THE LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

TABLING STATEMENT

for the

Government Response

to the

Standing Committee on Health Report No. 4,
Looking at the Health of School Age Children in the ACT

Presented by Simon Corbell
Minister for Health
August 2003

Mr Speaker

In April 2002 the Standing Committee on Health resolved to undertake an inquiry into the health of school-age children in the ACT. The Committee tabled its report on 7 May 2003, with 48 recommendations and 68 sub-recommendations.

I would like to take this opportunity to thank the Committee for its work on this issue.

The report has highlighted a number of health issues that will assist the Government in its work to support the development of resilient, optimistic children and young people.

In the 2003-04 Budget, the ACT Government highlighted its vision of building this community and we place particular emphasis on giving our children every chance to realise their potential. Accordingly, the health and wellbeing of children will be a strong theme of the Canberra Plan.

In line with one of the key themes of the Committee's Report, the ACT Government is working to improve the integration between policies and programs to better meet the needs of children.

For instance, work on the development of the proposed ACT Children's Plan, the Mental Health Strategy and Action Plan, and the Alcohol and Other Drugs Strategy is occurring in a co-coordinated manner.

This Government has given careful consideration to the recommendations of the Committee and we support 30 sub-recommendations, and agree in principle with a further 14 sub-recommendations.

Let me briefly outline the Government's current and proposed action in response to these recommendations, which include:

- A Curriculum Renewal Project announced in the 2003-2004 Budget. This will include a focus on physical activity in schools and a "human values" program.

- A new initiative in the 2003-2004 Budget that will see 17 youth workers allocated to high schools over the next two years.

- An announcement in December 2002 to develop an ACT Children's Plan to clearly articulate the Government's commitment to children and families.

- The development of an ACT Mental Health Strategy and Action Plan in 2003 to meet the mental health needs of the whole community.

- A commitment through the *Health Action Plan 2002* to develop a public health nutrition plan that will incorporate the needs of children and young people into its key priority areas.

- Provision of funding for an ACT Youth Smoking Prevention Project, which will involve young people in its development, implementation and evaluation.

- The development of a new *Guide for Planning and Conduct of Special Events* to outline responsibilities and requirements for special events, including issues such as safety, security, lighting, transport and emergency services.

- The development of a Caring for Carers policy for the ACT Government that will consider the needs of young carers.

- And funding to undertake a TravelSmart Schools Pilot Project in two schools to raise awareness of the impacts of car use and to encourage walking to school through the establishment of "walking school buses".

As stated earlier, the Government announced in December 2002 the development of an ACT Children's Plan, which clearly articulated our commitment to children and families.

The Plan will encompass antenatal, infancy, the early school years and middle childhood, and will address both universally provided services to families and services targeted to address the needs of specific groups.

Mental illness is also a growing problem that presents challenges to the community as a whole, as well as for individuals and families.

The ACT Government is committed to addressing the growing needs of the ACT population through the development of a Mental Health Strategy and Action Plan in 2003.

A number of recommendations will also be considered through the development of this Plan including:

- mental health education;
- the need for an early psychosis intervention centre; and
- services for children diagnosed with behavioural difficulties.

This Government is committed to looking at best practice approaches to responding to key health issues for children and young people.

At this stage the Government is not able to support the recommendation that we have a health promotion campaign highlighting the associations between asthma, and children's bedding and poorly ventilated cooking.

Current evidence concerning the associations between bedding types and asthma is inconclusive. A formal study is under way on this subject in the ACT and NSW, which is aimed at clarifying this issue, but the results will not be known for another two years.

As well, there is currently a lack of clear evidence concerning associations between air pollutants generally - both indoor and outdoor - and asthma. This matter is, however, currently the subject of a report commissioned by the Commonwealth and undertaken through the National Asthma Council.

The Government's current priorities, which reflect those of the National Asthma Council, are to focus on campaigns that highlight:

- The importance of regular medical review;
- Assessing severity of asthma,
- First Aid for Asthma,
- Compliance to drug medication regimes, and
- Asthma action plans.

These approaches have been shown to achieve improved health outcomes for children with asthma.

The Government is also not able to support the incorporation of information about active transport methods in curriculum areas, such as "road ready" courses.

The 'Road Ready' program is already an integral part of the driver licensing system and the incorporation of general information about alternative transport systems would add to the course length and detract from its educational objectives.

That said, some of these issues will be addressed at a primary school level, through curriculum based classroom activities developed as part of the ACT TravelSmart Schools Pilot Project. These resources will be aimed at influencing children's and families travel behaviour and reducing reliance on car travel to and from school.

Overall, implementation of the accepted recommendations contained in the ACT Government's Response:

- Will require government and community sector partnerships;
- Will be increasingly based on a person-centred approach rather than traditional program boundaries; and
- Will provide opportunities for a greater focus on early intervention and prevention approaches.

The ACT Government has, through its response to the Committees report, demonstrated its ongoing commitment to the health of school-age children. I commend the report to the Legislative Assembly.

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Looking at the Health of School Age Children in the ACT

Circulated by authority of Simon Corbell
Minister for Health
August 2003

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Executive Summary

Background

In April 2002 the Standing Committee on Health ("the Committee") resolved to undertake an inquiry into the health of school-age children in the ACT.

The members of the Committee were Ms Kerrie Tucker MLA (Chair), Ms Karin MacDonald MLA (Deputy Chair), Mr Brendan Smyth MLA (discharged 18 February 2003), and Mrs Jacqui Burke MLA (appointed 18 February 2003).

The terms of reference for the committee were:

To inquire into the health of school-age children in the ACT with particular regard to:

- Identifying current health status and emerging health issues;
- The relationship between social, emotional and physical health;
- Mental health and body image, including gender influences and eating disorders;
- Family, cultural and socio-economic influences;
- Physical activity, diet and environment;
- Current practice in schools to foster a culture of health and wellbeing;
- The role of ACT Government and non-Government organisations in providing support;
- Appropriate models for service delivery; and
- Any related matter.

On 25 September 2002, the Legislative Assembly resolved that the Standing Committee on Health investigate the adequacy of children's television standards in relation to advertising to children with particular regard to 'junk food' advertising. As a result the Committee added the following to the terms of reference for this inquiry:

- The adequacy of children's television standards in relation to food advertisements.

In addition to these terms of reference, two supplementary requests were put to the Minister for Health in relation to this inquiry. The requests were:

These requests related to:

1. Rates of prescribed Ritalin and dexamphetamine in the ACT.

2. Rates of suicide and mental health programs.

3. Information on pilot programs introduced over the last five years related to the health and well-being of young people in the ACT.

The ACT Government provided a Submission to the Committee in September 2002, which focused on providing an overview of established services, programs and initiatives in place to support the health of school-aged children. It also highlighted election commitments as they applied to the Terms of Reference and new initiatives introduced through the 2002-2003 Budget.

The Committee tabled the Report, *Looking at the health of school-age children in the ACT*, in the Legislative Assembly on 7 May 2003.

This document outlines the ACT Government response to the Committee's recommendations.

Overview

The *Looking at the health of school-age children in the ACT* ("the Report"), makes 48 recommendations, made up of 69 sub-recommendations, across a broad range of areas impacting on school aged children and their families.

Key areas covered by the recommendations include:

Physical Well-being

Reviewing the way physical activity is approached in schools; developing a territory-wide nutrition strategy for students; a focus on the sale of and use of certain foods in school canteens; greater controls and restrictions on food advertising through media; additional resources for more youth health centres, youth health workers, health and welfare officers in schools, and the refurbishment of youth centres; reviewing drug education in schools and developing a consistent approach for drug and alcohol education; and undertaking an occupational health and safety audit in schools and a study of the environmental factors affecting the health of school-aged children.

Mental Well-being

Ensuring a consistent approach for mental health education across all sectors; the establishment of an early psychosis intervention centre; ensuring co-ordinated responses by services when a child is diagnosed with behavioural difficulties; developing projects and expanding service delivery responses that support body image and eating issues; developing peer-led safer-sex and sexuality education in schools; funding lesbian safer-sex information and allowing free condom distribution in high schools and colleges by groups undertaking safer-sex education; developing information and education campaigns regarding violence against women; focusing on sustainable transport issues; improving safety at public events reviewing anti-bullying programs used in schools; a focus on the needs of young carers.

Social Well-being

Adopting the "Gatehouse Project" in schools; implementing an early-year intervention project to support parents; focussing on active transport concepts in civic design, establishing programs to assist children and parents to walk and cycle safely to school; and placing restrictions on the use of cars around school zones.

ACT GOVERNMENT RESPONSE

Strategic Directions

The ACT Government's response to the Report addresses each of the 48 recommendations made by the Committee. The ACT Government thanks the Committee for the work undertaken in developing this Report.

In the 2003-04 Budget the ACT Government's highlighted it's vision to build a community as a whole, with a particular emphasis on giving children every chance to realise their potential. Accordingly, the health and wellbeing of children will be a strong theme of the Canberra Plan.

In line with one of the key themes of the Committee's Report, the ACT Government is working to improve the integration between policies and programs, to better meet the needs of children. For instance work on the development of the proposed ACT Children's Plan, the Mental Health Strategy and Action Plan, and the Alcohol and Other Drugs Strategy is occurring in a coordinated manner.

The development of the ACT Children's Plan, formally announced by the Chief Minister in December 2002, will clearly articulate the ACT Government's commitment to children and families and provide principles and clear guidelines when developing policy and services that relate to children across government, non-government agencies and the community.

The ACT Children's Plan will encompass antenatal, infancy, the early school years and middle childhood, and will address both universally provided services to families and services targeted to address the needs of specific groups. Some of the Recommendations contained within the Report will also be considered within the context of the ACT Children's Plan.

Mental illness is a growing problem that presents challenges to the community as a whole and for individuals and families. The ACT Government is committed to addressing the growing needs of the ACT population through the development of a Mental Health Strategy and Action Plan in 2003.

The Strategy will further develop our agenda in mental health which will articulate ACT epidemiology, service mix and best practice models for service provision to meet the mental health needs of the whole community. Some of the Recommendations contained within the Report will also be considered within the context of this Mental Health Strategy and Action Plan.

The ACT Government also established the Alcohol and other Drug Taskforce in August 2002, to inquire into the nature and extent of harm associated with use and misuse of alcohol and other drugs in the ACT, and to develop an Alcohol and other Drugs Strategy, which will set future directions for Alcohol and Drug Policy for the ACT.

Overall implementation of the accepted recommendations:

- will require government and community sector partnership;
- will be increasingly based on a person-centred approach rather than traditional program boundaries; and
- provides opportunities for a greater focus on early intervention and prevention approaches.

ACT Government's Response To Recommendations

Recommendation 1

2.26.*[1] The Committee recommends that the Government ensure that its efforts to engage the community includes strategies to consult with, and listen to children and young people on matters that effect them.

Agreed.

Youth InterACT is the ACT Government youth consultation and participation initiative announced as part of the 2002-2003 ACT Budget. Youth InterACT significantly expands participation opportunities and the number of young people able to contribute to the discussion on youth issues in the ACT.

Youth InterACT is for all young people aged 12-25 years who reside in the ACT, including those experiencing disadvantage and young people who would not normally be encouraged to participate in an initiative of this nature.

The meaningful involvement of young people in consultation activities and decision-making and advisory forums is a high priority. The Minister of Education Youth & Family Services's Youth Council is the peak forum within the education portfolio for such consultation.

As well, student representative councils in individual schools and the ACT Student Network at system level provide leadership opportunities for young people in high school. By their participation, students have the opportunity to influence issues in their own school or at the system level. For example, ACT Student Network is a source of advice to the Department of Education Youth & Family Services (DEYFS) on major policy such as the government schools plan.

In addition, the ACT Government will consult with children to inform the development of the ACT Children's Plan. Children and young people have also been involved in the consultation process for the development of the ACT Mental Health Strategy and Action Plan 2003-2008.

Recommendation 2

2.34. The Committee commends its predecessor's report, Aboriginal and Torres Strait Islander Health in the ACT, and recommends that the Government implement the recommendations of that report as a matter of priority.

Noted

ACT Health is currently preparing an update for the Committee on progress against the recommendations contained in the Aboriginal and Torres Strait Islander Health in the ACT Report. In particular, Recommendation 10, which highlights the need for Indigenous health services to be operated and directed by indigenous peoples, will be taken forward in the context of the ACT Regional Aboriginal and Torres Strait Islander Health Plan. This is to be undertaken in response to the National Strategic Framework for Aboriginal and Torres

[1] * the numbers contained at the front of each of the recommendations correlate with the relevant paragraph numbers in the Standing Committee on Health Looking into the health of school-aged children Report No.4.

Strait Islander Health and under the auspices of the ACT Aboriginal and Torres Strait Islander Regional Health Forum.

Recommendation 3

2.40. The Committee recommends that the Government provide an update on the progress of the implementation of the recommendations of the above reports, where this, or the previous, Government has already responded.

Noted.

Responses in regard to a range of existing reports as they relate to children with a disability are detailed below.

- *Educational Services for Students with a Disability* (December 1999)

  DEYFS has responded to recommendations arising from this report across a number of operational areas.

  The ACT Government is proceeding with the implementation of a student centred appraisal model for students with disabilities. A consultant has developed a research-based appraisal process, specific to the needs of ACT schools, to determine the educational support needs of students with disabilities.

  The appraisal process is an objective and standardised method for allocating staffing points to special and mainstream schools on behalf of students with disabilities.

  It links with current educational planning and review processes that are already familiar to teachers and parents. Extensive consultation has been undertaken with parents and disability advocacy groups over a 12 month period. A reference group has also overseen the development of the project.

  The approach will be progressively trialed in special schools, mainstream classes and learning support units during 2003-2004.

  Therapy services previously provided by ACT Community Care and the Department of Education and Community Services have been combined, so that one administration brings together professionals such as social workers, therapists and physiotherapists.

  The single therapy service, Therapy ACT (Department of Disability, Housing and Community Services) providing multidisciplinary therapy services for people with developmental delays from birth to age 65, came into operation on 1 July 2003. The new service integrates the activities of the Child Health & Development Service (CHADS) and the multidisciplinary therapy teams of Disability ACT.

  Therapy ACT will provide therapy, consultation, and school visits for children with disabilities attending preschools, primary and high schools and colleges. This includes Special Schools and specialised classes such as Learning Support Centres for children with Autism. In the 2003/04 Budget $2.3m was allocated over 4 years for expansion of specialised behaviour management programs for adolescents and adults with disabilities who have extremely challenging behaviours; improved access to services for adolescents with disabilities; and enhanced capacity to provide specialist

assessment and consultancy services in relation to safe transport options for people with a disability.

The Department of Education, Youth and Family Services has established a pool of specialised support equipment to facilitate students' access and participation in education programs. This equipment, available on long-term loan to schools, includes notebook computers, sound amplification systems for students with hearing impairments, and specialised furniture and communication systems for students with physical and intellectual disabilities.

The professional development of teachers priority for 2002/03 has been 'meeting the challenge of Inclusivity in schools' that examines the issues of meeting the needs of a diverse student population through teacher pedagogy, curriculum and assessment approaches. The release of "The Inclusivity Challenge" discussion paper supports this priority with a range of focus questions to assist schools and teachers to promote inclusive teaching practices.

The Services to Indigenous People and Student Support Action Plans 2002-2004 outline key outcomes with a strong theme of acknowledging the diversity of school students and meeting individual needs through inclusive strategies and programs.

- *Respite Care Services in the ACT* (March 2000)

The ACT Government's response to the Standing Committee's Report was tabled in August 2000 by the former Minister for Health and Community Care.

The current Government is committed to ensuring that respite care services are accessible, flexible and meet the individual needs of carers. A number of issues identified in the Standing Committee's Report are still relevant issues for carers, and the provision of respite services.

As part of an election commitment, the Government has undertaken an empirical study to establish the extent of met and unmet need for various client groups and individuals now and into the future. The Report of the Met and Unmet Needs in Respite Care Project was tabled in June 2003 covering all areas of respite care including aged care, disability, mental health and family services. The Report provided twenty-eight recommendations covering the following areas:

- Overall issues relating to service planning, data collection, community participation, equitable access and workforce;
- System design issues;
- System efficiency issues;
- Access and linkages to respite care;
- Carer and consumer rights; and
- Quality of services.

The Government is working collaboratively across three portfolios to improve the provision of respite care in the community.

In relation to other areas raised in the Standing Committee's report the current Government is also undertaking the following:

- Increased respite funding of $1million in the 2002-2003 Budget for the provision of more respite care services for clients, families and carers covering aged care, disability and mental health sectors; and
- Developing of a Caring for Carers policy (auspiced by the Department of Disability, Housing and Community Services).

- *Board of Inquiry into Disability Services* (December 2001, known as the Gallop report). The ACT Government has committed to reporting to the ACT Legislative Assembly every six months on the progress of implementing the ACT Government Response to the Report of the Board of Inquiry into Disability Services. The most recent six monthly Progress Report was tabled in the ACT Legislative Assembly on 1 April 2003, by Mr Bill Wood MLA, Minister for Disability, Housing and Community Services. This report can be found at:
  www.dhcs.act.gov.au/disability/Publications/GovtResponseProgress0320032.rtf

- *Inquiry into ACT Education Funding* (January 2003, known as the Connors report) The ACT Government accepted both recommendations of the Connor's report concerned with students with a disability.

  Recommendations regarding a needs based allocative mechanism reflected the process already being developed for the allocation of funds for students with disabilities. This process has begun in special schools and will begin for students with disabilities in mainstream schools later in 2004.

  In the ACT Governments response to the Connor's Inquiry the ACT Government committed itself to monitoring the need of funds to take account of the growing needs of students requiring assistance. Once the needs based allocative methods has been established in the government school system it will be established in the non-government sector.

Recommendation 4

3.5. The Committee recommends that the Government investigate the possibility of increasing the number of full-service schools in areas of need, with on-site health and medical centres that offer free or low-cost, comprehensive health monitoring for all children.

Agreed.

The ACT Government will investigate the possibility of increasing the number of schools in areas of need offering a range of services.

Currently the Schools as Communities program provides Community Outreach Workers to support families and develop community capacity in targeted ACT schools. This has led to the development of some school based health services where this is appropriate and is in response to local community wishes. For example the Kootara Well program at Narrabundah Primary School have two rooms set aside to provide a variety of free health and support services to students. The co-location of these services ensures closer coordination between the education, community and health services, potential for cross-sectoral community development. Canberra College offers health promotion via its service, The Bay. Community organisations operate from a suite of rooms on both campuses to provide weekly access to career, health and social services for students, parents and the community.

ACT Health also works closely with DEYFS to develop health promotion and school health strategies. ACT Health supports the need to increase the level of health service available to children and young people at school and college. Currently all kindergarten children in ACT schools have access to a health assessment by Maternal and Child Health nurses of Community Health and to the complete NHMRC childhood immunisation schedule at their school. Currently approximately 82% of parents/carers take up the offer of a health assessment.

Recommendation 5

3.44. The Committee recommends that the way physical education is approached in all schools be radically overhauled and incorporate the following points:
a) Rather than the prescribed mandatory time for physical activity there be a program for all students that teaches appropriate nutrition and exercise, following the principles of the *Health and Physical Education Curriculum Framework*
b) Ranking grades for physical education units should be eliminated.
c) Students with proven participation in extracurricular sporting or other physical activities should be able to claim credit for these activities, rather than participate in physical education units, excluding the health education components of those units, which should remain mandatory
d) The Department of Youth and Family Services assist schools to collaborate with community organisations to provide physical activities, that focus on fun, not just competitive sports, particularly where schools do not have a dedicated physical education teacher.
e) Fitness testing against prescribed exercises should only be undertaken with extreme caution. Instead, if schools choose to follow this route, 'exercise as fun' programs that allow fitness assessments to be undertaken on the child's own ability should be implemented. Any results from these assessments should be only available to parents/carers.

a) Noted.

The Health and physical education curriculum will be reviewed as part of the Curriculum Renewal Project announced in the 2003-2004 Budget.

b & c) Noted.

PE in schools develops student's knowledge and understanding of health issues. It is about relationships, team building, attitudes, cooperation, respect and participation, as well as exercise. Students are assessed against a range of outcomes according to their own demonstrated understanding and abilities. Increasingly, schools are recognising competencies and achievement from participation in a range of activities outside school.

d) Agreed.

Since 1996, schools have times mandated for physical education, so that all children participate in some regular physical activity. Community sporting providers have been engaged to ensure programs are relevant and effective. Some 54 ACT primary schools are part of the Active Australia Schools Network (AASN) that offer programs in fundamental motor skills based on fun and participation.

DEYFS will continue to work closely with community organisations that base their programs on fun and participation. In addition to AASN that target 22 sports, there are many community sporting organisations that offer programs to individual schools on a 'pay for service' or free basis that develop fundamental basic skills through fun and participation.

Sport and Recreation ACT is also working closely with the sporting organisations of Canberra to ensure that they work within the school environment to expose children to sporting experiences. Sporting organisations undertake these activities to allow children and young people to be exposed to a range of sporting opportunities that they may be interested in and may not have the opportunity to be aware of otherwise.

Many of these organisations run modified activities of their sport (which are non-competitive based) that easily fit within the school curriculum. The development of such programs was in direct response to community need to provide non-competitive activities for young children to minimise sport injury and encourage participation by all regardless of skill level.

Equally, Sport and Recreation ACT has strong relationships with other organisations such as Fitness ACT and recreational groups such as YMCA that could also provide activities of a physical nature that are non-competitive.

e) Agreed.

The ACT Government agrees that any fitness testing in schools should be undertaken in the context of personal development, with care and sensitivity, and a focus on individual health and fitness.

Recommendation 6

3.91. The Committee recommends that a territory-wide nutrition strategy be developed for students at all levels, and including parents, in collaboration with those organisations already undertaking nutrition programs and other key organisations such as the Dietitians Association, the Heart Foundation and the Australasian College of Nutrition and Environmental Medicine.

Agreed in principle.

ACT Health, through the *Health Action Plan 2002* has made a commitment to develop a public health nutrition plan. This plan to be completed in 2003 will provide a shared vision for the ACT on nutrition and promotion of healthy eating. The needs of children and young people will be incorporated into the four key priority areas that reflect the national *Eat Well Australia Strategic Framework for Public Health Nutrition 2000 -2010*. They include:

- Prevention of overweight and obesity in children and prevention of further weight gain in adults;
- Increasing the consumption of vegetables, legumes and fruit;
- Promoting optimal nutrition for women, infants and children; and
- Improving nutrition amongst vulnerable groups.

ACT Health's Community Nutritionists will consult with a broad range of key stakeholders in the development of this plan, including ACT Health's Nutrition Advisory Group, which has representation from a broad range of nutrition stakeholders in the ACT.

3.92. The Committee further recommends that as part of the nutrition strategy there be a needs-analysis in all schools, including colleges, to determine whether there are students not having breakfast on a regular basis, and if this is the case, establish a universal breakfast program.

Agreed in principle.

In 2002 DEYFS conducted a survey of breakfast programs in ACT Government schools including a needs analysis. Results indicated that a small proportion of schools offered breakfast programs, sometimes due to a lack of resources or lack of perceived need for the program. The ACT Government will consider a range of options regarding the establishment of breakfast programs in the ACT within the context of relative ACT Government priorities.

Currently ACT Health's Tuckatalk in Schools Project, which uses a range of approaches to improve the nutritional health of school children, is piloting a breakfast program at Richardson Primary School. This program, to be evaluated as part of the whole project evaluation in June 2004, will provide valuable information on the best way to support schools to operate nutritionally appropriate breakfast programs.

Recommendation 7

3.93. The Committee recommends that the government require schools to minimise the sale and use of food containing high fats, high sugars, artificial colours, flavours and preservatives from ACT school canteens and, in consultation with appropriate experts, introduce an alternative menu which offers healthy choices in all school canteens. This requirement should also apply to contracts where school canteen services are outsourced.

Noted.

The Committee's recommendations will be raised with the ACT Council of P&C Associations and the ACT School Canteen Coalition.

ACT Health and DEYFS currently work in close partnership with the ACT Health Promoting Schools Canteen Coalition, which oversees the work of the ACT School Canteen Project. This project aims to increase the amount of healthier food items sold at school canteens by:

- Providing education, training and ongoing support on health and nutrition issues to canteen staff;
- Increasing awareness in the important role school canteens have in the health and nutrition of young people; and
- Working towards an accreditation system for school canteens.

Schools in the ACT are encouraged to adopt the Health Promoting Schools Framework where healthy nutrition curriculum is complemented by healthy canteen policy development. In partnership with the Heart Foundation, schools are encouraged to use the Healthy Schools Canteen Policy guidelines to shape their individual school policy.

Recommendation 8

3.94. The Committee recommends that the government, as part of the Nutrition Strategy:
a) undertake an education program to increase awareness of the symptoms and effects of food intolerance in the community;
b) put in place a policy that when children are identified with behavioural problems, dietary management should be investigated and offered as a management option; and
c) offer dietary management as part of the rehabilitation process for juvenile offenders.

a) Agreed.

An education program to increase the awareness of the symptoms and effects of food intolerance in the community will be undertaken. Current Community Nutrition services consist of individual appointments for children with diagnosed food allergies or intolerances. Nutrition clinical practice guidelines have been developed to ensure evidence based practice and linkages with other service providers such as GP's and immunologists. It is important that individuals are managed medically to ensure that the elimination of foods is undertaken in a systematic way and foods not eliminated unnecessarily.

To implement this recommendation ACT Health will undertake the following:

- Produce a parent information brochure on food allergy and intolerance for distribution to schools (Tuckatalk in Schools Program);
- Provide Professional Development sessions to teachers;
- Incorporate food allergy and intolerance information into the School Canteen Staff Training Program; and
- Link with parent groups as appropriate.

b & c) Noted.

Currently the Child and Adolescent Mental Health Service (CAMHS) works on an individual basis with families to develop management plans at home, which may include looking at diet. CAMHS also consults with ACT Health's Community Nutritionists on matters concerning poor diet and food intolerance.

However, it should be noted that the revised National Health and Medical Research Council (NHMRC) *Dietary Guidelines for Children and Adolescents* released in June 2003 states that the relationship between behaviours and food allergies is unclear. The reliance on dietary manipulation as an initial step in the management of behavioural problems may delay the use of more appropriate strategies and exacerbate the problem.

Recommendation 9

3.117. The Committee recommends that the ACT Government support the call for greater controls and restrictions on food advertising through the media to children and actively work towards achieving this goal.

Agreed.

The ACT Government supports the call for greater controls and restrictions on food advertising through the media to children. The Chief Minister has previously written to the Commonwealth Government, calling on them to ban advertisements of junk food during designated children's viewing times.

Recommendation 10

3.118. The Committee recommends that the ACT Government form a working party with the States and Northern Territory to make representations to the Federal Government to enhance the Children's Televisions Standards to cover all children's television, including programs with a 'General' rating.

Noted.

The Report highlights the link between healthy eating, advertising to children and the classification of children's programming, which regulates the level and type of advertisements that children view. The need to review the existing codes on advertising to children was identified through both NSW Obesity Summit and the Victorian Citizen's panel focussing on Obesity. At the Australian Health Minister's Conference (AHMC) on 29 November 2002, Ministers agreed that overweight and obesity are significant public health problems which require a national response, and that a National Obesity Taskforce be established under the auspices of Australian Health Ministers Advisory Committee (AHMAC).

The Obesity Taskforce membership draws on State/Territory and Commonwealth Health jurisdictions, and the Chairs of the National Public Health Partnership (NPHP) Strategic Inter-governmental Group on Physical Activity (SIGPAH) and Strategic Inter-governmental Nutrition Alliance. The Obesity Taskforce is due to report back at the end of 2003 with a number of recommendations, including consideration of best practice interventions at national and local levels to reducing the exposure of young children to heavy marketing of high fat, high sugar foods and beverages, fast food outlets and restaurants. This will also include consideration of regulations governing television advertising to children.

The ACT Government will await the outcomes of this process before considering any future action in this area.

Recommendation 11

3.132. The Committee recommends that the Government establish youth health centres in Tuggeranong, Belconnen and Gungahlin, similar to The Junction Youth Health Service, to ensure that all young people have equitable access to affordable, confidential health care.

Agreed in principle.

The ACT Government will, within the context of relative ACT Government priorities, consider a range of options, including the model provided by the Junction Youth Health Service, to address the need for improved health services to young clients in regional centres.

Recommendation 12

3.136. The Committee recommends that funding be provided for a youth health worker to visit each youth centre on a weekly basis to provide basic health advice and education programs.

Noted.

DEYFS, Youth Services Branch currently funds an ACT-wide health promotion service for young people in the ACT. The outreach service is able to visit a range of settings and provide health and life-skill education programs for young people.

Recommendation 13

3.137. The Committee recommends that the Government ensures that The Bay receives ongoing funding and that a similar service be established at, or accessible by, all ACT colleges.

Noted.

Within existing resources DEYFS all colleges may consider offering such services. DEYFS will need to establish the extent of demand and consider the funding implications of providing this service in all ACT colleges.

Recommendation 14

3.140. The Committee recommends that the Government provide funding to refurbish all youth centres in need of modernisation.

Agreed.

Currently DEYFS prepares asset management plans annually for each youth centre in consultation with centre managers. Building condition audits and various other sources are used to develop the asset management plans.

Works proposals are assessed against criteria relating to Occupational Health & Safety OH&S), security, access and equity, building regulatory requirements, accommodation needs and functional requirements. Priority is given to items relating to OH&S issues and other important needs.

Funding is available to undertake priority works and general refurbishment of facilities is undertaken periodically. A new Civic Youth Centre is to be provided as part of the redevelopment of Section 84, Civic.

A more detailed assessment will be undertaken of the Woden Youth Centre to ascertain any immediate need for refurbishment work, as part of the 2003/04 asset management plan.

Recommendation 15

3.161. The Committee recommends there be an independent evaluation of drug education programs delivered in schools by community, government and non-government agencies and that this evaluation be underpinned by the principles of harm minimisation and relevance to young people.

Agreed.

While non-government organisations independently run and evaluate their programs consistent with accountability and contractual agreements the need to undertake an independent evaluation of drug education programs of these agencies will be considered in the context of the development of the ACT Drug and Alcohol Strategy and against relative Government priorities.

The National School Drug Education Strategy is currently being evaluated for the Commonwealth. As well, the National Drug and Alcohol Research Centre (NDARC) is due to release a publication on evidence based interventions in relation to School Education.

A recent evaluation of the Drug Education project in the ACT (DEPACT) showed that:

- there has been a considerable change in the level of drug education offered in schools;
- school health committees play a significant role in supporting drug education in schools; and
- the Health Promoting Schools model is responsible for greater awareness of health education – including drug education – in schools and promotion of better practice.

The principles of harm minimisation and a whole of school approach to drug education underpin all these activities.

Recommendation 16

3.162. The Committee recommends that health promotion campaigns and education programs focussing on substance use be developed in consultation with young people in the target group and community service organisations to ensure their relevance and effectiveness.

Agreed.

Within the Health Promoting Schools framework, participation from all stakeholders in the school community including parents and students is critical to the carriage of any successful health promotion.

Student representative councils and the ACT Student Network are involved in policy development and partnerships, for example drug and health policies in schools. The Minister's Youth Council is also consulted when the ACT Government is shaping policy, guidelines and reports related to young people's health and well-being.

The ACT Youth Smoking Prevention Project is a two-year ACT Health funded project that seeks to reduce the incidence and prevalence of smoking in youth of the ACT. The project is specifically targeted at 14-15 year old youth but is not exclusive to that age group.

The target group will have input to the development, implementation and evaluation of the project. They will be included in most stages of the project where appropriate. The aim in

doing this is to get a model of smoking prevention and early intervention that is tailored to ACT youth needs and who feel a sense of product ownership. There will be individual and focus group interviews in the target group along with standardised surveys about smoking attitudes, values, knowledge and behavioural intentions.

Recommendation 17

3.163. The Committee recommends that a consistent approach should be defined for drug and alcohol education offered across all school sectors.

Agreed.

ACT Government, independent and Catholic schools in the ACT are guided by the National School Drug Education Strategy and harm minimisation principles for drug education in schools, when developing school drug education curriculum, policy and partnerships. The Drug Education Project of the ACT is coordinated across all three sectors, in all schools from Kindergarten to Year 12.

Recommendation 18

3.171. The Committee recommends that the Government undertake an education campaign highlighting the importance of the associations between children's bedding and asthma and the poorly ventilated cooking and asthma.

Not Agreed.

The ACT Government does not support this recommendation, as it does not reflect current goals of the National Asthma Council regarding asthma management and education of children and families with asthma.

The ACT Government's campaign priorities are to focus on campaigns that highlight the importance of regular medical review, assessing severity of asthma, First Aid for Asthma, compliance to drug medication regimes, and asthma action plans. These things have been shown to achieve improved health outcomes for children with asthma.

Advice from ACT Health indicates that the evidence concerning the associations between bedding types and asthma is inconclusive. There is currently a formal study underway on this subject in the ACT and Sydney, funded through the NHMRC, aimed at clarifying this issue. It would be premature to launch an educational initiative about bedding and asthma before the results of this study are known - and they will not be known for another two years.

The evidence concerning the associations between air pollutants generally (both indoor and outdoor) and asthma is also currently the subject of a report commissioned by the Commonwealth and undertaken through the National Asthma Council. This report will summarise current evidence and may provide some useful summary statements that could be included in any educational program aimed at children with asthma.

However, the contribution that can be made to a particular child's asthma management by paying attention to air pollution (indoor or outdoor) is small, and it is important that key messages (such as using medication appropriately, having regular reviews with the GP, and having asthma education) are not lost in any educational program.

Recommendation 19

3.174. The Committee recommends that the Government undertake a literature review into the incidence of vitamin D deficiency and take appropriate action.

Agreed in principle.

The ACT Government will consider this recommendation to undertake a literature review into the incidence of vitamin D deficiency as it relates to ACT conditions and behaviours, but against relative priorities.

Recommendation 20

3.187. The Committee recommends that the Government undertake an education campaign on ways to reduce harmful substance emissions from normal household use.

Agreed in principle.

Currently Environment ACT and ACT NoWaste run related community education and awareness raising programs. The ACT Government will consider this recommendation in the context of existing campaigns and relative priorities.

Recommendation 21

3.188. The Committee recommends that the Government, as a matter of urgency, undertake an occupational health and safety audit of all Government schools which includes a chemical audit addressing all potential environmental hazards such as toxin levels and emissions from buildings and furnishings and chemicals used for cleaning and gardening.

3.189. The Committee further recommends that the Department of Youth and Family Services commit to a stronger oversight role to ensure that policies pertaining to environmental hazards, use of chemicals and safe building materials are adhered to by employed contractors and consultants.

Agreed in principle.

The ACT Government believes that there are already extensive and comprehensive procedures in place to identify and deal with health and safety concerns in schools, including those related to the use or presence of chemicals. The potential for strengthening oversight of these areas will be investigated.

All schools are required to conduct comprehensive School Safety Checks each semester. The checks include a requirement that current Material Safety Data Sheets (MSDS) are available for all hazardous substances used (including pesticides, paints, adhesives, art materials, etc).

Secondary schools are required to work within *Science Risk Management Guidelines* released in June 2001. In relation to the management of hazardous substances, the philosophy is to use less hazardous substances and consider waste problems that will arise. Related risk management guidelines have also been prepared for primary schools and secondary technology areas.

DEYFS undertakes building condition audits of all schools every three years and develops annual programs to address building health and safety issues, amongst other things. Works programs are developed in consultation with schools and these are reviewed annually.

School health and safety representatives are trained and are able to assist school staff in identifying health and safety risks.

Particular attention has been given to procedures to be followed when any building works are undertaken in schools:

- Guidelines are provided to schools, including the *ACT Public Service Occupational Health and Safety Policy P-20 Managing Refurbishment and Relocation*, to ensure clear and regular communication between all parties affected;
- All building works must comply with relevant building codes and regulations relating to health and safety, including:
    - those prohibiting use of toxic or hazardous products (paints, solvents, insulation, glues, etc.),
    - air quality control (fresh air supply, extraction of dust and chemical fumes) during construction and for ongoing occupation of the facility;
- Construction agents are required to provide MSDS as recommended by Workcover for all products to be used during construction, including paints, solvents, glues, etc., before works commence;
- Arrangements are made where possible for disruptive works (including noise, odours, dust, etc.) to proceed outside school operating hours.

Regarding pest control, integrated pest control practices are applied, thereby chemical use is minimised and applied only as a last resort. A standard contract has been developed for controlling pests in schools. This contract specifies the use of least hazardous procedures and chemicals and also includes provision for manual eradication where this is feasible. All chemicals specified in the contract are used with the agreement of Environment ACT. Policies to cover cleaning and other chemicals used by contractors in schools, including canteens, kitchen areas and floor treatments are being developed.

In relation to foods to which staff or students may react adversely, the revised DEYFS first aid policy, currently in the final stages of consultation before release, has provisions for schools to develop Anaphylaxis Prevention Plans. These plans include recommendations as to which foods should or should not be brought to school and restrictions on the sale of certain foods at school canteens.

Overall the DEYFS Injury Prevention and Management Policy Committee, which includes representatives from unions and principals' associations, have examined the issue of chemical hazard management in schools and concluded that the range of measures in place covered concerns about chemical hazards.

Recommendation 22

3.190. The Committee recommends that the Government fund a comprehensive study on the environmental factors affecting the health of school-age children in the ACT, in consultation with key community and environmental groups, including the Commissioner for the Environment.

Noted.

The ACT Government will investigate this recommendation in the context of the need for ongoing monitoring and surveillance of children's health issues to be considered in the proposed whole-of-government ACT Children's Plan and against relative ACT Government priorities.

Recommendation 23

4.11. The Committee recommends that, as a matter of urgency, all schools (including colleges) be funded to employ a full time health and welfare officer to be responsible for counselling and co-ordinating health education. This funding should come from core funding, not a reallocation of existing resources.

Noted.

Currently all ACT schools have access to school counsellors and some schools have social worker support through the Schools as Communities program.

In the 2003-2004 Budget, the ACT Government announced a new initiative that will see 17 youth workers allocated to high schools over the next two years. Many ACT schools are Health Promoting Schools and have a strong focus on student health and wellbeing.

The Counselling Review advocates an interdisciplinary approach to counselling and welfare services in ACT schools. In implementing the recommendations of the review the government will be seeking a diverse mix of services and personnel, able to respond flexibly to the complex needs of children and youth.

Recommendation 24

4.19. The Committee recommends that a consistent approach be defined for mental health education and applied across all sectors, making use of those community organisations with proven expertise in the area. Programs should be developed and/or adopted in consultation with experts in this area.

Noted.

The ACT Government will also consider this recommendation further within the context of the development of the ACT Mental Health Strategy and Action Plan 2003-2008. As part of this development Mental Health ACT has received funding from Ausinet to map and plan a Mental Health Promotion Prevention and Early Intervention Strategy across all sectors.

4.20. The Committee further recommends that mental health programs should not only focus on mental health awareness, but be equally focussed on increasing help-seeking behaviour.

Noted.

Mental Health ACT recognized the need for mental health programs to focus on building resilience and provide children and young people with skills and methods of coping. The Child and Adolescent Mental Health Service (CAMHS) currently runs early intervention

programs in anxiety disorders for children and also works with school counsellors to run early intervention programs for Year 9 students at risk of depression and self-harm.

Recommendation 25

4.32. The Committee recommends that a 'human values' or philosophy program such as the successful program at Mawson Primary School be developed for implementation in all ACT primary schools.

Noted.

The further incorporation of values and philosophy education will be considered as part of the Curriculum Renewal Project announced in the 2003-2004 Budget. A range of programs and learning tasks currently conducted in ACT schools focus on values and citizenship education.

Recommendation 26

4.60. The Committee recommends that the Government establish an early psychosis intervention centre in the ACT, based on the model of the Early Psychosis Prevention and Intervention Centre in Melbourne.

Noted.

The ACT Government agrees that early treatment of depression, anxiety and psychosis can reduce the impact and burden of these disorders. The effective and timely treatment of early onset psychosis can improve health outcomes, slow the onset of illness and possibly prevent relapse. The need to alter or expand existing services will be considered in the context of the ACT Mental Health Strategy and Action Plan.

Currently CAHMS offer interventions for the treatment of early onset psychosis on a one to one basis. As well, The Cottage - Adolescent Day Program offers a treatment program for adolescents who suffer from anxiety, depression and psychosis.

Recommendation 27

4.77. The Committee recommends that when a child has been diagnosed with behavioural difficulties, that there be a co-ordinated response by services to ensure that all possible avenues of treatment are offered to parents. This response should also look at wider measures such as including full-spectrum lighting in classrooms and dietary modification.

Noted

CAMHS currently offers services to children with comorbid ADHD and other mental health problems. The need to alter or expand existing services will be considered in the context of the ACT Mental Health Strategy and Action Plan.

Currently CAMHS provides to families a comprehensive list of specific ACT resources in relation to the condition. As well, it works on an individual basis with families to develop management plans at home, which may include looking at diet. CAMHS also consults with

ACT Health's Community Nutritionists on matters concerning poor diet and food intolerance.

Recent school designs provide for ample natural lighting and appropriate acoustic treatment including carpeting in classrooms. Many older "open plan" schools are particularly deficient in provision of natural lighting and acoustic separation of classrooms. However, recent designs in providing flexible learning spaces do not necessarily provide for acoustic separation of classroom areas in all cases.

In circumstances where students have specific requirements the DEYFS considers these requirements on a case by case basis and makes necessary modification where it is possible and cost effective to do so.

Recommendation 28

4.88. The Committee recommends that the Government work with students to develop healthy body image projects to be presented within the mainstream media.

Agreed.

Health curriculum provides for exploration of topical issues related to food and eating and actions that promote good practices in relation to these. Gender equity, Arts and Media studies curricula all aim to develop student understanding of the role of advertising in promoting limited and unrealistic representations of body image.

High school and college media curriculum addresses issues related to gender representations across all the media. The MindMatters project (now funded and operating within CAMHS) promotes the mental health of members of school communities through classroom and whole of school activities that explore positive self-concepts and body image.

The ACT Government supports the continuation of projects with themes around representation of body image through the Rock Eisteddfod, Year 9 Exhibitions, the MindMatters Drama festival, the Ausdance Festival and the Health**pact** funded Lip magazine, which involves students in exploring body image issues.

Recommendation 29

4.93. The Committee recommends that the Government investigate the need to expand service delivery responses which provide counselling and support for young people with body image and eating issues.

Agreed.

The need to expand service delivery responses will be considered as part of the implementation of the Counselling Review being undertaken by DEYFS.

The ACT Government is active in providing information and services relating to eating disorders issues including:

- MindMatters – promotes the mental health of members of school communities through classroom and whole school activities that explore positive self-concepts and body image. It also raises the awareness of staff about students in special need of support.

- Mental Illness Education ACT (MIEACT) - provides school programs, including offering drama presentations such as Any Body's Cool, to raise awareness and help seeking behaviour for students.

As well, the Mental Health ACT Throsby Place Eating Disorders Program is evaluated regularly to identify service gaps. The need to alter or expand existing services will be considered in this context.

Recommendation 30

4.118. The Committee recommends that a comprehensive program of peer-led safer-sex and sexuality education be developed and delivered equitably across all schools and offered to the Independent and Catholic school sectors to also deliver. The safer-sex education program should cover all behaviours, including those traditionally deemed to be 'homosexual' practices.

Noted.

Sexual Health and Family Planning ACT (SHAPFACT) will be piloting peer education programs during 2004 across all sectors. The feasibility of the widespread introduction of this program will be considered following evaluation. The Committee's report has been forwarded to the Association of Independent Schools and the Catholic Education Commission.

Sexual health and relationships education professional development is being offered to primary and secondary teachers in partnership with SHAFPACT.

DEYFS is developing a new sexual health & relationships policy that will be distributed for consultation with government school communities. This will provide the opportunity to review issues raised by the Committee.

Recommendation 31

4.119. The Committee recommends that the Government fund the production and distribution of lesbian safer-sex information.

Noted.

This matter will be placed on the agenda of the Ministerial Advisory Council on Sexual Health, HIV/AIDS, Hepatitis C and Related Diseases (SHAHRD) for discussion about how to best progress this recommendation in collaboration with local agencies.

Recommendation 32

4.120. The Committee recommends that the Government allow free condom distribution in high schools and colleges by those groups undertaking safer-sex education.

Agreed.

The ACT Government considers that the distribution of condoms in high schools and colleges – in the context of safer sex education – is appropriate if educators, trained in sexual health and relationships education undertake education sessions and instruction.

Recommendation 33

4.121. The Committee recommends that condom vending machines be installed in all high schools and colleges, in consultation with students to determine appropriate locations.

Noted.

DEYFS is reviewing its policy on sexual health and relationships education in schools, which will address this recommendation. No change in policy will be implemented, however, without broad consultation involving parents (via individual P&Cs and ACT P&C Council), school boards, principals, and students themselves via SRCs and the Student Network. DEYFS would work with ACT Health in developing guidelines for the installation and use of such machines.

Recommendation 34

4.139. The Committee recommends that representatives from all ACT Government schools participate in the "There's 2 in Every Classroom" project run by Sexual Health and Family Planning ACT, and that Government ensure that this project is appropriately resourced.

Agreed in principle.

Some ACT Government schools have already taken up the option to participate in the project "There's 2 in every classroom", such as the Gold Creek School. The response to the project by schools involved has been positive.

The ACT Government would support the training program being made available to all schools, however participation in the program would be at the discretion of individual schools.

Recommendation 35

4.140. The Committee recommends that all ACT Government schools make greater efforts to reduce homophobia through the use of inclusive language and environment.

4.141. The Committee further recommends that the 'GILBerT's Friends' support group be widely publicised through all secondary schools.

Agreed.

All schools are required to nominate two Anti-Sexual Harassment Contact Officers for students. Training for these officers includes a module on homophobia and sexual harassment.

An important role for Contact Officers is to establish within their schools, an environment that does not tolerate harassment in any form. This includes displaying posters that address homophobia and providing information to students on where to get help and advice if they need it, including information about support groups such as 'GILBerT's Friends'.

The Health Promoting Schools model used by many ACT schools means health committees within schools can choose issues to focus on, that are relevant for their student body.

In addition to GILBerT's Friends there are also other services that can be accessed in the ACT by young people who are same-sex attracted, such as supports and courses run by the AIDS Action Council of the ACT.

Recommendation 36

4.151. The Committee recommends that the Government develop, in consultation with experts in the field, a professional development program for teachers to assist them in recognising the signs of sexual or other violence and to make appropriate referrals.

Agreed.

In addition to the professional development for teachers on sexual harassment and bullying, the ACT Government currently utilises a range of ACT community education providers, in the areas of sexual assault and violence, to provide professional development programs to teachers. In addition, various relevant professional development kits and materials have been provided to schools to assist teachers, including mandatory reporting training.

Recommendation 37

4.152. The Committee recommends that the Government, in partnership with community organisations, put in place comprehensive programs to address the needs of school-age children who are the victims of sexual assault. These programs should not only address short-term needs but aim to make systemic changes with a view to long-term outcomes for the child and family and break the cycle of intergenerational violence.

Agreed.

DEYFS provides services and support to children and young people, who have been subject to sexual assault and who are the responsibility of the state. Additionally, DEYFS offers support and assistance to children and young people who have been subject to sexual assault and remain in parental care.

Systemic change to community attitudes towards violence and the protection of children and young people are provided through educational programs including mandatory reporting training.

The ACT Government's development of Overarching Interagency Guidelines for Child Protection aims to clarify roles and responsibilities regarding children and young people including those who have been subject to sexual assault. These guidelines will provide a process of ensuring that the needs of these children and young people are met across agencies.

Recommendation 38

4.155. The Committee recommends that the Government provide additional funding to early intervention programs to provide support to children that have experienced violence in their lives.

Agreed in principle.

The ACT Children's Plan will provide evidence-based approaches to address this area of need. It is envisaged that recommendations for inter-sectoral, early intervention programs targeting these children, will be included in the ACT Children's Plan.

In addition, maternal and child health home visiting services have been found effective as a sustainable, non-stigmatising, community based intervention.

Funding to support children who have experienced domestic violence will be considered in the context of relative ACT Government priorities for homelessness services.

Recommendation 39

4.156. The Committee recommends that the Government:
a) establish and resource a working party made up of representatives from areas including: law enforcement; health promotion; the women's sector; relevant community organisations; as well as educators and those responsible for the development of school curricula to develop and implement an across-the-board information and education campaign regarding all aspects of violence against women, including sexual violence, with the view to including violence prevention education as part of the ACT Government school curriculum; and
b) build on this work with a broader community education and information campaign.

a) Agreed.

DEYFS is represented on the education subcommittee of the Domestic Violence Prevention Council and participates in its work.

Each year, DEYFS provides system-wide as well as school-based professional development opportunities for teachers on issues of violence, bullying and sexual harassment and to help promote positive behaviours in schools.

DEYFS' *Safe Schools Policy Framework* promotes safe and supportive learning environments.

b) Agreed.

The ACT Government provides funding for a range of services to provide community education to community members, service providers and schools about the causes, effects and responses to sexual violence and domestic violence as follows:

- Canberra Rape Crisis Centre provides 780 hours of community education per annum;
- Service Assisting Male Survivors of Sexual Assault (Canberra Rape Crisis Centre) provides 260 hours of community education per annum; and
- Domestic Violence Crisis Service provides 800 hours of community education per annum.

Service provision levels, and subsequent allocation of community education hours, can be renegotiated with individual service providers within existing levels of funding.

Recommendation 40

4.157. The Committee recommends that the Government, in the development of its Sustainable Transport Plan:
a) prioritise the maintenance of lighting in bus interchanges and other public spaces in its maintenance program; and
b) investigate the possibility of providing after-hours bus services with the flexibility to stop between bus stops in order to set passengers down as close to their homes as possible.

a) Agreed.

Neighbourhood planning strategies currently involve working with local communities (including all those with an interest in the suburbs undergoing neighbourhood plans - whether they live, work, learn, play or invest in the suburb) to identify safety issues in order to ensure the quality design of public spaces and assets. Implementation plans will address the issues raised by the community. Plans will initially be developed for the Inner North and Inner South. Ultimately all suburbs will have neighbourhood plans.

The Department of Urban Services (DUS) has developed the ACT Crime and Urban Design Manual to address crime prevention through environmental design principles. This manual is currently being implemented.

DUS currently implements a Streetlighting Minor New Works program and a Pedestrian Crime Prevention Lighting program to address public safety issues through improved street lighting.

The ACT Government is also currently conducting a review of all bus interchanges with planning for the upgrade/relocation of the Belconnen interchange well advanced. It is proposed that future interchanges will incorporate comfortable and well-lit waiting areas incorporated into or as close to the shopping centre as possible.

b) Agreed

The ACT Government allocated funds in the 2003-04 Budget for Urban Services to develop a business model for low cost and flexible door-to-door public transport feeder services for people wanting to travel to and from suburbs late in the evening. In addition, ACTION is to establish a pilot for night-time services in certain areas. This trial would include the driver setting down (where it is safe to do so) between bus stops as close to passengers' homes as possible

Recommendation 41

4.158. The committee recommends that:
a) the Government undertake research regarding sexual assault and public events in the ACT;
b) the Government develop and expand innovative strategies to educate children and young people about the impact of violence on individuals and the community;

c) event organisers be required to consult with a broad range of stakeholders, including young people, produce a safety plan to ensure events are safe for all members of the community;
d) increased funding be allocated to education campaigns aiming to address male and female stereotypes about violence against women; and
e) restricted alcohol use policies be enacted at all public events, and all staff serving liquor in the ACT be required to have completed an accredited responsible alcohol service training course.

a) Agreed in principle.

The Department of Justice and Community Safety (JACS) is currently piloting the enhanced collection of sexual assault data with a view to using it to inform law reform and legal policy. This data will inform JACS in determining priority issues around sexual assault including potential areas for research. The need to research sexual assault and public events in the ACT will be considered in this context.

b) Agreed.

DEYFS *Safe Schools Policy Framework* contains a range of approaches used by schools to combat violence. Through the study of safety and human relations in the health curriculum, students are helped to understand the nature of relationships and the outcomes and impacts of violence within relationships. Gender equity is included across the eight key learning areas of the curriculum.

Staff training equips staff with skills to implement strategies that encourage and support safe school environments. Programs include: Playsafe playground package for primary schools; protective behaviours program; anti-bullying programs; playground mediators; peer support; anger management; conflict resolution and social skills.

c) Agreed

There are legal requirements for event organisers to ensure that events are safe and stakeholders are consulted. This happens through mechanisms such as venue hiring contracts, OHS legislation, public health legislation, public liability insurance contracts and securing of permits (eg fireworks, road closures). This is regulated through organisations such as ACT Workcover, Office of Fair Trading (DJACS), Health Protection Service, DUS, the Emergency Services Bureau and the Australian Federal Police.

Organisers may also have responsibilities under common law to people who may be affected by their activities.

To assist events organisers in their obligations, Australian Capital Tourism has developed a Guide for Planning and Conduct of Special Events in the ACT. This Guide outlines various responsibilities and requirements of special event organisers. Recommended strategies for issues such as safety, security, lighting, transport and emergency and support services are included in the guide.

The ACT Office of Fair Trading and Australian Capital Tourism are currently developing a new Guide for Planning and Conduct of Special Events.

d) Agreed in principle

The ACT Government provides funding for a range of services to provide community education community members, services providers and schools about the causes, effects and responses to sexual violence and domestic violence as follows:

- Canberra Rape Crisis Centre provides 780 hours of community education per annum;
- Service Assisting Male Survivors of Sexual Assault (Canberra Rape Crisis Centre) provides 260 hours of community education per annum; and
- Domestic Violence Crisis Service provides 800 hours of community education per annum

Consideration will be given to service provision levels, and subsequent allocation of community education hours, which can be renegotiated with individual service providers within existing levels of funding.

e) Agreed in principle

The ACT Office of Fair Trading received the support of Australian Capital Tourism for the development and production of a new Guide for Planning and Conduct of Special Events in the ACT.

This guide will outline various responsibilities and requirements of special event organisers. Recommended strategies for issues such as safety, security, lighting, transport and emergency and support services are included in the guide. The guide will also explain the importance of liquor management at special events. Liquor management strategies include running a liquor-free event, the establishment of dry areas, physically isolating licensed areas from the event activity zones, the promotion of low-alcohol beverages at the event, and making events sell only low-alcohol beverages.

In the course of finalising the guide consultation will take place with organisations, such as, the Australian Federal Police, DUS, National Capital Authority and the ACT Health

Recommendation 42

4.170. The Committee recommends that the Government undertake a review of all anti-bullying programs used in schools, and in consultation with students, teachers, parents and experts in the field, develop and/or implement an existing program based on the principle of restorative justice in all schools.

Agreed.

The National Safe Schools Framework, due for release in July 2003, will include accompanying guidelines to assist schools to undertake audits of existing policies and programs addressing issues of bullying, harassment, and violence.

As part of the audit, schools will be required to report on their anti bullying programs. This will provide DEYFS with comprehensive information to review school programs, with a view to identifying a range of options, which can meet the needs of individual school communities. Schools currently use a range of anti-bullying programs including restorative justice based programs, and mediation approaches based on principles of student voice and empowerment.

Recommendation 43

4.177. The Committee recommends that the Government:

a) develop strategies to identify young carers and engage them in mainstream health services;

b) provide funding for in-home respite services specifically to allow young carers to attend activities that promote their social development and emotional wellbeing, and ensure transport is available for these activities;

c) better publicise the availability of support programs in schools and public space that young people frequent; and

d) adequately support those bodies engaged in support and advocacy for young carers.

a) Agreed.

The Department of Disability, Housing and Community Services (DHCS) is currently developing a "Caring for Carers" policy for the ACT Government. In developing the policy, the Department is consulting with carers, people who receive care and agencies that support carers. The consultation will seek information on ways to identify hidden carers, including young carers, and engage them in mainstream services, including health services. This recommendation will be forwarded to the Carers Advisory Group for inclusion in the policy.

Currently the ACT Government funds Anglicare Youth and Family Services, to provide Connecting Young Carers to Life Opportunities and Personalised Support (CYCLOPS ACT). This program supports young people aged 10 to 18 years, who are responsible for the care of a relative with an illness or disability, and their families in the ACT.

CYCLOPS ACT provides case management services for young people and their families, personal development and support, social and recreational activities; community awareness and development for issues young carers experience; and access to specialised goods or services for young carers through a brokerage program. The service also runs programs with health services to ensure young people who care for family members can access information and support from health professionals.

As well, the Child and Adolescent Mental Health Service are developing a program to support children of parents with mental illness that incorporates the issues around child carers.

b) Noted

In 2002-03 $2.1 million Home and Community Care (HACC) funds were allocated to respite services for carers, including young carers. The Young Carers Program is specifically designed to support young people in their role as carers. The Program provides respite to help young carers participate in sport, social and school activities, provides a safe place for young carers to talk and be listened to, and provides support for the family to enjoy each other. Transport services are provided through the program.

Kincare Community Services is funded $208,000 to run the Young Carers Program and works closely with Carers ACT, who also provides some support to young people in their role of carers. As well, Calvary Hospital, in conjunction with Carers ACT and Kincare

provides free weekend respite (10am Saturday to 4pm Sunday) for carers who are younger than eighteen years.

CYCLOPS provides respite to young carers in the ACT through the provision of support groups and social and recreational activities. Support groups provide information and personal development opportunities for young carers (either directly, or brokered to outside agencies). Social and recreational activities include camps, sport, music and drama among others.

c) Agreed.

One of the contractual requirements for CYCLOPS is the provision of community awareness and development. This involves the provision of activities that support linkages between community members, business, non-profit organisations, schools and other community support services to encourage effective and coordinated service provision for young carers. This also includes the development of community awareness resources and implementation of promotional and developmental activities for organisations that provide services for young carers (i.e. youth workers, teachers, health providers).

d) Agreed.

DHCS is currently developing a "Caring for Carers" policy for the ACT Government. In developing the policy, the Department is consulting with carers, people who receive care and agencies that support carers. The consultation will seek information on adequate support and advocacy for young carers. This recommendation will be forwarded to the Carers Advisory Group for inclusion in the policy.

ACT Health will also continue to support Kincare Community Services to provide the Young Carers Program.

Recommendation 44

5.41. The Committee recommends that the Government adopt the Gatehouse Project for implementation in all ACT Government high schools and colleges.

Agreed in principle.

The Health Promoting Schools Framework, through which schools in the ACT address health promotion, encompasses the objectives of the Gatehouse Project. A variety of programs already in operation, promote connectedness, mental health and wellbeing and are tailored to the specific needs of members of school communities. These include classroom and whole school curriculum and individual programs such as:

- You Can do it! Social skills program;
- MindMatters Project for high schools and colleges;
- Messengers Project in Tuggeranong; and
- The Health**pact** funded Resilience in ACT Colleges Project.

Recommendation 45

5.64. The Committee recommends that the Government investigate the possibility of implementing an early-years intervention project that provides parenting support and well as universal health and social support.

Agreed.

The government will investigate the feasibility of implementing an early years intervention project that provides parenting support as well as universal health and social support in the context of the next Budget. The government currently funds a number of programs which support parents of young children. For example, Belconnen and Southside Community Services offer the *Good Beginnings* program in which trained volunteers provide social support through weekly home visits to local families with children under 6 years. The *Parentlink* program provides parenting advice via widely distributed pamphlets and the Internet.

The *Parents as Teachers* initiative has supported over 60 families in the Tuggeranong Valley in each year 2001 and 2002. The government has provided further funding in the 2003-04 budget to expand the program to serve another 50 families in Gungahlin. This is an international early childhood parent education and family support program serving families throughout pregnancy until their child turns three.

Recommendation 46

5.89. The Committee recommends that future civic design and planning includes measures to encourage active transport, physical exercise and discourage use of the car.

Agreed.

The ACT Government supports the view that civic design should encourage active transport, physical exercise and discourage use of the car. This is demonstrated through the development of the City West Master Plan, which seeks to promote alternative, active modes of transport through a number of urban design measures and initiatives.

The Plan seeks to improve the 'permeability and legibility' of the city area - subdividing the 'superblocks' with lanes and providing a number of pedestrian routes through the city. More importantly a clear hierarchy in the streets and open spaces is to be established so that these routes are obvious to pedestrians and cyclists.

The City West Master plan has also:

- Planned for a north-south commuter cycle link;
- Identified a number of key open spaces to improve the level of amenity and access to park spaces for informal recreation;
- Identified further bus stop locations and modifications to bus routes to improve the east/west connection; and
- Made recommendations on the provision of cycle parking, showers for employees in new and redeveloped buildings etc.

It is proposed that the initiatives commenced in this plan will be addressed and extended into the Central Area Implementation project.

Roads ACT and PALM will be commissioning in 2003 a review of major cycling and pedestrian paths around Canberra to recommend a prioritised list of improvements and new paths to guide capital works expenditure in the future. Pedestrian and cycling access to major trip generators (including large high schools and colleges) will be considered.

The ACT Government strongly supports the concept of pay parking in all town centres and major commercial areas in the ACT. This is a key travel demand management strategy within the Sustainable Transport Plan. Pay parking exists in Civic and Woden town centres, and at Dickson, Deakin, Kingston and Manuka. Pay parking will be introduced to Belconnen and Tuggeranong town centres during 2003. Negotiations with the Commonwealth are underway over pay parking for Barton and Parkes.

Recommendation 47

5.90. The Committee recommends that the Government sponsor a program, in conjunction with children and parents, to map safe walking and cycling routes to school and then assist in establishing programs to encourage use of these routes.

Agreed.

ACT Health has recently funded an ACT TravelSmart Schools Pilot Project to operate in two to three primary schools in the ACT. The ACT TravelSmart Schools Pilot project is an integrated program to raise awareness about the impacts of car use and encourage the use of travel alternatives including walking, cycling, public transport and carpooling for school trips.

A number of strategies will be utilised in the pilot project including:

- Curriculum based classroom activities aimed at influencing children's and families travel behaviour and reduce reliance on car travel to and from school; and
- The establishment of walking school buses, where groups of children walk to school in small groups on a regular basis, utilising parent as supervisors. This is aimed at increasing children's participation in physical activity and pedestrian skills.

A reference group is to be established to guide the project and will involving non-government agencies and key government departments including ACT Health, PALM and DEYFS. The pilot will conclude at the end of 2003 and if successful, future options for funding will be discussed to expand the project.

5.91. The Committee further recommends that in curriculum areas that cover transport systems, including 'road ready' courses that information about alternative, active transport methods is also included.

Not agreed.

The 'Road Ready' course is a comprehensive program covering learner drivers right through to novice drivers. The program assists new drivers for a period of four years from the time they first begin to consider learning to drive, until they have completed their provisional driver period. The major components are:

- A 13 unit Road Ready Learner Driver Program, which all new drivers undertake in Year 10, or through a private provider, to obtain a Learner Licence;
- A minimum of 50 hours driving practice while on their Learner Licence; and
- A voluntary five hour program for provisional drivers, Road Ready Plus.

The 'Road Ready' program is a purpose designed course that is an integral part of the driver licensing system. The incorporation of general information about alternative transport systems would add to the course length and detract from its educational objectives. Whilst addressing alternative transport is not central to the program the cost of driving is incorporated.

However, as part of the ACT TravelSmart Schools Pilot Project curriculum based classroom activities will be developed, aimed at influencing children's and families travel behaviour and reduce reliance on car travel to and from school.

Recommendation 48

5.92. The Committee recommends that severe restrictions be placed on the use of cars in and around school zones when schools are in session and that the Government work with local school communities to develop safe, alternative school transport methods.

Agreed in principle.

Research conducted for the Federal Office of Road Safety (Elliott et al. 1985) suggests that child safety is best viewed as a whole series of different types of children involved in a wide variety of road behaviours.

While younger pedestrians are acknowledged to be a particularly vulnerable group, anecdotal evidence suggests that school age pedestrians are more likely to be involved in a collision away from the school environment. There were no accidents, for example, on school crossings during 2001/2002.

The ACT Government believes that implementation of a 50km/h default speed limit in the ACT, from 1 June 2003, is likely to have a significant safety benefit for all road users but particularly for pedestrians. The Department of Urban Services will continue to actively monitor vehicle speeds in local streets.

Alternate transport methods and Safe Routes To School (SRTS) are potentially valuable ways of addressing the problem of child accidents outside the school zone precinct. The Department of Urban Services believes that a focus on school zones could detract from a broader appreciation of the problems facing children travelling to and from school.

However, a number of schools – through KidSAFE – have SchoolSafe committees (parents & teachers) who look at physical safety issues. School communities will continue to work with DUS to improve traffic safety in school precincts.