is not a place that they want to walk into to say, 'I need help'.

Ms BRUINIER — It is not a place that they would feel comfortable doing that on their own either. We have supported some young people to go there; however, that shows a lot of trust in us as the workers to take them there and be that support. If we are not supporting them, then we cannot really support them to go there.

Ms VIDLER — And young people have identified that they will just do it themselves at home — go through hell for a month — to get through whatever kind of withdrawal, whether it is ice or marijuana, because they do not want to go to Melbourne. That is a massive thing at the moment — young people are not wanting to travel for treatment. Their treatment for one to two weeks is funded, and then they come back to the same situation, the same people, the same friends and no support — they are falling back into the same circles. That is identified across the board in the youth sector here in Shepparton. That is a major issue for young people in our area and in rural Victoria in general, I guess, because you do need to go to the larger cities to seek that treatment, and then after they have returned — I think the maximum they can stay is for two weeks — ice may have just got out of their system and they are back with the same friends and the dealer across the road.

There has been an increase in some referrals from child protection that we are getting where their parents are using ice, so it is not necessarily the young people who are using ice themselves but their parents, which in itself is quite difficult because we are a youth service, so it is really hard to try to get mum and dad to go and seek their own treatment. I guess our fear is that then young people are going to follow on with mum and dad, because if that is what is seen as normal, then that is what you do, and again there is just a lack of services. Like I have said, we do not have a drug and alcohol specific worker. I have worked in drugs and alcohol at Moreland Hall in Melbourne, so I have a little bit of knowledge, but nothing that is going to help every young person that does come in. We are also finding that they do not come in until they have kind of gone through their own detox — —

Ms BRUINIER — Or slowed down their use.

Ms VIDLER — They do not see the point in getting support, because I guess they know that we do not have specific services for that.

Ms BRUINIER — And I guess what we have found as well and what the young people have stated is that while they are using ice that is what they are doing, and they are not actually seeking support for anything else. At that point in time that is the only thing they can really think about. I guess while using ice their capacity to think about anything else is not very much.

Ms VIDLER — And one of our main roles is to do outreach, so we are going into the young people's homes and family homes, and sometimes it can be quite obvious that there is drug use going on, and again we can only do a certain amount for certain people. This is going on, but sometimes it is just that vicious circle that these young people really struggle to get out of. If they do not leave Shepparton, they are very much surrounded. It is the same if you go out on a Saturday night here; there are very limited places for people to go. If there is ice in one club, there is generally ice in them all, which is a fact.

The CHAIR — Are you two happy to take a breath for a second?

Ms VIDLER — Yes, that would be great.

The CHAIR — I will just invite questions from the committee to tease out a bit more of the information we are seeking.

Mr SCHEFFER — I guess I have just a couple of orientating questions. You said there are 12 staff, did you?

Ms VIDLER — Yes, we have about 12 to 15 in the Shepparton office and there are about 5 in Seymour in the bridging service.

Ms BRUINIER — We do case management support with young people.

Mr SCHEFFER — What is the skill set?

Ms VIDLER — We have got youth workers and social workers, and I think there are a few counsellors.

Ms BRUINIER — Councillors, yes; it is just a broad range, I guess.

Ms VIDLER — Yes. Some people do have drug and alcohol history.

Mr SCHEFFER — I suppose there are other things. It is not an overall question from what you are saying.

Ms BRUINIER — Yes.

Mr SCHEFFER — Given that it is a small town, Shepparton — which you said yourself — why are there two organisations? You talked about Primary Care Connect before. Do not answer this if you cannot because it is delicate, but why is there not one organisation that takes in some of the specialties that you have got? Why is there a duplication going on?

Ms BRUINIER — There is not really duplication. At our youth service we provide, I guess, family and relationship support, supporting young people to stay in their homes and at-risk adolescent behaviours, as well as education support. Primary Care Connect has a drug and alcohol support worker or counsellor. In the past it had an outreach worker, which I thought was really good, but I am not sure if that is still going. We do not actually do that support; we would try to take them to Primary Care Connect for that specific support. As youth workers we try and be flexible, I guess, to just offer whatever support we can in these situations so that they do actually receive some support if they are not willing to engage with other services.

Ms VIDLER — In regard to why it has a youth-specific drug and alcohol worker when the Bridge does not, as the main youth agency in Shepparton — —

Mr SCHEFFER — Yes, that is the point you raised.

Ms VIDLER — My understanding is it is the funding. It has the main drug and alcohol, not just for young people but it has quite a significant drug and alcohol sector, Primary Care Connect — it is one of its main roles.

Mr SCHEFFER — Thank you for that. Then what I wanted to ask you is: what is your parenting support program? What do you do?

Ms BRUINIER — We have an antenatal program for young women, so that is weekly. Young women who are pregnant might come through from the hospital or any other service around or be self-referred, and that, I guess, is learning about everything they need to know, even with Centrelink payments, antenatal care. They have an antenatal child health nurse — —

Ms VIDLER — That is also in consultation with the local hospital, GV Health, and the midwives come to the Bridge as a safe, supportive environment. It was identified 10 years ago that a lot of young women were not seeking antenatal care, so they were just turning up in labour, and this was kind of to make a safe place where young people who were pregnant were coming, if they feel safer.

Mr SCHEFFER — So they are more likely to go to you than to the hospital?

Ms VIDLER — Absolutely, yes.

Ms BRUINIER — And also because they have other young women there who they can relate to as well, and feel comfortable and not judged.

Mr SCHEFFER — If they are using methamphetamines, what do you do then?

Ms VIDLER — Get a child protection report.

Ms BRUINIER — Yes. We do have three specific workers who work with young parents, and they work closely. Initially, what would happen is discussing their usage, I guess, and letting them know how it will impact the pregnancy and the child in the long term, and themselves, but if that has not stopped or they are not addressing that issue, there will be a report to child protection, who would then follow up with that.

Ms VIDLER — It would be an unborn report most of the time if they had no intention of decreasing their use or acknowledging that that was a problem. Generally speaking a lot of young women we work with do take that on board — that it is a problem. We are very transparent with young people we work with. If we were going to make a report to child protection, it would generally be explained to the young person if it was safe to do so to let them know that this is added support for them, and obviously in the best interests of the young — —

Mr SCHEFFER — So if they say, 'Yes, I realise there is a problem. I'm happy to work with you', do you still call child protection?

Ms VIDLER — Generally I think the workers would, yes.

Mr SCHEFFER — And you continue to work with these young women?

Ms VIDLER — Yes.

Mr SCHEFFER — With the guidance of or in partnership with whom?

Ms VIDLER — In partnership with child protection, absolutely. At the end of the day the ideal world would be one in which child protection was not involved and the child was to remain with the young mum when born, but obviously sometimes that cannot happen.

Mr SCHEFFER — Just quickly, what about the hospital? Do they buy in as well?

Ms VIDLER — Yes, they would continue to do the antenatal care.

Mr SOUTHWICK — We have heard conflicting views around education. Some are saying that it creates more awareness around the problems with the drug. What are your views in regard to providing education on drug counselling, particularly with this drug?

Ms VIDLER — One of the things with young people we work with and talking about ice is that they generally do not know anything about it. They do it because everyone at the party was doing it or because everyone in their street does it. They do not generally know what the outcomes and the really horrific symptoms of being on ice are, apart from the high.

Mr SOUTHWICK — This is at what age?

Ms VIDLER — We work from 12 to 25. Sometimes this can be a 24-year-old who you would assume has quite a bit of insight. Alex and I were brought up in Shepparton and we are in our mid-20s, and we are only aware basically because we work in this sector. A lot of young people are saying, 'It's fine. You don't understand how good the high is'. When you try to say to them, 'Okay, you're saying it's great now, but think of the long-term effects', they have no idea. They just assume you are a worker who is trying to scare them out of it.

Ms BRUINIER — I have found that once they have tried it they have obviously had issues, especially because the majority of young people I have supported who have used ice have, most of the time, had a mental health issue prior to that. This often leads people to try these things. Once

they start using and feeling the effects they start to ask, 'What is this? Why am I doing this?'. That is when we can give them information. But by then they have already been using for some time.

Ms VIDLER — I think it depends where the education is aimed as well. If it is just aimed at mainstream schools, you are probably not hitting the target group that is at high risk of using. We have quite a few alternative schools here in Shepparton due to a lot of young people being unable to attend mainstream schools. From what we see sometimes there is quite a lot of education in the mainstream schools, but I think some of the alternative schools are missing out a little bit. And there are gaps; a lot of young people are not attending school. From grade 6 they are not going to year 7. We only find this out when we see them. They might see Alex, and Alex will ask them when they last went to school, and they are 15 and they say year 7 or grade 6.

There is quite a large gap that can be missed. The education probably needs to be tailored not just to schools but also specifically to where high-risk young people hang out. Maybe there could be more of an outreach model with workers, so it is intervention rather than, 'Okay, you're on ice and you're travelling really bad, and now we're going to give you the information that you probably needed to know 12 months ago'.

Mr SOUTHWICK — What about some of the strategies for alleviating the boredom with young people, particularly targeting those at-risk and vulnerable children? Would you recommend some strategies or things that we should be looking at to curb that problem and assist those vulnerable young people before they actually get down that pathway?

Ms BRUINIER — That is a really tricky one. We have talked before with other organisations as well about possible things for young people to do, because I guess there is not a lot around here. That is what leads them to use ice and other drugs. Like Mel said, they are often not at school. Each different group, type or stereotype of young person would engage in lots of different ways. We have a community development worker who does some youth activities around here, but that only targets one certain group of young people. That is the thing — there are different types of young people in the area. What do they engage in? It is really different. It is hard to answer, I guess.

Ms VIDLER — That could be somewhere where that outreach work could be great. The local skate park on a Friday night is not a good place to be, but you could go down there as a worker with a couple of other workers and engage with young people to find out what they are wanting. There are some great youth committees around Shepparton, and I am sure there are quite a lot around rural Victoria. A lot of these young people are quite switched on and engaged in education and in the community. They are very active young people who design some great programs, but again they are for a specific type of young person. If you put that to a young person down at the skate park on Friday night at 10.00 p.m., they will never engage in something like that. Maybe we need to undertake some outreach to gauge what young people are wanting in the community. But these are all just fantastic ideas.

The CHAIR — I am sure Mr Carroll will have some fantastic ideas too.

Mr CARROLL — Thanks, Mel and Alex, for your testimony. Over the past couple of days we have had evidence from parents who are pulling their hair out. Their daughters are aged between 16 and 20 and are on ice and have fallen into the wrong crowd and given up school. They are totally estranged from the family home — they have left home — and the parents have not had anywhere to turn. They have contacted the police. They have contacted everyone. From the evidence we have it seems they are good families, that they are stable and that it would be a safe environment for the child to go back to, but the child has not quite hit rock bottom, so they still do not think they have a problem. I have just been on your website where you have a section on reconnecting families. How do you work there? Would you ever cold call someone a family has contacted you about, saying, 'I think my 16-year-old daughter's in trouble. I'm worried'?

Ms BRUINIER — From my experience I have had people call up and ask if we can cold call. We cannot necessarily call the young person and say, 'Your mum rang. Why don't you come and see us?'. We can perhaps send letters to the family, and they can pass that information on. Also in

the past we have noted that, if it is not mum they want to talk to, perhaps there is another family member or friend that they can get this information from about how we might be able to support them. If they come in and have a chat, it is confidential and all that sort of stuff so that they do feel safe. With privacy and confidentiality if the young person does not give us permission, depending on their age, we do not have to tell the parents everything. That is how we have tried to do it in the past — reaching out in any little way we can. But unless they have called up themselves, we do not cold call.

Ms VIDLER — Which is a huge gap. It is identified not just in drug use but in the sector. It is a huge gap because not many services will cold call. From our experience when we do that the young person will never engage, because they were approached by a worker rather than walking in themselves and saying, ‘I need help’. We can be pretty flexible, though. There have been times when I have gone and met parents and they have said, ‘Our daughter will be home at 3.30 this afternoon. She’s coming to do her washing’, and I might happen to be there having an appointment with the mum and dad. We try to be flexible. If there is a time where I can say, ‘Hi, I’m Mel from the Bridge. How are you going?’, to get the information across that we are there to support them when they are ready, we can be flexible like that. We do try to be flexible because there is a massive gap. A lot of parents, not just with ice use, come into our service and they are at their wits end. They do not know what to do, and there is not a service that generally just goes out. We do not have a generalist outreach worker.

Ms BRUINIER — Given our experience with young people, if we were to call them and tell them that their mum called and had a chat to us about what is happening, they would say, ‘My mum’s a stupid bitch’, and straightaway they would not want to engage, because that is mum’s doing rather than it being about the young person. There is definitely a gap, and one thing we have noticed and one thing we would really like for our youth service is a generalist youth worker who can be at the alternative education programs and all the different organisations and who can catch some of the people who do not fit into a particular program or who are having trouble engaging with the right program.

Mr CARROLL — I understand.

Ms BRUINIER — There is that gap. As an organisation we try to link them in, but it is really hard when you have already got a case load and other things.

Mr CARROLL — One thing we have been grappling with is trying to target young people — how you get the message across. You can do your bus stop shelters about the impact of the drug ice, but it might be alternatively advertising the Bridge services contact details.

Ms VIDLER — Yes.

Mr CARROLL — How well known are you in the community for people who have not been mandated to see you through court but just know that you are there?

Ms VIDLER — I think we are pretty well known. We do get ourselves out there quite a lot across all the education, not just mainstream schools. We also go out to the hospitals. We also use doctors clinics.

Ms BRUINIER — Places everywhere.

Ms VIDLER — Yes. We try to put ourselves out there quite a lot, and a lot of services that are not youth-specific know of us.

Mr CARROLL — Okay. Good.

Ms VIDLER — But that is the thing. Unfortunately, because we are drug and alcohol specific workers, if we put our name on too many things that are associated with drugs and alcohol, we would get an influx of people needing that support, and we do not have the funding to do that.

Ms BRUINIER — That is right.

Ms VIDLER — We would be turning them away. But like Alex said, if a young person or parent did walk in, we would always support them in linking with the appropriate services if we did not have it — for example, walking around the corner with them to Primary Care Connect if they did not want to do that themselves. That is where that flexibility that we always try to do comes in.

The CHAIR — There are a couple of issues I want to canvass with you. One is about funding, and the other one is about social media, because we were told in evidence yesterday that when a dealer brings a drug into town there are a whole lot of ways that it can be announced through the different channels — with fireworks, which apparently is a means to alert people that there is a catch in town, and also social media, where Facebook is used heavily, and Twitter, for the demographic you are responding to about where the drugs are being sold. In responding to that through messaging, is it the social media medium we should be looking at, or is — —

Ms VIDLER — It is a huge issue, not just with ice but in general. It is announcing anything — announcing where the next fight is going to happen or announcing where the next deal is or where to score on the weekend. A lot of them, when young people are smart, are not putting it out publicly. They will just send it out to every friend on their list in an inbox, in a private message. But I would definitely agree that that is one of the main ways of letting quite a lot of young people know, and then it is just forwarded. I would not say Twitter is as popular here yet.

Ms BRUINIER — No, not that I am aware of.

Ms VIDLER — But, yes, definitely Facebook is massive.

Mr SOUTHWICK — Instagram?

Ms VIDLER — Yes, if you have a lot of followers, definitely. Sometimes it can just be pictures of places, and if you know what that means, you know what that means, generally speaking. If I opened a photo of the skate park, I would not necessarily know what that meant, but for some people that would obviously mean that this is where you go tonight. Instagram and Facebook are — —

Ms BRUINIER — Yes, I would probably say that that is for the older age groups in this range, I guess. The younger ones I have worked with, who could be 14, 15 or 16, who have been using ice through their own networks and through hanging out at the lake or down at the mall, roaming the streets, talking to anyone — they just do not care. They will be approached by anyone as well, and they will go with it. I guess, depending on age, there are different means of communicating that.

The CHAIR — Just before I pass to another committee member, you do not do any work federally. You are not an RTO or provider as well with Youth Connections. Are you all state government funded or federally funded or mixed?

Ms BRUINIER — No, it is federally funded. There are contracts in each area.

The CHAIR — Which are coming up for renewal soon, are they not?

Ms BRUINIER — They are, yes, so we do not know if they are going to be re-funded, but it is nationwide. From everything I have heard it has gone quite well in re-engaging young people because we can do a bit of that outreach work and go to more rural places and engage those people. That has been quite good, but at the same time you can only engage so many people as well. We have a constant influx of referrals as well, which is very constant. Yes, it is all over Australia, and I have heard at all the meetings that it has gone quite well.

The CHAIR — The evidence we are collecting is that organisations like yours pick up those people who drop out of the school system — your truancy lot — and they are the ones who are usually most vulnerable to picking up ice and other drugs, so certainly I would have thought, from a federal government point of view, the continuation of your work and the funding attached to it

would be important, particularly to pick up those most vulnerable, who drop out of the education system and then just literally turn to — —

Ms BRUINIER — That is right.

Ms VIDLER — Alex would generally do referrals across to our programs too. So one of mine is family reconciliation and homelessness work and intense work with young people, and because Alex's main role is around education, if a young person is presenting as homeless, she will then do a referral across to me. So they might have two workers from the Bridge supporting them in different aspects of their lives, so it is definitely a program that hopefully will stay because it does fill that gap for young people who are not connected and do generally fall through the cracks otherwise.

Ms BRUINIER — And I guess because we also get referrals through Centrelink, if they are not attending school, by the time they are 16 they apply for Centrelink, but unless they engage in Youth Connections or with a job service provider, they will not get any Centrelink money, which is a big thing for them. They want money, so they have to engage in our program, otherwise we let Centrelink know and they cut them off. So they are a bit more obliged to engage. Even though it is called voluntary, there is an incentive to engage in the program.

Mr SOUTHWICK — Alex, I just want to know a little more about the get-in get-out program that you support.

Ms BRUINIER — The Going Within to Get Out program?

Mr SOUTHWICK — Yes.

Ms BRUINIER — It is for young women. We have two age groups — 12 to 15, and 16 to 20. One goes for 8 weeks and one goes for 12. It is about engaging young women around their self-esteem and giving them a safe place to share about anything going on for them or in their past. It is also good in that once they engage in the program they can engage in any other services at the Bridge, or we link them into other services around what might suit them. It sort of explains itself — Going Within to Get Out — so looking within themselves to find out who they want to be and linking into actual services and getting support for those things. It is facilitated by Kellie Smith, who wrote a book with the program on some of her life experiences and journals. She can relate to the young women and they can really relate to her and then read about her experiences and how she came through them.

Mr SOUTHWICK — How long has it been going, how many people are there and have you measured any of its successes so far?

Ms BRUINIER — We have. I guess we are slowly; each time we run a group we look at next time and things that we want to work on to improve the program. Three times a year we look at what we need to do next time. We are not actually funded for the program, so the Bridge funded it themselves, partially, so Kellie does some stuff voluntarily because that is what she is passionate about, but it would be really great to have it funded so that we can have more time to spend in making it what it is, and Kellie has some great ideas for groups for young men as well, but we do not have the funding, so we are limited in what we can do. Our big focus at the moment is trying to make sure we get that data this year to reflect on the program's progress for the young women.

Ms VIDLER — There have been some great outcomes so far.

Ms BRUINIER — There have. There have been some really good outcomes. I guess they are mainly collected in testimonies from the young women or case studies at this point. We do some surveys with the girls, but they are not totally reflective of all the outcomes that we would get through the program.

Mr SOUTHWICK — Could you give a quick example of that, for the record?

Ms BRUINIER — Of a young person?

Mr SOUTHWICK — Yes; of a success.

Ms BRUINIER — Yes. I had a young person who was living at Tatura who was referred to the Youth Connections program, and I supported her to go to the program. Originally she was suicidal, she had depression, she was obese, isolated, she would not even catch the bus to school because she felt so anxious about it. She would wear a hood over her face so you could not see her. She was a little bit bitter, she was not attending school very often, was not confident at all, would not shower regularly, had a really poor diet and did no exercise. Getting her to come along to the group was really hard, but that is what is good about my role — I can outreach and pick them up for these programs. I was there to support her in the program sessions as well. She did not talk at all to the whole group; she did not take her hood off or look at anyone.

Ms VIDLER — That was for about five of the sessions, wasn't it?

Ms BRUINIER — For about five or six of the sessions she did that. Now I can tell you where she is. She has actually been studying for the last three years and attending every day, getting really good grades, she washes herself regularly, she has been a mentor for the Going Within to Get Out program, for other young women as well, and is sharing her experiences now. She does a lot of art projects, gets out in the community and supports events. She is actually looking at going to university next year, and she has lost weight as well, which is great for her health as well. There has been such a huge improvement in her. That is one young person who I have worked closely with, so I can really see the massive changes.

Ms VIDLER — Even as outsiders, all of the staff members look at this young person now and we are all just blown away. She was a young person who Alex would say, 'Don't go near her today', and you would avoid her because it would make her feel really uncomfortable. But now she comes in, she says hello to you, there is no hood, she is proud to walk in. It is amazing.

The CHAIR — All right. If there are no further questions, thank you both very much for your time this afternoon. We appreciate it.

Ms VIDLER — You are welcome. Hopefully we were helpful.

The CHAIR — Yes, it was good. Thank you, and good luck with the funding.

Ms VIDLER — Thank you.

Witnesses withdrew.