



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

Disruption in Australian school classrooms

Submission to the
Senate Standing
Committees on
Education and
Employment

April 2023

ABOUT NACCHO

NACCHO is the national peak body representing 145 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 145 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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Recommendations

NACCHO recommends:

1. Any initiatives and programs intended to address disengagement in classrooms explicitly align with the four Priority Reforms of the National Agreement on Closing the Gap
2. School-based initiatives to create an educational environments that are culturally safe for Aboriginal and Torres Strait Islander students
3. Recruitment of more Aboriginal and Torres Strait Islander educators in the classroom
4. Development of culturally safe trauma informed training modules for educators about neurodevelopmental disorders.
5. Learning in-language for early childhood and primary school students.
6. Funding for adult language, literacy and numeracy (LLN) programs for parents to better support their children's education.
7. Investment in programs that are culturally appropriate to prevent children and young people ever having contact with the criminal justice system.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the Senate Standing Committee on Education and Employment into the issue of increasing disruption in Australian school classrooms.

Introduction

We note that the TOR are framed in response to behavioural issues and the impact on teachers and student learning. While concern about these impacts is valid, framing as a disciplinary issue risks placing blame for disruptive behaviours on students who may be experiencing a combination of complex factors that influence behaviour. We suggest consideration be given to the reasons students may be exhibiting disruptive behaviour. This submission focuses on Aboriginal and Torres Strait Islander students and the health factors that may influence behaviour in classrooms.

National Agreement on Closing the Gap

At the meeting of National Cabinet in early February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement, first signed in July 2020. The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians.

This Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

Priority Reform Area 2 – Building the community-controlled sector

This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

NACCHO recommends any initiatives and programs intended to address disengagement in classrooms explicitly align with the four Priority Reforms of the National Agreement on Closing the Gap.¹

Context

It is critical to understand the circumstances in which Aboriginal and Torres Strait Islander children live which can influence their behaviours in educational settings. The use of the words ‘disruptive’ and ‘disorderly behaviour’ should be avoided in this context as it suggests that behavioural factors are within the control of the individual to change. Whereas behaviours are influenced by myriad factors outside the control of the individual.

A history of dispossession, marginalisation, intergenerational trauma, disconnection from culture, racism and the impact of Government policies since colonisation has resulted in profound inequity for Aboriginal and Torres Strait Islander people. Disproportionately high rates of poverty among Aboriginal and Torres Strait Islander people take place against a background of structural impediments to full participation in Australian society and are evidenced across multiple drivers and measures of inequality.

Cultural Safety in education

Cultural safety for Aboriginal and Torres Strait Islander students is critical. Cultural safety is about overcoming the power imbalances of places, people and policies that occur between the majority non-Indigenous position and the minority Aboriginal and Torres Strait Islander person. Cultural safety is met through actions from the majority position that recognise, respect, and nurture the unique cultural identity of Aboriginal and Torres Strait Islander people. Only the Aboriginal and Torres Strait Islander person who is recipient of a service or interaction can determine whether it is culturally safe.²

In this context, it is important to recognise that mainstream education systems have often excluded and been culturally unsafe for Aboriginal and Torres Strait Islander people. It is evident that the Australian education system was at no time designed for Aboriginal and Torres Strait Islander students.

Culturally responsive teaching is critical in making sure that schools are culturally safe for Aboriginal and Torres Strait Islander students. To support this, Aboriginal and Torres Strait Islander educators are key. Aboriginal and Torres Strait Islander educators have a deeper understanding of the local context, history, language and culture. Culture is central to understanding and shaping relationships across self, country, kin, community and spirituality.³

¹ National Agreement on Closing the Gap 2020, <https://www.closingthegap.gov.au/priority-reforms>

² Closing The Gap, National Agreement. Retrieved from: <https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap/12-definitions>

³ Australian Institute for Teaching and School Leadership. (2021). The impact of Aboriginal and Torres Strait Islander educators: Retrieved from: <https://www.aitsl.edu.au/research/spotlights/the-impact-of-aboriginal-and-torres-strait-islander-educators>

NACCHO recommends school-based initiatives to create an educational environments that are culturally safe for Aboriginal and Torres Strait Islander students.

NACCHO recommends recruitment of more Aboriginal and Torres Strait Islander educators in the classroom

Health Factors

Ear and hearing health

Ear infections can effect a child’s long-term behaviour, development and engagement in education. Often the result of a virus, it is particularly difficult to prevent the progression of middle-ear infections without improved hygiene facilities, water infrastructure and living conditions. Children with ear infections can sustain hearing loss that has a negative impact on their ability to learn at school.

Prevention of ear disease cannot be discussed without acknowledging the role of the social determinants of health. For instance, Aboriginal and Torres Strait Islander people are significantly more likely to live in overcrowded, poorly maintained housing than other Australians.⁴ Inadequate housing is a key indicator and driver of poverty and a critical social determinant of health.^{5,6} Living in overcrowded housing makes Aboriginal and Torres Strait Islander children more susceptible to acute or chronic ear infections.

The evidence demonstrating the powerful links between housing and outcomes for health is abundant. Ensuring Aboriginal and Torres Strait Islander people have access to safe and affordable housing, and addressing overcrowding is key to reducing the burden of disease, such as otitis media, experienced by Aboriginal and Torres Strait Islander communities. Adequate, safe, and environmentally fit for purpose housing must be treated as a key primordial prevention measure for Aboriginal and Torres Strait Islander communities⁷.

To date, there have been limited public health intervention addressing the role of broader determinants of health in ear disease, with almost all interventions adopting a biomedical and treatment-focused approach. Without significant and systemic improvements in key social determinants of health, responses to prevent and reduce ear disease will continue to fall short.

Neurodevelopmental disorders

Whilst most Aboriginal and Torres Strait Islander children are developing typically, Aboriginal and Torres Strait Islander children are at higher risk of developmental and behavioural problems. In the Australian population overall, about 20% of children start school without the necessary developmental skills for success. This figure is estimated at 40% for Aboriginal and Torres Strait Islander children, recognising there are higher rates of disability. Moreover, Aboriginal and Torres Strait Islander children are known to have high rates of undiagnosed conditions such as FASD and other neurological conditions.

⁴ AIHW, 2.01 Housing. Retrieved from: <https://www.indigenoushpf.gov.au/measures/2-01-housing#implications>

⁵ Australian National Audit Office. Indigenous Housing Initiatives: the Fixing Houses for Better Health program. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs; 2010.

⁶ Baker E, Mason K, Bentley R. Exploring the bi-directional relationship between health and housing in Australia. Urban policy and research. 2014;71–84.

⁷ NACCHO, Core Services and Outcomes Framework <https://csof.naccho.org.au/>

People with FASD are likely to have impaired motor skills, cognition, language, attention, memory and a variety of co-morbid conditions which may include mental and behavioural disorders, visual impairment, chronic otitis media, hearing loss, expressive and receptive language disorders and conduct disorders⁸. Children who have FASD may present with developmental delays, difficulties adjusting to school, learning problems, ADHD and symptoms of poor social and adaptive functioning. It should therefore come as no surprise that children with FASD and other neurological conditions often experience behavioural problems which in serious cases may result in school suspension.

At school, teachers need to be aware their student may have FASD, in order to adapt teaching strategies and engage family members to work together in providing the best chance of success at school. Children can be successful at school with sound, FASD informed supports. Individual Education Plans (IEPs) are often recommended for students with FASD at school and requests can be made to the teacher for learning adjustments to be implemented. Additionally, it important to identify a child's strengths and support (eg. Music, sport, drama).

NACCHO has identified the need for a broad, multi-factorial cross-portfolio program to increase impact, and cultural safety of approaches to address FASD and other neuro-developmental disorders including autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) within school settings.

NACCHO recommends the development of culturally safe trauma informed training modules for educators about neuro-developmental disorders. This training must be developed in partnership with the community controlled sector in alignment with the four Priority Reforms.

Literacy

A 2018 report from The Conversation estimated that at a national level, Year 9 Aboriginal and Torres Strait Islander students are on average three years behind non-Indigenous students in numeracy, 3.4 years behind in reading, and 4.2 years behind in writing. For Year 9 Aboriginal and Torres Strait Islander students in very remote areas, the gap is even wider - they are five years behind in numeracy, six years behind in reading, and seven to eight years behind in writing, equivalent to the average Year 3 non-Indigenous city student.⁹

Low English literacy entrenches cycles of poverty and disadvantage and make children less engaged in the classroom. There is however, increasing recognition that being strong in language and culture are protective factors for Aboriginal and Torres Strait Islander children's health and wellbeing, and can support mainstream educational attainment and engagement in classrooms.^{10,11}

⁸ Canada FASD Research Network. Basic Information on FASD. Retrieved from: <https://canfasd.ca/topics/basic-information/>

⁹ <https://theconversation.com/closing-the-gap-in-indigenous-literacy-and-numeracy-not-remotely-or-in-cities-88704>

¹⁰ NACCHO submission, House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, Our land, our languages: language learning in Indigenous communities, September 2012.

¹¹ Standing Committee on Employment, Education and Training Inquiry into Education in Remote and Complex Environments, November 2020. Retrieved from:

https://www.aph.gov.au/Parliamentary_Business/Committees/House/Employment_Education_and_Training/RemoteEducation/Report

Funding for and the implementation of bilingual education programs for Aboriginal and Torres Strait Islander students would support English proficiency and align with the National Agreement on Closing the Gap 2020 Target 16:

There is a sustained increase in number and strength of Aboriginal and Torres Strait Islander languages being spoken by 2031.

Low literacy starts in childhood, however research from the Literacy for Life Foundation has found that Aboriginal and Torres Strait Islander children are less likely to do well at school if their parents have low literacy. This is a perpetuating cycle of poor childhood education outcomes which lead to poor adult literacy, which in turn contributes to poor outcomes for the next generation of children.

Evidence shows that improving adult literacy also improves child literacy as parents are better able to support their children's learning and engagement in classrooms, and have increased confidence to interact with teachers and the school system¹².

NACCHO recommends learning in-language for early childhood and primary school students

NACCHO recommends funding for adult language, literacy and numeracy (LLN) programs for parents to better support their children's education.

Stronger Smarter Institute

Stronger Smarter Institute is an example of an approach that has worked to transform education for Aboriginal and Torres Strait Islander students. The Stronger Smarter Institute was developed by Dr Chris Sarra who is a proud Gurang Gurang / Taribelang man from Bundaberg. In the late 1990s, when he became the first Aboriginal principal of Cherbourg State School, he challenged the whole school community to have High-Expectations Relationships with his students¹³. High-Expectations Relationships in practice focuses on aiding educators to be aware of and acknowledge how personal assumptions may influence interactions with students in their classrooms⁸.

The Stronger Smarter Leadership program falls under this umbrella. This program recognises that to improve the educational outcomes such as attendance and engagement of Indigenous students, school leaders such as principals, teachers, administrative staff, parents and communities need to play a critical role. The success of this program is evident, before he started, none of the students in Year 7 scored in the average band for literacy in Queensland. However, under his leadership, 81% of his Year 7 students scored in the average band for literacy. Additionally, there was a 94% reduction in unexplained absences¹⁴. This program increased student engagement and decreased unexplained absences.

¹² Ratcliffe, R., & Boughton, B. (2019). The Relationship Between Low Adult Literacy Levels and Aboriginal Family and Community Engagement in Educational Decision Making. *Australian and International Journal of Rural Education*, 29(1), 1-16. Retrieved from: <https://journal.spera.asn.au/index.php/AIJRE/article/view/180>

¹³ Stronger Smarter Institute (2013 - 2023). Stronger Smarter Leadership Program™. Retrieved from: <https://strongersmarter.com.au/stronger-smarter-leadership-program/>

¹⁴ Ockenden, L. (2014). Positive learning environments for Indigenous children and young people. Australian Institute of Health and Welfare. Retrieved from: <https://www.aihw.gov.au/getmedia/107b2cd9-88f7-4e8e-8ab3-33718c966ff9/ctgc-rs33.pdf.aspx?inline=true>

The Stronger Smarter Leadership Program is based on the following strategies to support success for Aboriginal and Torres Strait Islander:

- Acknowledging, embracing and developing a positive sense of Aboriginal and Torres Strait Islander identity in schools.
- Acknowledging and embracing Aboriginal and Torres Strait Islander leadership in schools and school communities.
- High expectations leadership to ensure high expectations classrooms, with high expectations teacher and student relationships.
- Innovative and dynamic school staffing models
- Innovative and dynamic school models in complex social and cultural contexts

Justice and OOHC

According to the Australian Institute of Health and Welfare (AIHW) on an average night in the June quarter of 2021, there were 677 children between the ages of 10-17 in detention facilities. Of this age group, about 54% were Aboriginal and Torres Strait Islander. Nationally, 250 per 100,000 Indigenous youth (aged 10-17) were in detention in comparison to 13 per 100,000 non-Indigenous youth – meaning Aboriginal and Torres Strait Islander youth were 19 times more likely than non-Indigenous youth to be in detention¹⁵.

Hearing impairment may also lead to difficulties in navigating legal processes, placing people at higher risk of adverse outcomes when engaged with the justice system. Aboriginal and Torres Strait Islander people in incarceration for example have significantly higher rates of hearing impairment; reported to be between 80-94%.^{16,17} Therefore, improving ear and hearing health outcomes for children can have profound effects that extend into adulthood. 2012 study found that 43% of Aboriginal and Torres Strait Islander juveniles in detention had hearing loss in one or both ears¹⁸.

Aboriginal and Torres Strait Islander young people who have engagement with the justice system are more likely to have traumatic histories, developmental needs and inadequate support networks which may result in behavioural issues and disengagement with school systems.¹⁹ Studies have also showed that juveniles who have undiagnosed hearing loss and/or neurodevelopmental impairments are likely to experience more difficult interactions with the justice system. A 2018 study found 89% of 10-17 year-olds in youth detention had at least one form of severe neurodevelopmental impairment, with 36% having Fetal Alcohol Spectrum Disorder (FASD).

Aboriginal and Torres Strait Islander children are still taken from their families at alarming rates. At 30 June 2021, 1 in 17 Indigenous children (around 19,500) were in out-of-home care, around 11 times the

¹⁵ Australian Institute of Health and Welfare. Youth Detention Population in Australia (2021). Retrieved from: <https://www.aihw.gov.au/getmedia/63a1f495-fbce-4571-bcea-aae07827afa0/aihw-juv-136.pdf.aspx?inline=true>

¹⁶ Vanderpoll T and Howard D. 2012. Indigenous Law Bulletin 7(28). Available from: <https://apo.org.au/sites/default/files/resource-files/2020-06/apo-nid306248.pdf>

¹⁷ Australian Law Reform Commission, Pathways to Justice—Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples, Final Report No 133 (2017)

¹⁸ Vanderpoll T & Howard D (2012). *Massive prevalence of hearing loss among Aboriginal inmates in the Northern Territory*. Indigenous Law Bulletin 7.

¹⁹ Australian Institute of Health and Welfare (2014). Law and justice: prevention and early intervention programs for Indigenous youth. Retrieved from: <https://www.aihw.gov.au/getmedia/85dd676d-62ab-47cf-8a01-a1847a05a17a/ctg-rs34.pdf.aspx?inline=true>

rate for non-Indigenous children. Aboriginal and Torres Strait Islander children on care and protection orders at 30 June increased from about 19,700 in 2017 to about 24,200 in 2021.²⁰

Aboriginal and Torres Strait Islander children that are in out of home care (OOHC) are known to have poorer educational engagement, emotional and behavioural issues arising from trauma, placement instability and disconnection to their culture and kin.

The educational system, schools and especially teachers can play a necessary role in making certain that young Aboriginal and Torres Strait Islander students can get the support that they need to successfully engage with the education system.

NACCHO recommends investment in programs that are culturally appropriate to prevent children and young people ever having contact with the criminal justice system.

Conclusion

It is clear that factors that influence behaviours for Aboriginal and Torres Strait Islander children are complex. Awareness of the circumstances and conditions that Aboriginal and Torres Strait Islander children are living in is critical to understand in the context of behaviours in classrooms. Addressing these factors is vital to improving children's engagement in the classroom and in the school system more generally. Addressing the impacts of structural and social determinants of health requires structural reform and a strong intergovernmental response which is clearly beyond the scope of this inquiry.

²⁰ AIHW, Child protection Australia (2020–21). Retrieved from: <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2020-21/contents/about>