

Chapter 5

Term of Reference (c) the health, welfare, education and security of children in regional and remote Indigenous communities

Shared understanding of the importance this issue

5.1 There is no disagreement about the primacy of this issue: the health, welfare, education and security of children in Indigenous communities is acknowledged as being of critical importance. Commonwealth, state, territory and local governments, the non-government sector, industry groups and indeed communities themselves are in agreement that more must be done to ensure that children are provided with environments and conditions which guarantee their safety and provide adequate care, nutrition, good health, education and development. The committee shares this view.

5.2 Submissions addressing this term of reference, and indeed research in the area, confirms the complexity of the issues involved in creating optimum conditions in which children are able develop and grow to their full potential.

Issues raised

5.3 Several of the submissions related to this term of reference indicated a level of frustration with the lack of progress made in securing healthy and safe communities for children. Dr Lara Wieland and Dr Richard Heazelwood express this in the following way:

Australians are hearing much now about the level of disadvantage and social dysfunction and the concomitant damage being done to women and children in many remote indigenous communities in many parts of Australia. For some it is too gruesome and painful to even read about so imagine what it is like to live it?

Whilst Cape York has it's own identity and different culture and in some ways appears to not be so beset by these problems on the surface, all of those on the ground, including many of the Cape York people and almost all of the children know about the hell that lies just beneath the surface for so many Cape York families.

It is a shameful contrast that some of this country's most disadvantaged people are in the very backyard of one of the world's premier tourist destinations and the playground of the rich – Cairns and the Far North. One drives through places like Port Douglas where Presidents and movie stars holiday on the way to these disadvantaged

communities with third world conditions and widespread abuse and neglect of women and children.¹

5.4 Submissions suggest holistic responses to child wellbeing, noting that child health and development is linked to other determinants of community wellbeing such as the provision of adequate housing, education, primary, secondary and tertiary health services and good governance systems.²

5.5 This is acknowledged by the Commonwealth government which in its discussion paper on the development of a national framework for protecting children states:

Child abuse and neglect cannot be easily disentangled from issues such as poverty, homelessness, drug and alcohol addiction, domestic violence, mental health issues and social isolation. Understanding the ways these factors inter-relate and developing strong connected solutions require the effort and attention of all levels of government, non-government organisations providing key services and support for families, and the broader community.³

5.6 This is confirmed by international and domestic research in the area. This research also indicates that individualistic responses to child wellbeing do not substantially improve conditions for Indigenous communities or families and that community based responses provide the best long term chance of increasing the health, development and wellbeing of children.⁴

5.7 The impact of inadequate housing on children was raised on a number of occasions with the committee during its inspection visit as an example of the interdependencies and multiple factors that influence the wellbeing of children. People question how the community can expect children to go to school and learn if they are unable to get a good night's sleep in an overcrowded house, or have somewhere to do their homework.

Statutory protection frameworks

5.8 Submitters agree that a strong statutory framework is required for child protection and that adequate policing resources are required to investigate and pursue

1 Dr Lara Wieland and Dr Richard Heazlewood, *Submission 12*, p. 1.

2 Legal Aid Western Australia, *Submission 1*, p. 2; Dr Lara Wieland and Dr Richard Heazlewood, *Submission 12*, p 9.

3 Department of Families, Housing, Community Services and Indigenous Affairs, *Australia's children: safe and well*, May 2008, p. 8
http://www.facsia.gov.au/family/child_protection_discussion_paper/ChildProtectionDiscussion%20PaperFINAL.pdf (accessed 10 September 2008).

4 Terri Libesman, *Child welfare approaches for Indigenous communities: international perspectives*, National Child Protection Clearinghouse Issues Paper no. 20, Autumn 2004, p. 3.

criminal allegations of abuse and neglect.⁵ However this framework can only operate as a safety net, with a broader set of measures for child and family wellbeing seen as the most effective way to prevent harm.⁶

5.9 The South Australian government submission explains how the state of South Australia has implemented changes to its statutory protection framework as a result of a state government inquiry. In 2006 the *Children's Protection Act 1993* was amended to create three statutory bodies to improve the monitoring of the care and protection of children:

- the Guardian for Children and Young People;
- the Child Death and Serious Injury Review Committee; and
- the Council for the Care of Children.

5.10 The South Australian government also refers to its 2007 Children in State Care Commission of Inquiry, conducted by former Supreme Court Judge, Ted Mullighan and the extension of this inquiry into the sexual abuse of children on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in northern South Australia. The Commission provided its report to the state government on 30 April 2008 and in it documented major child safety issues throughout the APY Lands.⁷

5.11 The committee is keen to find out what impact the creation of these statutory offices and the implementation of recommendations of Justice Mullighan's inquiry will have on life outcomes for Indigenous children in South Australia, and will consider this as part of its inquiry up until 2010.

5.12 Services for child offenders and those who have themselves been victims of sexual abuse has been raised in the joint submission by the Central Australian Aboriginal Legal Aid Service and North Australian Aboriginal Justice Agency. This submission cites an example of a 13 year old convicted of sexual offences who had been the victim of sexual abuse himself. The court accepted that the offender was mimicking acts that had been done to him. The submission is critical of the absence of services to arrest this cycle of abuse.⁸ This issue was also raised with the committee on its visit to Fitzroy Crossing.⁹

5 Dr Lara Wieland and Dr Richard Heazlewood, *Submission 12*, p. 12.

6 Uniting Care Children, Young People and Families Services (NSW), *Submission 14*, p. 3; See also Secretariat of National Aboriginal and Islander Child Care Inc, *Service Development, Cultural Respect and Service Access Policy*, August 2008, p. 7.

7 The Hon Jay Weatherill MP, South Australian Minister for Aboriginal Affairs and Reconciliation, *Submission 27*, p. 10.

8 Central Australian Aboriginal Legal Aid Service and North Australian Aboriginal Justice Agency, *Submission 24*, p.13.

9 Committee inspection, Fitzroy Crossing, Tuesday 19 August 2008.

Health and wellbeing

5.13 Maternal health and access to primary health care for mothers and their children received significant attention in the submissions, with the National Rural Health Alliance calling for Australia to develop world's best practice programs for supporting pregnant women and their babies in the first few years of life. Supporting and tapping into the nursing and midwifery workforce to support these programs was seen as a way of improving access to Indigenous women and children in regional and remote communities.¹⁰

5.14 The committee heard evidence of this strategy being used effectively when it visited Derby in Western Australia. The Jalaris Kids Future Club told the committee of the positive impact of connecting the community's child and maternal health nursing program with the service provided by Jalaris. This had allowed Indigenous mothers and their children to access a service they would previously not have used, and demonstrates the importance of community partnerships.

5.15 Focusing on programs to support children pre-birth up until they start school is promoted as a long term strategy to address disadvantage. This is also seen as making good economic sense, with savings to be made over time with reduced pressure on welfare systems as an outcome.¹¹

5.16 Dr Lara Wieland and Dr Richard Heazlewood propose the establishment of early childhood and community centres as the hubs of community life. They could be used to deliver parenting and nutrition programs, kindergarten and daycare, antenatal care, early childhood education and provide access to nurses and visiting specialists and therapists. Dr Wieland and Dr Heazlewood are critical of the baby bonus saying that there is anecdotal evidence it is raising teenage pregnancies and increasing the risk of violence, with women being forced to hand over money by their partners or others that is then used for alcohol and other substances.¹²

5.17 'Baby packs' providing essential items for mothers and babies is suggested as an alternative use of the money allocated for the baby bonus.¹³ While in Fitzroy Crossing the committee heard evidence of a successful initiative of Nindilingarri Cultural Health Service providing baby packs and a DVD as a way of connecting with young women to provide education and antenatal care to support mums-to-be that would not ordinarily come into contact with the service. As women in Fitzroy Crossing have to go to Derby to have their babies, the DVD provides useful information about what women can expect in Derby when having their babies. The

10 National Rural Health Alliance, *Submission 8*, pp. 5-6.

11 Dr Lara Wieland and Dr Richard Heazlewood, *Submission 12*, p. 3.

12 Dr Lara Wieland and Dr Richard Heazlewood, *Submission 12*, p. 8.

13 Dr Lara Wieland and Dr Richard Heazlewood, *Submission 12*, p. 8.

committee was impressed with this initiative which seemed to be a simple yet effective way of supporting women and their babies.

5.18 Legal Aid Western Australia documents its concerns about a number of issues related to children and their wellbeing in Indigenous communities. Among these are the problems experienced when trying to get access to mental health professionals in remote settings. The submission notes that this access is very important, especially in providing non custodial options and addressing treatment and prevention needs for young offenders.

The problem is more acute for children and young people. There is a lack of professional assistance available; there are very few mental health professionals whose expertise is in dealing with children, and few mental health agencies willing to take children on...¹⁴

5.19 Calls for more access to mental health services for children are supported in other submissions.¹⁵ Dr Rosemary Howard, a child and adolescent psychiatrist who has worked in Central Australia, explains how the conditions and problems experienced by children and young people living in regional and remote Indigenous communities, such as high incidences of child abuse and suicide, increases their vulnerability to developing mental health problems, arguing the need for specialist mental health professionals to be available in Central Australia to fill the current void.¹⁶

5.20 Issues related to mental health are also discussed in Chapter 4 in paragraphs 4.34 – 4.41.

Preventing children and young people from offending

5.21 The committee notes recent research which indicates that Indigenous offenders are more likely to begin offending regularly and at a much earlier age than non-Indigenous offenders.¹⁷ This highlights the importance of preventative and diversionary programs targeted towards children, and not just adolescents. The committee also notes that a broad range of social and economic factors impact on the likelihood that a young person will become involved in crime. Therefore improvements in areas such as housing, education and health are likely to also reduce rates of offending in young people.

14 Legal Aid Western Australia, *Submission 1*, p. 7.

15 National Rural Health Alliance, *Submission 8*, p. 6.

16 Dr Rosemary F Howard, *Submission 18*, p. 2.

17 J. Joudo, *Responding to substance abuse and offending in Indigenous communities: review of diversion programs*, Australian Institute of Criminology, Research and Public Policy Series no. 88, 2008, p. 12.

5.22 Several submissions suggest that programs offering young people an opportunity to learn about, and develop the skills needed to make healthy and safe choices throughout their lives are a way of tackling relatively high levels of offending. For example, Legal Aid Western Australia suggests that access to recreation programs and facilities can help prevent or break the cycle of offending.¹⁸ The Central Australian Youth Link Up Services submission focuses on how appropriate youth programs in communities can deal with a range of issues, including identifying and referring children at risk to prevent abuse.¹⁹

5.23 While in Fitzroy Crossing, the committee was made aware of a project that brings young people at risk of substance abuse and offending together with elders as a way of these young people reconnecting with their culture and country.²⁰ This program, the Yiriman Project, run through the Kimberley Aboriginal Law and Culture Centre was short listed as a finalist in the National Drug and Alcohol Awards in 2006 for its work with young people. The committee understands that the community has had difficulty securing ongoing funding for this program and considers that locally designed and implemented programs such as this one make an important contribution to preventing children and young people from making choices that lead them towards substance misuse and crime.

Education

5.24 The issue of access to schools and quality education resources also attracted attention, with several submissions calling for immediate action.

Aboriginal and Torres Strait Islander children deserve and must have the same school facilities, curriculums, and teaching as other Australian children so that they may choose how and where to live.²¹

5.25 The submission from the Laynhapuy Homelands Association documents the commitment of residents to educating their children on the homelands as a way of keeping children connected to their family and kinship structures, and preventing unhealthy behaviours linked to alcohol and substance abuse.

Our members are very clear that they want their children to be educated in schools in the homelands for as many years of schooling as is possible. Parents regard sending their children to Yirrkala or Nhulunbuy as very undesirable as it takes them away from all the positive and supportive family and kinship relationships, away from culture, law and the structures for discipline. In Yirrkala young people are exposed to alcohol and related violence, other social problems, and to behaviours and

18 Legal Aid Western Australia, *Submission 1*, p. 12.

19 Central Australian Youth Link Up Services, *Submission 26*, p. 9.

20 National Youth Affairs Research Scheme, *Community building through intergenerational exchange programs*, 2006, p. 47.

21 Centre for Independent Studies, *Submission 7a*, p. 4; see also National Rural Health Alliance, *Submission 8*, p. 8.

experiences that are not condoned by the cultural or Christian values of many parents. Sending children away to boarding schools has been tried by some parents but this has proven to not be very successful.²²

5.26 This submission also states that abuse and neglect in the Laynhapuy homelands has never been a significant problem as culture and law is still strong and has processes in place to ensure children are protected. In addition, there is little incidence of alcohol or substance use.²³ This is also discussed in Chapter 4 at paragraph 4.21.

5.27 The committee was pleased to be able to visit the Luurnpa Catholic School in Balgo community in the east Kimberley and witness the important work of the school in contributing not only to learning, but also in providing broader care such as nutrition and child health programs. The committee was impressed with a local initiative led by directors of the Wirrimanu Aboriginal Corporation which prevented the community store from opening until significant numbers of school age children were at school. This decision was made by the directors as a way of tackling low school attendance. It required support from the store and the school and is an example of a locally driven initiative developed, owned and supported by the community. While in Balgo the committee observed the positive impact this decision was having on school attendance.

5.28 The committee notes that for many children in remote communities, English may be their second, third or fourth language. It is therefore important that teachers and schools are appropriately resourced to cater for the diverse language needs of their students, and that children have confidence in both Standard Australian English and their home languages.²⁴

5.29 Aboriginal Resource and Development Services Incorporated, working in north east Arnhem Land in the Northern Territory, suggests that programs that teach the whole community English will have the collateral benefit of allowing children to learn more effectively in schools.

In other parts of the world radio is used to teach English to whole masses of people. Although ARDS has wanted to do this on Yolngu Radio it seems that no one in Government is interested. Materials like this, once developed, will have a hundred years' life, teaching generation after generation this important information. Instead of forcing Yolngu children into schools where they will be instructed in a foreign language and learn very little, why doesn't the government provide the tools necessary for Yolngu and other Indigenous people to learn English?

22 Laynhapuy Homelands Association, *Submission 28*, p. 18.

23 Laynhapuy Homelands Association, *Submission 28*, p. 17.

24 Daron Steven Keogh, *Submission 35*, p. 1.

Let's go there. It will work as it has all across the world.²⁵

5.30 Rio Tinto, in their submission, suggest that education infrastructure such as good school facilities and accommodation for children and students who have to leave their home communities, is critical if educational improvements are to be made for Indigenous people.²⁶

5.31 Programs supporting parents and carers to take an active role in the education of their children were seen as a way of not only supporting a child's learning but of providing entry points to adult education for themselves. Rio Tinto detailed its Parents and Learning Program which it operates in communities around Australia, citing this program as having a positive impact on literacy and numeracy levels, attendance and behaviour.²⁷

Alcohol restrictions

5.32 Dealing with the significant levels of alcohol and substance abuse was raised with the committee throughout its inspection visits in the Kimberley. In Fitzroy Crossing the committee heard of the extremely positive impact takeaway alcohol restrictions were having on the whole community. People who spoke to the committee reported that more children were being sent to school because many parents were now more capable of assisting their children get to school, and were spending money on food for families rather than alcohol.

5.33 The women's shelter intake figures fell and domestic violence reports to police in Fitzroy Crossing were 28 per cent lower than in the same period the previous year. There was a 48 per cent reduction in the number of Fitzroy Crossing residents presenting to the emergency department of the hospital with alcohol related injuries between October 2007 and March 2008 when compared with the same period in 2006-2007. School attendance also increased.²⁸

5.34 After six months, an evaluation of the restrictions was carried out by Notre Dame University Australia on behalf of the Western Australian government's Drug and Alcohol Office. This evaluation found that alcohol restrictions were delivering major benefits to the community:

The statistics clearly demonstrates significant improvements in health and social outcomes. Indicators of alcohol-related violence and hospital attendances for alcohol related complications are significantly reduced.

25 Aboriginal Resources and Development Services Incorporated, *Submission 11*, p. 4.

26 Rio Tinto, *Submission 20*, p. 10.

27 Rio Tinto, *Submission 20*, pp. 20-21.

28 L. Henderson-Yates, S. Wagner, H. Parker and D. Yates, *Fitzroy Valley Liquor Restriction Report: An evaluation of the effects of a six month restriction on take-away alcohol relating to measurable health and social benefits and community perceptions and behaviours*, March 2008, pp. 8-10.

Respondents have reported significant improvements in the health and welfare of children. They are now better supervised by their parents, do not wander around the town late at night and are attending school regularly...²⁹

5.35 The committee notes that the issue of alcohol restrictions can be a sensitive and divisive issue for communities and that support for these initiatives is required. The committee acknowledges the achievements of the Fitzroy Crossing community who worked hard to get the restrictions in place.

Foetal Alcohol Syndrome

5.36 While in Fitzroy Crossing the committee was concerned to hear about the problems experienced by parents and carers of children with Foetal Alcohol Syndrome (FAS). The committee learned that there is also a spectrum of related disorders referred to as Foetal Alcohol Spectrum Disorder (FASD) and that children with FASD have a range of behavioural and learning difficulties. Children with FASD require special assistance, as do their parents and caregivers to assist with appropriate treatment and responses to these children's needs.

5.37 The committee understands that as yet FASD does not appear on the relevant disability register which would allow it to be classified as a disability and that this impacts on the ability of schools, parents and carers to access resources and support that would ordinarily be available to children with disabilities.

5.38 The committee has been advised by the Commonwealth Department of Health and Ageing that progress is being made to develop a national response to FASD and that under the Intergovernmental Committee on Drugs, a working party was established in 2006 to advise on the developments in Australia and overseas in regard to FASD and identify best practice approaches to reduce the incidence of FASD, particularly in Indigenous communities.

5.39 The committee understands that a National FASD workshop was held in Adelaide in August 2008. It was attended by paediatricians, neonatologists, research officers, health professionals, policy makers in drug and alcohol, geneticists and Indigenous representatives. This workshop will make recommendations to the Ministerial Council on Drug Strategy about issues related to FASD and will include recommendations on service needs. The committee will follow developments in this area with interest.

29 L. Henderson-Yates, S. Wagner, H. Parker and D. Yates, *Fitzroy Valley Liquor Restriction Report: An evaluation of the effects of a six month restriction on take-away alcohol relating to measurable health and social benefits and community perceptions and behaviours*, March 2008, p. 12.