

Barriers to achievement

- 2.1 Education is proven to provide an individual with greater opportunities and choices in life. The significant disadvantages facing Indigenous students, including food insecurity, overcrowding, and exposure to substance abuse and other anti-social behaviours compromise their ability to grasp this opportunity.
- 2.2 Many students also face challenges relating to physical and mental ill-health, such as ear health and hearing loss, Fetal Alcohol Spectrum Disorder (FASD), and trauma and mental ill-health.
- 2.3 Family and community wellbeing can affect engagement and achievement for all students. Evidence to the inquiry regarding these issues in some Indigenous communities was stark.
- 2.4 Preschools and schools across the country work hard to assist disadvantaged students and often provide food, clothing and access to health care. Many partner with health care providers to assist both students and their families with medical issues.
- 2.5 This chapter will examine the barriers faced by many Indigenous students to gaining a good education.

Food insecurity, overcrowding and exposure to anti-social behaviour

- 2.6 Many students experience food insecurity, overcrowding, and exposure to substance abuse and other anti-social behaviours within their homes and the community. The tension between assisting family and attending school leaves students with difficult choices.

- 2.7 Ms Ineke Wallis, a former National Indigenous Youth Parliamentarian, told the committee about the challenges experienced by the young people in her community:

I think the biggest issue comes down to housing, because you have at least 20, 25 people living in a house. You have a family per room – a family in the lounge room, a family on the verandah, tents surrounding with families living in there. One toilet and one shower to share, and usually the toilets do not even work... There is always noise – someone belting someone because they come home drunk – or the amount of suicide, rape and youth that die from being sick because of living in a house that is not clean, and ear and eye problems. Everything is so sad. It is just so hard to find a way.

These kids still go to school – some of them. Some just drop out and go: 'No way. That's too hard. I would rather be here and try to help family.' The ones that do go to school need that support and guidance of somebody there saying, 'You can do this,'...¹

- 2.8 In Wadeye, the committee also heard that families are suffering from food security issues and overcrowding, leaving school to fill the gap. Ms Cheryl Pilkington, Team Leader, Save the Children, told the committee that 'Most of our children that do make it to school will go to school, have breakfast and leave. They go there for food because there is no food at home.'²

- 2.9 Mr Aminandaba Fuyana, Team Leader, Territory Families in Wadeye, told the committee that they are working together with Save the Children and Remote School Attendance Officers (known as the Yellow Shirts) to support families to develop a routine of coming to school:

I think the challenge that, at this point, we face is that, with some of the kids we normally work with, there might be some issues of negligence at home or some risk factors. In addition to that, they might be non-school-attendees, which has been a challenging issue. We try our level best to be with the community, early in the morning, supporting parents and mums to get the kids up for school, and then they develop a routine of coming into school every day. Once that inner strength comes into effect, we then develop a routine of bringing in the Yellow Shirts, who are driving around picking up the kids. Once that progresses well, we keep on

¹ Ms Ineke Wallis, Former National Indigenous Youth Parliamentarian, *Committee Hansard*, 26 May 2017, pp. 12–13.

² Ms Cheryl Pilkington, Team Leader, Intensive Family Support Service and Play2Learn Program, Save the Children, *Committee Hansard*, Wadeye, 5 April 2017, p. 26.

working together until we reach a point when we pull out, and that shows that the family is moving progressively well with the children now getting into a routine of coming to school daily. This has been a bit challenging, but we still have not given up and, in our partnerships working with agencies like the Yellow Shirt mobs and Save the Children, we try as much as we can to have joint visits in some aspects and some joint consultations with the families, sitting down to talk about the issues with the kids – what is going on and what the problems are.³

- 2.10 Ms Philomena Downey, Principal, The Murri School, explained the important role that her school plays in providing a safe and stable environment for students, even outside of school hours:

For a lot of our children, our school is the only safe place in their life. It's their anchor. The school doesn't close in the holidays because the kids come. They know that I'm there and they know that other people work during the holidays. We also run our camps, but we can't take all of the children on camps in the holidays. You see kids just popping in – 'Can I use the computer room, Miss?' 'Sure; of course you can.' 'Can I make something to eat?' 'Yes.' We're happy to do those things.⁴

- 2.11 The Secretariat of National Aboriginal and Islander Child Care (SNAICC), urged schools to consider teacher and staff attitudes when supporting disadvantaged students and emphasised the importance of understanding the level of disadvantage faced by some students:

Staff attitudes are all-important in Congress' Preschool Readiness Program. Many of the children participating live in the town camps, and experience a range of barriers accessing preschool such as family movement, parental incarceration, poverty and health issues. Some schools exclude children on the basis of health issues that are actually easily treatable and manageable at school, such as nasal and ear discharge. Other reasons for exclusion can include if the child isn't wearing a uniform or isn't toilet-trained. Congress staff believe that teachers need to understand the level of disadvantage the children may experience at home and adjust their approach to support these children accordingly. The program psychologist describes this as 'You have to have the mindset to let

³ Mr Aminandaba Fuyana, Team Leader, Remote Family Support Service, Territory Families, *Committee Hansard*, Wadeye, 5 April 2017, p. 25.

⁴ Ms Philomena Downey, Principal, The Murri School, *Proof Committee Hansard*, Brisbane, 29 August 2017, p. 30.

some things go, choose your battles. For example you can't worry about children not wearing shoes or hats – first you need to be at the gate welcoming each child to school. You need to remember why children are at school, they are here to learn and have a successful time, not to wear hats and shoes. That can come later when the relationship is there.’⁵

- 2.12 In November 2017, the Royal Commission into the Protection and Detention of Children in the Northern Territory (Royal Commission) emphasised the importance of supporting families and communities to improve the safety and wellbeing of children and young adults:

The life trajectory of children and young people in care and detention was repeated over and over. The commission was told about children born to families in crisis, struggling with addictions, mental health issues, domestic violence and the many challenges of poverty.

Instead of receiving the support those families needed to care for their children we heard of removal from the family and often the community. Once in the child protection system we heard of inappropriate placements, dislocation from community and culture and a lack of support or follow through to address the trauma so many children had suffered in their young lives. As children absconded from places where they did not feel at home or where they felt unsafe and lonely or to be with other children who had become their family, the next step was contact with the criminal justice system and ultimately detention.⁶

Education in detention

- 2.13 During the inquiry, the committee visited Tivendale School, the education facility located at the Don Dale Youth Detention Centre in Darwin. Mr Brett McNair, the Acting Principal, advised the committee that the school has between 12 and 60 students in the centre at any one time and that more than 95% of students are Indigenous. He explained that:

We are staffed as a special school, so we have a ratio of teachers to students of approximately six to one, and a lot of our students have been identified previously as having some type of special needs learning difficulty or behaviour difficulty. The

⁵ Secretariat of National Aboriginal and Islander Child Care, *The Journey 'to Big School': supporting Aboriginal and Torres Strait Islander children's transition to primary school*, May 2014, p. 10.

⁶ Royal Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory, *Report*, Volume 1, November 2017, pp. 9-10.

circumstances leading to them being inside Don Dale would also indicate that there has been an amount of trauma in their lives, so we operate with an understanding of that. We also have a range of programs to cope with the range of abilities that we have in the school and to try to allow for transitions to different areas of either employment or re-engagement with education, or certificates or qualifications which will help them to gain further employment or continue their training on the outside.⁷

2.14 However, the Royal Commission's findings painted a confronting picture of children and young people's experiences of education in detention in the Northern Territory, including that:

- the delivery of education was not adequately informed by assessment of each student's individual learning needs and that special education support services were under-used;
- the grouping of students into classes based on their security classification, instead of age or educational attainment, undermined the delivery of education;
- education services failed to provide Indigenous students with the opportunity to enhance their English literacy by using Indigenous language interpreters or teachers skilled in major language groups;
- some children and young people were disproportionately punished with suspension or arbitrarily excluded from education without adequate regard to alternative means of behaviour management and planning to ensure their continued engagement with education; and
- students did not receive transition support to maintain their engagement with education on their return to the community and information about a student's education in detention was not automatically shared outside the detention centre school, constraining continuity of education and engagement.⁸

Committee comment

2.15 The committee is deeply concerned by the impact that poor family and community wellbeing is having on student attendance, achievement and wellbeing. However, it is the responsibility of the family of a student to provide a stable home environment, which means ensuring a child is safe,

⁷ Mr Brett McNair, Acting Principal, Tivendale School, *Committee Hansard*, Darwin, 6 April 2017, p. 21.

⁸ Royal Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory, *Report*, Volume 2A, November 2017, pp. 398-418.

clothed, well fed, can sleep at night without interruption and is at school daily.

- 2.16 The committee is shocked by the Royal Commission's findings regarding the treatment of children living in the detention, care and protection systems of the Northern Territory. It is essential that these systems recognise the challenges these children face and work together with communities to ensure that children are safe, educated, and given the support that they need to break the cycle of intergenerational disadvantage.
- 2.17 The children facing these challenges today are the parents and carers of the next generation of Indigenous students. As such, the education of today's students is critical to improving the health, education, and employment of not only themselves but their children and future generations.
- 2.18 The committee was encouraged by the passion and dedication of families, students, community members, teachers and social workers, who are working together to strengthen and support communities all around Australia. These challenges are complex and will require significant investment and concerted effort from governments, communities, and individuals to effect change.

Early childhood education

- 2.19 Australian and international evidence shows that early childhood education lays the foundation for future learning. Throughout the inquiry, the benefits of early childhood education were universally recognised, with many submissions emphasising the importance of early childhood education in ensuring positive health, wellbeing and education outcomes.⁹ The Department of Prime Minister and Cabinet (PM&C) explained that:

The advantages of attending a quality preschool programme are most significant for vulnerable and disadvantaged children and

⁹ For example: Australian Education Union, *Submission 45*, 44th Parliament; World Vision Australia, *Submission 12*, 44th Parliament; Central Land Council, *Submission 41*, 44th Parliament; Northern Territory Department of Education, *Submission 39*, 44th Parliament; National Catholic Education Commission, *Submission 18*, 44th Parliament; Save the Children Australia, *Submission 59*, 44th Parliament; Wollotuka Institute, *Submission 15*, 44th Parliament; South Australia Office of the Guardian for Children and Young People, *Submission 23*, 44th Parliament; Reconciliation Australia, *Submission 36*, 44th Parliament; Independent Schools Council of Australia, *Submission 16*, 44th Parliament; Independent Education Union, *Submission 10*, 44th Parliament; Queensland Catholic Education Commission, *Submission 20*, 44th Parliament; CIT Yurauna Centre & Northside Community Service, *Submission 10*, 45th Parliament; Queensland Government, *Submission 26*, 45th Parliament; and Parents and Citizens Associations of New South Wales, *Submission 12*, 45th Parliament.

helps close achievement gaps with other children of the same age.¹⁰

- 2.20 Save the Children Australia explained that early childhood is the most important period in a child's life for brain development and subsequent learning, behaviour and health:

A child who does not receive the required nutrition, stimulation and other required support during these early years commences primary school without being 'school-ready' and the cycle of disadvantage has already begun.¹¹

- 2.21 Given the evidence that supports the importance of early childhood education, it is not surprising that many of those children who do not attend school in their early years, struggle within the education system later. The Palm Islander Community Company agreed, explaining that:

...educational success hinges on being socialised, school ready and learning to read during the early years of schooling. Our children need support to achieve parity in this regard, if they come to school too far behind the starters line they never catch up and their life outcomes from that point on are severely compromised.¹²

- 2.22 Ms Patricia Strachan, Executive Director, South Australian Department of Education, told the committee that early childhood education centres can also be used to encourage family health and wellbeing by providing visiting on-site health services. She pointed to one successful example, stating that:

... the suite of programs that are offered in those centres are actually based on the needs of the community. It brings in other service providers, so not only is it about education, but it is about the other supports they can come in for. There are visiting services and there are child and family health services. I think what we do is a wraparound model, so we get some early parenting, and they have fathers groups, they have cooking classes – they have a whole range of things.¹³

¹⁰ Department of Prime Minister and Cabinet, *Submission 43*, 44th Parliament, p. 1.

¹¹ Save the Children Australia, *Submission 59*, 44th Parliament, p. 3.

¹² Palm Islander Community Company, *Submission 49*, 45th Parliament, p. 1.

¹³ Ms Patricia Strachan, Executive Director, State-wide Services and Child Development, South Australia Department of Education and Child Development, *Committee Hansard*, Adelaide, 26 February 2016, p. 17.

- 2.23 By encouraging parents to attend school grounds for other activities, it reduces any fears or negative memories they may have that relate to their education and can produce a positive impact on their child's attendance rates.¹⁴

Committee comment

- 2.24 Participation in early childhood education is a strong predictor of future social, educational and occupational success. Therefore, the committee fully supports the Federal Government's early childhood education strategy, together with all state and territory efforts, which aim to provide universal access for all children in the year before full-time schooling.

Family responsibilities and young mothers

- 2.25 Some participants noted that Indigenous students are likely to have significantly greater responsibilities within the family than non-Indigenous students, which may impact attendance, engagement and academic achievement.
- 2.26 Ms Chloe Barwick, University of Newcastle, told the committee:
A lot of the Aboriginal students had large responsibilities at home, which took most of their focus towards home and feeding their siblings and making sure the house was clean and things like that that a parent should do – their focus was going towards that and they were dropping off in schools.¹⁵
- 2.27 However, Dr Margaret (Marnie) O'Bryan's research into Indigenous students' experiences at boarding schools found that while students often have more responsibilities and demands relative to their non-Indigenous schoolmates, 'participants did not describe their ongoing role at home in negative terms, or suggest that the role they played within the family diminished their commitment to education'.¹⁶

¹⁴ Secretariat of National Aboriginal and Islander Child Care, *Supporting Transition to School for Aboriginal and Torres Strait Islander Children: What it means and what works*, June 2013, pp. 10-11.

¹⁵ Ms Chloe Barwick, Student Teacher, University of Newcastle, *Committee Hansard*, Newcastle, 21 March 2016, p. 29.

¹⁶ Dr Margaret (Marnie) O'Bryan, *Shaping futures, shaping lives: an investigation into the lived experience of Aboriginal and Torres Strait Islander students in Australian boarding schools*, 2016, p. 118.

- 2.28 In 2011, the teenage birth rate¹⁷ among Indigenous women (78 babies per 1,000 women) was nearly five times the teenage birth rate for all women (16 babies per 1,000 women).¹⁸ The 2015 review into Indigenous education in the Northern Territory (Wilson Review) noted that ‘at many of the communities the review visited, young mothers drop out of school due to pregnancy and do not return’.¹⁹
- 2.29 The Cape York Foundation stated that ‘multiple studies have shown that despite the challenges of disadvantage and teenage parenting, many young women view motherhood as an opportunity to find purpose, stability and maturity’.²⁰
- 2.30 In acknowledging the high teenage birth rate, Mr Duncan Murray, Chief Executive Officer, Cape York Partnership, told the committee:
- One of the more challenging, needy and important cohorts is 13- to 16-year old or 13- to 17-year old girls who are already mothers. About 18 months ago, we turned our mind...to starting a school specifically for that purpose.²¹
- 2.31 As a result, the Cape York Girl Academy was established, which is a boarding school that caters specifically for young Indigenous mothers and their babies.²² The Cape York Partnership informed the Committee that:
- The Cape York Girl Academy has an early learning centre on campus for the children of its students...the key benefits of this model are that the children will get to see their mothers throughout the day (all meals will be had with the girls feeding their own children), and the students will be able to learn appropriate ways to educate and care for children.²³

¹⁷ Births to females less than 20 years of age.

¹⁸ Australian Bureau of Statistics, Demographic, Social and Economic Characteristics: Fertility and Births, 4704.0 – *The Health and Welfare of Australia’s Aboriginal and Torres Strait Islander Peoples*, October 2010.

¹⁹ Bruce Wilson, *A Share in the future: Review of Indigenous Education in the Northern Territory*, Northern Territory Department of Education, 2015, p. 103.

²⁰ Cape York Partnership, *Submission 55*, 44th Parliament, p. 8.

²¹ Mr Duncan Murray, Chief Executive Officer, Cape York Partnership, *Committee Hansard*, Cairns, 7 March 2016, p. 18.

²² Cape York Partnership, Cape York Girl Academy, <http://capeyorkpartnership.org.au/game-changers/girl-academy/>, accessed 11 September 2017.

²³ Cape York Partnership, *Submission 55*, 44th Parliament, p. 8.

- 2.32 A further school model developed to assist young mothers, is a part-time schooling program. The Association of Independent Schools of New South Wales told the committee that the Macleay Vocational College in Kempsey, NSW, provides part-time programs for young mothers:

We have a number of girls who are on part-time programs due to their maternal duties. It is important for us to maintain contact with these young girls to assist both their educational outcomes and the influence on their children and community in the future.²⁴

Committee comment

- 2.33 The mothers of the next generation of Indigenous children are instrumental in breaking the cycle of disadvantage. Tragically, the education of Indigenous girls is frequently under resourced and under prioritised. Investment in Indigenous girls is urgently required to ensure that all students, regardless of gender or circumstance, are empowered to achieve their education goals.
- 2.34 The committee was saddened to hear that after falling pregnant, many Indigenous girls drop out of school and delay or sacrifice their education to care for their child. Becoming a mother should not deny girls the opportunity to gain a full education.
- 2.35 The committee was very impressed by the Cape York Girl Academy's model of boarding, which provided for mothers and their babies to live together and learn together. More programs are required that support and allow school-age mothers to live with their children while continuing their education.

Recommendation 2

- 2.36 **The committee recommends that the Federal Government, in collaboration with states and territories, be accepting of and provide more opportunities for school-age Indigenous mothers to continue with their studies. This will require a model that acknowledges their maternal responsibilities, through the provision of part-time programs, specific boarding schools or other education models. It may also require the establishment of new, or the modification of existing, facilities to address their needs.**

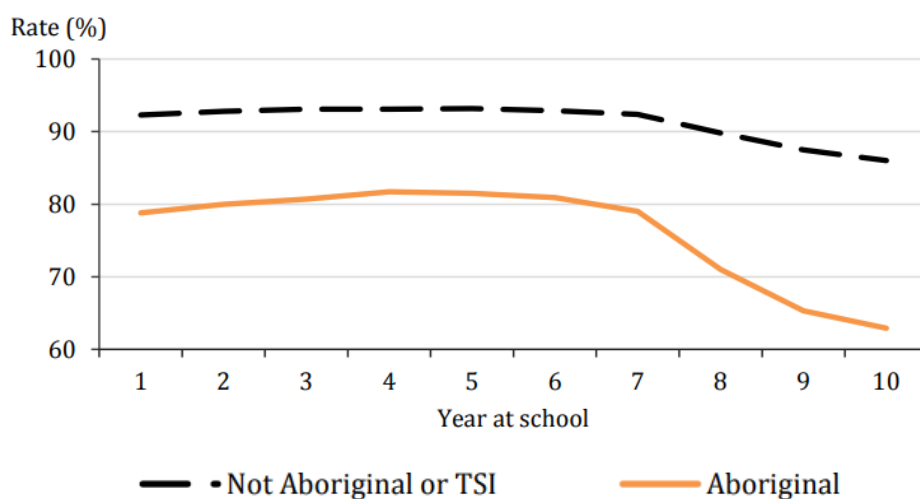
²⁴ Association of Independent Schools of New South Wales, *Submission 17*, 44th Parliament, p. 18.

Adulthood

2.37 Whilst attendance rates for both Indigenous and non-Indigenous students decline as students reach secondary school (Figure 2.1), this decline increases substantially for Indigenous students.²⁵ The Northern Territory Department of Education explained that:

Indigenous and non-Indigenous cohorts have markedly different enrolment profiles. While non-Indigenous enrolments are highest at the beginning of schooling and trend down very slowly through schooling, Indigenous enrolments increase gradually through the primary years and then drop rapidly at the start of secondary school.²⁶

Figure 2.1 Average attendance, Year 1 to Year 10, by Indigenous status of student



Source Kirsten Hancock et al, *Student Attendance and Educational Outcomes: Every Day Counts*, Department of Education, Employment and Workplace Relations, May 2013, p. 57.

2.38 Mr Ted Tucker, Principal, Kulkarriya Community School, noted that this marked decline coincides with the age students are culturally considered adults:

Once our kids get to high school we have more difficulty with them because it seems that at around about the 12, 13, 14 years of age kids in communities start to make decisions for themselves about whether they want to come to school and whether they want to get involved in all sorts of other activities. It is almost that that is the condition where you become an adult and you start making decisions for yourself. We work pretty hard to try to overcome

²⁵ Kirsten Hancock et al, *Student Attendance and Educational Outcomes: Every Day Counts*, Department of Education, Employment and Workplace Relations, May 2013, p. 55.

²⁶ Northern Territory Department of Education, *Submission 39*, 44th Parliament, p. [151].

that. Our process is in trying to get kids connected to the school, to keep them connected with the school and to plot them a future pathway.²⁷

- 2.39 Ms Joanne Turner, consultant, Palngun Wurnangat Aboriginal Corporation, explained that:

The age that students will disengage from secondary school is a big issue everywhere. As soon as someone has reached a certain age of maturity and gone through initiation, they quite often do not want to be associated with school because that is kids stuff.²⁸

- 2.40 The Hon Alannah MacTiernan, Chair of the Martu Schools Alliance, told the committee that it is 'quite difficult for the boys, particularly once they have gone through initiation, to go back into a school setting with all the young kids because, culturally, they are men'.²⁹

- 2.41 Some schools, such as the Ngaanyatjarra Lands Schools in Western Australia, acknowledge when children are culturally considered adults by creating a separate space within the school for those students and treating them as adults, despite them being at school.³⁰

Committee comment

- 2.42 The committee acknowledges that the age students are considered adults is much younger within Indigenous communities than in non-Indigenous communities. Therefore, the Committee is encouraged to hear that some schools with a high Indigenous population are creating a separate space for students who have gone through initiation, and who are culturally considered adults, so that those students retain a connection with the school and continue with their education. As will be discussed in Chapter 3, culturally appropriate education is an important part of student engagement and retention. Recognising the adult-student is an important retention strategy, but one that requires funding and support.

²⁷ Mr James (Ted) Tucker, Principal, Kulkarriya Community School, *Committee Hansard*, Fitzroy Crossing, 27 June 2017, p. 14.

²⁸ Ms Joanne Turner, Consultant, Palngun Wurnangat Aboriginal Corporation, *Committee Hansard*, Wadeye, 5 April 2017, p. 12.

²⁹ The Hon Alannah MacTiernan, Chair, Martu Schools Alliance, *Committee Hansard*, Canberra, 25 May 2017, p. 4.

³⁰ Ms Joanne Turner, Consultant, Palngun Wurnangat Aboriginal Corporation, *Committee Hansard*, Wadeye, 5 April 2017, p. 12.

Health and wellbeing

2.43 Evidence to the inquiry clearly demonstrated that physical and mental ill-health is a significant challenge for many Indigenous students throughout their education.³¹ In particular, ear health and hearing loss; FASD; and trauma and mental wellbeing. The Wilson Review found that:

Respondents to the review drew attention to a range of specific and general health issues that impact on learning. Most prominent among these was otitis media and the consequent conductive hearing loss. Other areas referred to included social and emotional problems, some arising from trauma; speech and language difficulties; foetal alcohol spectrum disorder; and developmental issues associated with early illness and nutrition. There was a widespread view, shared in the literature, that addressing such issues will require integrated approaches across different services and departments.³²

2.44 The Review noted that ‘it is impossible to manage difficult behaviour without understanding the underlying reasons for those behaviours and engaging in positive efforts to improve wellbeing and engagement as critical first steps’.³³

Ear health and hearing issues

2.45 A number of submissions highlighted the impact that ear health and hearing issues can have on attendance and educational achievement.³⁴ The

³¹ For example: National Rural Health Alliance, *Submission 31*, 44th Parliament; Association of Independent Schools of the Northern Territory, *Submission 9*, 44th Parliament; Wongutha CAPS, *Submission 37*, 44th Parliament; World Vision Australia, *Submission 12*, 44th Parliament; Independent Schools Queensland, *Submission 19*, 44th Parliament; Association of Independent Schools of Western Australia, *Submission 32*, 44th Parliament; Ninti One, *Submission 6*, 44th Parliament; Northern Territory Department of Education, *Submission 39*, 44th Parliament; Save the Children, *Submission 59*, 44th Parliament; South Australia Office of the Guardian for Children and Young People, *Submission 23*, 44th Parliament; Independent Schools Council of Australia, *Submission 16*, 44th Parliament; Stars Foundation, *Submission 57*, 44th Parliament; Northern Territory Council of Government Schools Organisation, *Submission 31*, 45th Parliament; Dr Maryanne Macdonald, *Submission 11*, 45th Parliament; Worawa Aboriginal College, *Submission 32*, 45th Parliament; and Children and Young People with Disability Australia, *Submission 13*, 45th Parliament.

³² Bruce Wilson, *A Share in the future: Review of Indigenous Education in the Northern Territory*, Northern Territory Department of Education, 2015, p. 184.

³³ Bruce Wilson, *A Share in the future: Review of Indigenous Education in the Northern Territory*, Northern Territory Department of Education, 2015, p. 175.

³⁴ For example: Ms Tracey de Grussa, *Submission 1*, 44th Parliament; Northern Territory Council of Government Schools Organisations, *Submission 31*, 45th Parliament; Children and Young

2017 Australian Medical Association (AMA) Report Card on Indigenous Health highlighted otitis media and called for a national strategic approach to ending chronic otitis media and its life-long impacts in Indigenous communities, explaining that:

Indigenous children experience some of the highest rates of chronic suppurative otitis media (CSOM) in the world. Chronic otitis media is linked to poorer social determinants of health such as: poverty; unhygienic, overcrowded conditions; and an absence of health services...For most non-Indigenous Australian children, otitis media is readily treated. The condition passes within weeks, and without long-term effects. But for many Aboriginal and Torres Strait Islander children, otitis media is not adequately treated. It persists in chronic forms over months and years...it has life-long impacts.³⁵

2.46 In 2014, the Australian Institute of Health and Welfare noted that children in many Indigenous communities 'suffer from chronic ear disease, in particular otitis media, at rates that well exceed the 4% threshold at which a disease is considered a major public health problem'. It explained that:

Ear disease, particularly where it leads to hearing loss, is a large contributor to poor educational achievement and higher unemployment and, as a consequence, greater contact with the criminal justice system later in life.³⁶

2.47 Children and Young People with Disability Australia noted that 'otitis media and associated hearing loss have been found to be a significant barrier to access to education for Aboriginal students, particularly when appropriate support is not provided'.³⁷

2.48 The Northern Territory Council of Government Schools Organisations agreed, asserting that:

...without practical communication tools being provided in our schools and an interdepartmental collaborative approach between Health and Education our Aboriginal students will continue to be

People with a Disability Australia, *Submission 13*, 45th Parliament; Northern Territory Department of Education, *Submission 39*.

³⁵ Australian Medical Association, *2017 Report Card on Indigenous Health: A National Strategic Approach to Ending Chronic Otitis Media and its Life Long Impacts in Indigenous Communities*, November 2017, p. 3.

³⁶ Australian Institute of Health and Welfare, *Ear disease in Aboriginal and Torres Strait Islander children*, November 2014, p. 2.

³⁷ Children and Young People with a Disability Australia, *Submission 13*, 45th Parliament, p. 9.

set up to fail as a result of a 'pandemic' of Otitis Media (middle ear infection) which means many literally can't hear their teacher.³⁸

- 2.49 Mr Selwyn Button, Assistant Director-General, Queensland Department of Education and Training, told the committee about its Deadly Ears Program, which provides services through the Deadly Ears Team to 11 outreach locations. The team consists of audiologists, ear, nose and throat (ENT) staff, anaesthetists, and a broad mix of nursing staff. The team regularly travels to each location for a week to conduct clinics and surgery. Postsurgical care plans for treated children are developed and passed to primary health providers to implement. Any children with conditions outside the scope of the Deadly Ears team are referred to specialist ENT services.³⁹
- 2.50 The House Standing Committee on Health, Aged Care and Sport tabled its report *Still waiting to be heard...: Report on the Inquiry into the Hearing Health and Wellbeing of Australia* on 14 September 2017. This report identified the Deadly Ears Program as a best practice example and recommended that it be implemented nationally, with a 'focus on expanding access to hearing health services in regional and remote locations and reducing the waiting lists for Aboriginal and Torres Strait Islander children requiring hearing health treatment'.⁴⁰

Sound-field amplification in classrooms

- 2.51 Sound-field amplification is a tool that allows control of the acoustic environment in a classroom, which has been found to assist students living with hearing loss. Teachers wear small microphones that transmit sound to a receiver system attached to loudspeakers around the classroom. The goal of sound-field amplification is 'to amplify the teacher's voice by a few decibels, and to provide uniform amplification throughout the classroom without making the speech too loud for normal hearing children'.⁴¹
- 2.52 Ms Judith Ketchell, Executive Principal, Tagai State College on Thursday Island, told the committee that the college is seeking to establish sound

³⁸ Northern Territory Council of Government Schools Organisations, *Submission 31*, 45th Parliament, p. [3].

³⁹ House Standing Committee on Health, Aged Care and Sport, *Still waiting to be heard...: Report on the Inquiry into the Hearing Health and Wellbeing of Australia*, September 2017, p. 50.

⁴⁰ House Standing Committee on Health, Aged Care and Sport, *Still waiting to be heard...: Report on the Inquiry into the Hearing Health and Wellbeing of Australia*, September 2017, p. 69.

⁴¹ Robyn Massie et al, 'Sound-field Amplification: Enhancing the Classroom Listening Environment for Aboriginal and Torres Strait Islander Children', *Australian Journal of Indigenous Education*, 33, 2004, p. 47.

amplification systems across all of its 17 primary and secondary campuses:

The issue there is: how are we providing the best learning place for students? Infrastructure is a major issue. In terms of sound amplification systems...for students that are severely hearing impaired, we do not have sound amplification systems as a standard in our campuses, and you know that at different times of the year, especially when it is a heavy wet season, the hearing loss varies. It fluctuates. We recognise that there are times during the year when it is worse for children. [We are] looking at a way of putting systems into our classrooms to help students who are hearing impaired.⁴²

- 2.53 During its site visit at Worawa Aboriginal College in Victoria, the committee received a demonstration of the school's sound-field amplification technology. The college explained that they had noticed a significant improvement in engagement from students since they began using it.
- 2.54 Mr Button advised the committee that the Queensland Government is investing in amplification technology in classrooms and training teachers in its use.⁴³
- 2.55 In its submission to the House Standing Committee on Health, Aged Care and Sport's inquiry into the Hearing Health and Wellbeing of Australia, the Northern Territory Government advised that:
- A challenge for schools is accessing group (classroom) rehabilitation devices such as sound field amplification. Funding from the Australian Office of Hearing Services to Australian Hearing only funds individual devices and there are significant challenges in children accepting and using hearing aids. Where children require assisted learning in the classroom, there are additional complexities.⁴⁴
- 2.56 The House Standing Committee on Health, Aged Care and Sport also recommended that the Department of Health, together with the Department of Education and Training create a hearing health support

⁴² Ms Judith Ketchell, Executive Principal, Tagai State College, *Committee Hansard*, Thursday Island, 9 March 2016, p. 12.

⁴³ Mr Selwyn Button, Assistant Director-General, State Schools – Indigenous Education, Department of Education and Training, Queensland, *Proof Committee Hansard*, Brisbane, 29 August 2017, p. 20.

⁴⁴ Northern Territory Government, *Submission 93*, House Standing Committee on Health, Aged Care and Sport, Inquiry into the Hearing Health and Wellbeing of Australia, p. 9.

fund for Indigenous students, which would be responsible for the progressive installation of sound-field amplification systems in the classrooms of all regional, rural, and remote schools with significant Indigenous student populations.⁴⁵

Committee comment

- 2.57 The committee was encouraged to find that levels of hearing loss and impairment have improved slightly over the last four years. However, the number of Indigenous students who are living with hearing issues remains very high. Early screening, diagnosis and treatment, and management are imperative to address the pandemic of otitis media plaguing Indigenous communities.
- 2.58 The committee agrees that, without proper support, students with hearing issues are being set up to fail. Students cannot be expected to learn from a teacher they cannot hear. Classrooms and teachers must be equipped to allow for free and easy communication with students in order for students to have a chance to learn. Considering the staggering proportion of Indigenous students who are living with hearing issues, the committee is of the view that all classrooms in schools with a significant proportion of Indigenous students should be equipped with sound-field amplification technology.
- 2.59 Furthermore, the committee strongly supports the House Standing Committee on Health, Aged Care and Sport's recommendation that the Department of Health, together with the Department of Education and Training create a hearing health support fund for Indigenous students, which would be responsible for the progressive installation of sound-field amplification systems in the classrooms of all schools with significant Indigenous student populations.

Recommendation 3

- 2.60 **The committee recommends that the Federal Government establish a capital works fund to allow schools with a substantial number of Indigenous students to equip all classrooms with sound-field amplification technology by 2020.**

⁴⁵ House Standing Committee on Health, Aged Care and Sport, *Still waiting to be heard...: Report on the Inquiry into the Hearing Health and Wellbeing of Australia*, September 2017, p. 69.

Fetal Alcohol Spectrum Disorders (FASD)

- 2.61 FASD is the largest cause of non-genetic, at-birth brain damage in Australia.⁴⁶ It is considerably more prevalent in Indigenous communities, with some communities, such as Fitzroy Crossing, being found to have the highest rates in the world.⁴⁷ FASD has been repeatedly identified, in various House Standing Committee Reports, as a significant issue impacting Indigenous communities.⁴⁸
- 2.62 In 2012, the House Standing Committee on Social Policy and Legal Affairs tabled a substantial report regarding the prevention, diagnosis, and management of FASD. The report noted that FASD is clearly not an Indigenous-specific problem, but that FASD affects Indigenous communities and culture in significant and particular ways.⁴⁹ The report highlighted the critical importance of community-led initiatives to reduce high-risk consumption patterns and the impact of alcohol in Indigenous communities. It also called for the development and management of a national FASD diagnostic and management services strategy.⁵⁰
- 2.63 The committee is pleased to note that, in April 2016, the Australian Guide to the Diagnosis of FASD, containing the Australian FASD Diagnostic Instrument was released. The Guide facilitates and standardises the diagnosis of FASD in Australia.⁵¹

⁴⁶ House Standing Committee on Social Policy and Legal Affairs, *FASD: The Hidden Harm: Inquiry into the prevention, diagnosis and management of Fetal Alcohol Spectrum Disorders*, November 2012, pp. 11–12.

⁴⁷ James Fitzpatrick et al., 'Prevalence of fetal alcohol syndrome in a population-based sample of children living in remote Australia: The Lililwan Project', *Journal of Paediatrics and Child Health*, 51(4), 2015, p. 450.

⁴⁸ House Standing Committee on Aboriginal and Torres Strait Islander Affairs, *Doing Time – Time for Doing: Indigenous youth in the criminal justice system*, June 2011, p. 101; House Standing Committee on Social Policy and Legal Affairs, *FASD: The Hidden Harm: Inquiry into the prevention, diagnosis and management of Fetal Alcohol Spectrum Disorders*, November 2012, pp. 11–12; House Standing Committee on Indigenous Affairs, *Alcohol, hurting people and harming communities: Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities*, June 2015, pp. 106–107; House Standing Committee on Health, Aged Care and Sport, *Still waiting to be heard...: Report on the Inquiry into the Hearing Health and Wellbeing of Australia*, September 2017, p. 69.

⁴⁹ House Standing Committee on Social Policy and Legal Affairs, *FASD: The Hidden Harm: Inquiry into the prevention, diagnosis and management of Fetal Alcohol Spectrum Disorders*, November 2012, p. 33.

⁵⁰ House Standing Committee on Social Policy and Legal Affairs, *FASD: The Hidden Harm: Inquiry into the prevention, diagnosis and management of Fetal Alcohol Spectrum Disorders*, November 2012, pp. xvii–xxii.

⁵¹ Professor Carol Bower and Professor Elizabeth Elliott AM, *Report to the Australian Government Department of Health: Australian Guide to the diagnosis of Fetal Alcohol Spectrum Disorder (FASD)*, April 2016, pp. 2–3.

- 2.64 In an education context, students living with FASD may exhibit behaviour characteristics believed to reflect underlying brain differences. Ms Jane Weston and Ms Sue Thomas have developed a resource for teachers, *Understanding and addressing the needs of children and young people living with Fetal Alcohol Spectrum Disorders*, which outlines the difficulties that people living with FASD experience, such as:
- developmental difficulties;
 - executive functioning difficulties: such as planning, organising, strategising, paying attention to and remembering details, and managing time and space; and
 - learning difficulties: including:
 - ⇒ difficulty understanding cause and effect;
 - ⇒ speech, language and communication delays/disorders;
 - ⇒ cognitive difficulties; and
 - ⇒ difficulty in understanding mathematical concepts, such as time and money.⁵²
- 2.65 The resource notes that there are many barriers and challenges to learning for children and young people living with FASD, but asserted that:
- Many children with FASD have learning strengths around literacy and practical subjects, such as visual arts, performing arts, sport and technologies...it is important that teachers cater to the specific needs of each individual child, and build personalised learning plans for this diverse group of students...best practice teaching for children and young people with FASD focuses on 'engagement' and social and emotional learning. It is important to provide learning opportunities that allow students to experience success. It has been shown that success and strength-based approaches build emotional resilience – vital for children and young people with FASD to grow and better understand the boundaries of their abilities and disabilities.⁵³
- 2.66 Mr Timu King, a former National Indigenous Youth Parliamentarian, told the committee that students living with FASD need 'information to be quite concise' as he advised that 'it is very hard for them to learn from

⁵² Jane Weston and Sue Thomas, *Understanding and addressing the needs of children and young people living with Fetal Alcohol Spectrum Disorders (FASD): A resource for teachers*, 2014, pp. 18–19.

⁵³ Jane Weston and Sue Thomas, *Understanding and addressing the needs of children and young people living with Fetal Alcohol Spectrum Disorders (FASD): A resource for teachers*, 2014, p. 17.

mistakes.’ Therefore, students ‘need to be shown the correct answer the first time, and then [be] given an opportunity to demonstrate it’.⁵⁴

- 2.67 Throughout the inquiry, the committee heard that many schools and teachers are struggling to properly assist students with FASD. Ms Sue Thomas, the Marulu Strategy Coordinator, at Marninwarntikura Fitzroy Women’s Resource Centre, advised the committee that:

...at the moment FASD is not recognised as a disability. So, while Fitzroy school knows that they have a cohort of children with FASD and there are more children who have been diagnosed post the ‘little ones’ research, it does not trigger any additional funding.⁵⁵

- 2.68 Mr Jared Lawson, Principal, Broome Primary School, explained that in his school:

There is absolutely no doubt we self-fund an awful lot of extra support for students who are in our schools who probably are FASD or have other difficulties that because of the disconnect pre coming to school have not been diagnosed or funded.⁵⁶

Committee comment

- 2.69 The committee was very impressed by the comprehensive resource for teachers developed by Ms Jane Weston and Ms Sue Thomas. The committee commends the work being done by the Marninwarntikura Fitzroy Women’s Resource Centre to raise awareness of FASD and provide students, families, teachers, and schools with strategies to support students as they undertake their education and face the challenges of living with FASD.
- 2.70 Early diagnosis of children and young people living with FASD is essential to their development and education. As such, the committee is very concerned that many students who are suspected of living with FASD remain undiagnosed and unsupported. The committee acknowledges FASD is complex and requires specialists to diagnose. Nonetheless, a diagnosis is the foundation upon which all other support and management strategies are placed.

⁵⁴ Mr Timu King, Former National Indigenous Youth Parliamentarian, *Committee Hansard*, Canberra, 26 May 2017, p. 8.

⁵⁵ Ms Sue Thomas, Marulu Strategy Coordinator, Marninwarntikura Fitzroy Women’s Resource Centre, *Committee Hansard*, Fitzroy Crossing, 27 June 2017, p. 6.

⁵⁶ Mr Jared Lawson, Principal, Broome Primary School, *Committee Hansard*, Broome, 29 June 2017, p. 3.

2.71 However, the committee notes that, even with a diagnosis of FASD, the level of additional funding that a school receives to provide necessary learning support is often unclear and may vary between states and territories.

Recommendation 4

2.72 **The committee recommends that the Federal Government, in collaboration with state and territory governments, agree to a clear and consistent policy in relation to Fetal Alcohol Spectrum Disorder (FASD) being recognised as a disability for the purposes of school and support service funding.**

Recommendation 5

2.73 **Once a consistent policy position is determined in relation to FASD, the committee recommends that the Federal Government, in collaboration with states and territories, establish a FASD screening and management program which includes:**

- **access to FASD screening for all students who are deemed to require it; and**
- **working with schools to raise awareness of FASD and providing professional development for all teachers at schools where FASD has been identified.**

Trauma and mental wellbeing

2.74 Although many Indigenous children grow up in safe environments, others experience trauma, which impacts mental wellbeing and engagement in education. Many families and communities are unable, or are still working, to heal the trauma of past events, including displacement from Country, institutionalisation, and abuse. Indigenous children may also experience a range of distressing life events including:

- hospitalisation or death of close family members;
- exposure to violence, both as observers and as subjects of violence; and
- family disintegration (with kin networks fragmented due to forced removals, relationship breakdown, substance abuse, and possibly incarceration).⁵⁷

⁵⁷ Australian Institute for Health and Welfare, *Trauma-informed services and trauma-specific care for Indigenous Australian children*, July 2013, pp. 2–3.

- 2.75 Children experiencing traumatic stress symptoms generally have difficulty regulating their behaviours and emotions:
- They may be ‘clingy’ and fearful of new situations, easily frightened, difficult to console, and/or aggressive and impulsive. They may also have difficulty sleeping, lose recently acquired developmental skills, and show regression in functioning and behaviour.⁵⁸
- 2.76 Professor Judy Atkinson told the committee that ‘behaviour is language’, explaining that children’s behaviour ‘is telling us what is happening in their lives’.⁵⁹ This was illustrated in the following story submitted to the inquiry:
- Billy⁶⁰ is seven years old. Recently on a school excursion, when a police car went past with its siren blaring, Billy erupted into extreme aggression on other children and the teachers who were with the children on the excursion. During that time he had to be held for his own protection and the protection of the other children. The next day the Principal sat with him to talk about what had happened in the bus as his behaviour made it unsafe. She asked him: ‘Billy, do you ever feel scared?’ hoping to open a conversation about how his behaviour had affected the other children and the teachers. His response was ‘Oh I am always scared Aunty’, opening for the Principal, a deeper understanding of the world in which he lives and the way he has learnt to cope with overwhelming feelings of fear, terror and panic.⁶¹
- 2.77 Professor Atkinson told the committee that the University of Wollongong now offers a Graduate Certificate in Indigenous Trauma Recovery Practice:
- We just graduated 52 students, and over 40 of them were Aboriginal. They are working across Australia in the field. I am highlighting that we need another course now that provides specific skills in how to de-escalate heightened situations or behaviour in children who come into a school and are distressed. Maybe over the weekend there has been a lot of drinking, rough drugs in town, and many schoolteachers and even principals do

⁵⁸ Jane Weston and Sue Thomas, *Understanding and addressing the needs of children and young people living with Fetal Alcohol Spectrum Disorders (FASD): A resource for teachers*, 2014, p. 16.

⁵⁹ Professor Valerie (Judy) Atkinson, *Submission 43*, 45th Parliament, p. 2.

⁶⁰ Not his real name.

⁶¹ Professor Valerie (Judy) Atkinson, *Submission 43*, 45th Parliament, pp. 2–3.

not have the capacity to respond to them in a good way to de-escalate their behaviour, so it becomes worse, not better.⁶²

- 2.78 The Independent Schools Council of Australia submitted that it is imperative that any measures to address negative student behaviours focus on seeking to understand the trauma that may be the impetus for these behaviours.⁶³

Committee comment

- 2.79 It is a tragic reality that, whilst many Indigenous children grow up in safe environments, others experience trauma. As Professor Atkinson stated, 'behaviour is language'. As such, it is a language that teachers and schools must learn to understand if they are to support students' mental wellbeing.
- 2.80 It is the committee's view that it would be beneficial for all teachers working with Indigenous students to undergo professional development regarding trauma-informed teaching practices.

Linking health services and schools

- 2.81 The importance of health and education services working together, particularly in remote communities and boarding schools, has been highlighted throughout the inquiry.⁶⁴ The Wilson Review had similar findings, noting that 'the notion of education and health working collaboratively has many perceived benefits to both families and children'. It noted that 'many remote school staff made comments to the review

⁶² Professor Valerie (Judy) Atkinson, Patron, We Al-li Pty Ltd, *Committee Hansard*, Canberra, 1 June 2017, p. 1.

⁶³ Independent Schools Council of Australia, *Submission 16*, 44th Parliament, p. 6.

⁶⁴ For example: Association of Independent Schools of Western Australia, *Submission 32*, 44th Parliament; Catholic Agricultural College Bindoon, *Submission 5*, 44th Parliament; Martu Schools Alliance, *Submission 56*, 44th Parliament; Independent Education Union, *Submission 10*, 44th Parliament; Queensland Catholic Education Commission, *Submission 20*, 44th Parliament; Northern Territory Department of Education, *Submission 39*, 44th Parliament; One Tree Community Services, *Submission 35*, 45th Parliament; Northern Territory Council of Government Schools Organisation, *Submission 31*, 45th Parliament; Australian Association of Christian Schools, *Submission 24*, 45th Parliament; Association of Independent Schools of the Northern Territory, *Submission 9*, 44th Parliament; Independent Schools Queensland, *Submission 19*, 44th Parliament; Boarding Training Australia, *Submission 11*, 44th Parliament; North Queensland Cowboys, *Submission 49*, 44th Parliament; Northern Territory Christian Schools, *Submission 27*, 44th Parliament; Independent Schools Council of Australia, *Submission 16*, 44th Parliament; Boarding Australia, *Submission 7*, 44th Parliament; and Worawa Aboriginal College, *Submission 32*, 45th Parliament.

about the lack of communication between the two agencies resulting in service provision problems'.⁶⁵

- 2.82 The integration of early childhood education and health services for mothers and young children is common to most states and territories, with some offering services specifically catering to Indigenous mothers and children.
- 2.83 In the Northern Territory, integrated services in remote communities are offered through Child and Family Centres located on school sites.⁶⁶ The Northern Territory Department of Education explained that:
- Integrated CFCs provide support to local Indigenous children (birth to eight years) and their families with complex support needs, including a safe place to access learning and development services and enable timely referral and access to health and wellbeing services.⁶⁷
- 2.84 PM&C informed the committee that the Federal Government is prioritising investment in early childhood through the Community Child Care Fund, which 'will offer grants for the integration of child care, maternal and child health, and family support services in a number of disadvantaged Indigenous communities'.⁶⁸
- 2.85 Despite the importance of health and education services working together, there appears to be less integration after a child begins primary school; nonetheless the inquiry heard evidence of successful models of integration in primary and secondary schools.
- 2.86 For example, Ms Philomena Downey, Principal, The Murri School, told the committee that her school has an on-site medical clinic, which provides a wide range of general practice and allied health services.⁶⁹ Ms Downey emphasised the link between good health and educational achievement, stating that:

If you're sick, if you have medical issues and other health issues, how are you going to succeed in school? To me, it's a no brainer. Right from the get go, it's always been our vision that you need to

⁶⁵ Bruce Wilson, *A Share in the future: Review of Indigenous Education in the Northern Territory*, Northern Territory Department of Education, 2015, p. 103.

⁶⁶ Northern Territory Government, 'Early childhood support for remote children and families', <https://nt.gov.au/learning/early-childhood/early-childhood-support-for-remote-children-and-families>, accessed 12 September 2017.

⁶⁷ Northern Territory Department of Education, *Submission 39*, 44th Parliament, p. 4.

⁶⁸ Department of Prime Minister and Cabinet, *Submission 43*, 44th Parliament, p. 3.

⁶⁹ Ms Philomena Downey, Principal, The Murri School, *Proof Committee Hansard*, Brisbane, 29 August 2017, p. 27.

look after the whole child – not just one aspect of their development.⁷⁰

- 2.87 In Townsville, the committee visited the health and wellbeing centre at Shalom Christian College. Ms Sandy Hindmarsh, Deputy Principal, told the committee that:

We have been trying to come up with a model that is the most responsive to the students' needs... We're trying to work from a comprehensive primary healthcare model that is a health worker led model, which is the most culturally responsive model, and something that is evidence-based and also that there is parent, family and community buy-in for that model. Students need to understand why they are going to a health practitioner, what that means, and families need to be present – so everybody needs to be very aware of what they're getting from the service, and also getting the best service that they can.⁷¹

- 2.88 Ms Hindmarsh explained that the on-site facilities allow students to access healthcare in a space where they feel comfortable and safe and minimises the amount of time that students might need to take off school to access healthcare services.⁷²

- 2.89 Mr Selwyn Button, Queensland Department of Education and Training, told the committee that the Queensland Government has partnered with the Rural Health Outreach Provider, CheckUP, and implemented a new strategy to identify appropriate allied health providers to deliver services at schools in remote communities, tailoring services to individual student needs. Mr Button explained that allied health professionals work with students, schools, and families to develop individual treatment and support plans to meet each student's health and wellbeing needs.⁷³

- 2.90 Mr Michael Pepper, Principal, St Mary's College in Broome, stated that:

With regard to student wellbeing, our school is provided with two days of support by psychologists from the Department of Education plus St Mary's College also employs a full-time social worker. It is apparent from the two days of psych time that this is

⁷⁰ Ms Philomena Downey, Principal, The Murri School, *Proof Committee Hansard*, Brisbane, 29 August 2017, p. 31.

⁷¹ Ms Sandy Hindmarsh, Deputy Principal, Shalom Christian College, *Proof Committee Hansard*, Townsville, 30 August 2017, p. 26.

⁷² Ms Sandy Hindmarsh, Deputy Principal, Shalom Christian College, *Proof Committee Hansard*, Townsville, 30 August 2017, p. 27.

⁷³ Mr Selwyn Button, Assistant Director-General, State Schools – Indigenous Education, Department of Education and Training, Queensland, *Proof Committee Hansard*, Brisbane, 29 August 2017, p. 24.

less than required to meet the needs of many of our students, especially our Aboriginal students with learning or social and emotional needs. For 2018, we are working towards increasing the allocation of time with the Department of Education psychologist, as we see this critical to support student wellbeing and to be able to complete the required diagnostic testing to identify specific learning, social and emotional needs.⁷⁴

Committee comment

- 2.91 Throughout the inquiry, the committee witnessed the benefits of linking health services and schools. The integration of health services and early childhood is well recognised; however, the committee is of the view that this integration should not be limited to early childhood education.
- 2.92 The committee was particularly impressed by the Murri School's model of integration for health and education. The provision of on-site medical services for students allows for stronger relationships between students, families, communities, teachers, and schools. It promotes early detection and diagnosis and allows for schools to work together with families to implement management plans to ensure that each student is given the necessary support to succeed in their education.
- 2.93 The importance of early diagnosis and knowledge of each individual student's health and wellbeing needs has been emphasised. Without a clear understanding of what a student's needs are, teachers and schools cannot hope to provide the support necessary to empower students to meet their education goals. The committee acknowledges the importance of protecting the privacy of students' medical information; however, more should be done to integrate the delivery of education and healthcare services and allow schools to work directly with health providers to the benefit of students.

⁷⁴ Mr Michael Pepper, Principal, St Mary's College, Broome, *Committee Hansard*, Broome, 29 June 2017, pp. 9–10.

Recommendation 6

- 2.94 The committee recommends that the Federal Government, in collaboration with states and territories, establish and implement an integrated model of health and education delivery to locate medical services within school grounds or as close to them as possible in remote and very remote locations with a substantial number of Indigenous students by 2020 so that health care is seen as integral to the provision of education services.

Recommendation 7

- 2.95 The committee recommends that the Department of Education and Training and the Department of Health examine ways of allowing a greater flow of information between schools and health professionals, so that schools can obtain relevant and appropriate medical information in relation to students, but in a way that does not breach the *Privacy Act 1988*.