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Australian Government

Department of Health and Ageing

**House of Representatives Standing Committee on
Aboriginal and Torres Strait Islander Affairs**

**Inquiry into the high levels of involvement of
Indigenous juveniles and young adults in the
criminal justice system**

HEALTH AND AGEING PORTFOLIO

ANSWERS TO QUESTIONS ON NOTICE

FASD Questions no: 1, 2 and 3

OUTCOME 8: Indigenous Health

Topic: Additional information on how Foetal Alcohol Spectrum Disorder (FASD) may be a contributory factor in the high rate of offending of Indigenous youth as requested by the *Inquiry into the high level of involvement of indigenous juveniles and young adults in the criminal justice system*.

Written questions on notice

The Inquiry Secretary, on behalf of the House Standing Committee on Aboriginal and Torres Strait Islander Affairs asked:

Question 1: Are you able to tell us how widespread FASD might be amongst Indigenous youth?

Question 2: Has your Department engaged in any kind of FASD prevalence study across communities in Australia?

Question 3: Given that FASD is relevant to the health, educational, and justice outcomes of the people it affects, can you tell us what effort has been made to coordinate responses to FASD across your Department, the Department of Education, Employment and Workplace Relations, the Department of Families, Housing, Community Services and Indigenous Affairs and the Attorney-General's Department?

Answer 1:

Few data sources exist on FASD in Australia. Issues around data collection, the difficulty of early diagnosis, lack of referrals by non-specialists, lack of recognition of FASD indicators and insufficient information on medical records mean that the incidence of FASD is likely to be under-reported.

State and Territory-based studies have reported birth prevalence rates of FAS of between 0.01 and 0.68 per 1,000 live births.

Several Australian studies have found higher rates of FAS among some Indigenous communities (eg 1.87 or 2.76 per 1,000 live births) – a finding reflected in the international literature.

Answer 2:

The Department is in the final stages of a procurement process for the development of a diagnostic screening tool to assist clinicians in diagnosing babies and children affected by FASD.

Diagnosis of FASD is difficult. Even the diagnosis of Fetal Alcohol Syndrome, the most severe condition in the spectrum in which there are characteristic facial features, is often missed.

Early diagnosis and intervention may substantially reduce the risk of secondary medical, social, emotional and behavioural problems.

Diagnosis of an affected child also provides an opportunity for preventing alcohol exposure in future pregnancies.

However, diagnosis needs to be carefully handled. While under-diagnosis is problematic because children and families may miss out on the care and support they need, over-diagnosis can be equally problematic including because of the potential stigma attached.

Answer 3:

In November 2009 the Ministerial Council on Drug Strategy – which comprises Commonwealth and State Ministers for Police and Health and also the Commonwealth Minister for Education, Employment and Workplace Relations – considered a comprehensive report ‘Fetal Alcohol Spectrum Disorder in Australia: an update’, which covers research, policy and practice regarding FASD in Australia.

The MCDS agreed to seek advice from the Australian Health Ministers Conference on the report to assist in developing a response. The Australian Health Ministers Advisory Council has established a working group which has been tasked to report by December 2010. The Department of Health and Ageing is chairing the working group.

In addition, the report has also been provided to the Community and Disability Services Ministers Conference and to the Ministerial Council for Education, Early Childhood Development and Youth Affairs.

At the Commonwealth level, the Department of Families, Housing, Community Services and Indigenous Affairs is convening a whole of government working group to consider Indigenous alcohol issues, including FASD.

Hearing Health Question no: 1 and 2

OUTCOME 8: Indigenous Health

Topic: *Additional information on the Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes measure and progress to date, as requested by the Inquiry into the high level of involvement of Indigenous juveniles and young adults in the criminal justice system.*

Written questions on notice

The Inquiry Secretary, on behalf of the House Standing Committee on Aboriginal and Torres Strait Islander Affairs asked:

Question 1: Could you include more information on the *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes* which is providing \$58.3 million over four years from 2009-10.

Question 2: The Committee would like information on how the Commonwealth is addressing hearing impairment in Indigenous children.

Answer 1:

The *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes* measure provides \$58.3 million over four years from 2009-10. This measure will expand eye and ear health services to improve education and employment outcomes for Aboriginal and Torres Strait Islander peoples.

Key components of the measure include:

- the expansion of the Visiting Optometrists Scheme;
- increased services to address trachoma;
- training of health workers for ear health and hearing screening;
- maintenance and purchase of medical equipment for ear and hearing screening;
- additional ear and eye surgery, particularly for remote Indigenous clients; and
- ear and hearing health promotion activities.

Hearing health

- The Department has consulted with key stakeholders to inform implementation of the ear health components of the measure, including convening an Indigenous ear health clinical roundtable.
- The Department has also undertaken a number of developmental pieces of work to ensure investment under the measure is well targeted, has a strong evidence base and responds to local and state and territory service delivery issues, including:
 - updating the *Recommendations for Clinical Care Guidelines on the Management of Otitis Media in Aboriginal and Torres Strait Islander Populations*;
 - research to inform hearing health promotion activities;
 - a scoping study into existing state and territory activity in Indigenous ear health; and
 - a planning and needs analysis to inform the distribution of equipment.
- In June 2010, the Department executed a contract with a supplier to purchase, maintain and store specific ear and hearing equipment.
- A training program for workers in ear and hearing health is currently being developed. Training will be delivered in parallel with the distribution of the hearing equipment.
- The Department has also established a Commonwealth and state and territory Indigenous Hearing Working Group to help drive cooperation and collaboration between and across governments to improve Indigenous hearing health.

Answer 2:

Separate to the *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes* measure, the Australian Government Hearing Services Program provides free hearing rehabilitation services and devices to eligible people who have been screened and identified as having a hearing loss requiring aids. Once screened, those identified with a hearing loss will be referred to hearing service providers including the Government provider, Australian Hearing. Eligible clients include children and young people under 21 years old.

In addition, under the *Closing the Gap in the Northern Territory National Partnership – Agreement* the Australian Government has committed funding of \$4,525,00 (GST exclusive) in 2009-10 to complete Ear Nose and Throat (ENT) specialist services (including surgery) arising from valid ENT referrals from child health checks.

In December 2009 \$1.8 million was allocated to hearing health services under the Expanding Health Service Delivery Initiative (EHSDI) to deliver audiology services

across the Northern Territory to 30 June 2010. This funding allowed the continuation of audiology services provided under the Northern Territory Emergency Response (NTER) in 2007-08 and 2008-09.

The Northern Territory Hearing Health Service integrates audiology follow-up with hearing health case management and coordination and will provide audiology services for children with an outstanding referral from the NTER Child Health Checks as a matter of priority. It will also establish new case management and coordination activities through the employment of hearing case managers initially in five regional teams (Central Australia, Barkly, Top End Central, Top End West and East Arnhem) and expand the number of community hearing workers. The audiology services will be based around the 22 remote hearing booths and utilise other mobile hearing equipment previously funded as part of the NTER follow-up.

The report from the *Hear Us: Inquiry into Hearing Health in Australia* was released on 13 May 2010 by the Senate. It highlights the impact of hearing loss on all Australians, but in particular, Indigenous Australians in terms of educational and employment outcomes and interactions with the justice system. The Government is currently considering the recommendations in the report.