What Works. The Work Program: CORE ISSUES 8

What Works. The Work Program is a set of resources designed to help schools and those who work in them improve outcomes for Indigenous students. The ‘Core issues’ series is an attempt to distil some topic-based key directions for practical action.

Education and student health: the big picture

Many Indigenous students are in good health and succeeding at school. However, we also know there are large numbers of Indigenous students whose performance at school is seriously impeded by poor health.

This paper looks at some of the health issues affecting Indigenous students and the part schools and teachers can play in dealing with them. It is not intended to address all health issues; rather, it provides background information and advice for teachers about some issues of particular relevance to schooling.

This core issues paper has been developed with assistance from Associate Professor Garth Alperstein and Associate Professor Maria Egan, University of Notre Dame Australia, School of Medicine, Sydney.
What are the causes?

It is important to acknowledge that most health issues among Indigenous people do not, in most cases, stem from Indigeneity. Sometimes it is easy to identify the person with the health issue, but there is a correlation not a causal relationship.

As Chris Sarra remarked when discussing negative social issues in Indigenous communities, and their consequences:

‘Our children need to understand that these things exist in our community because they are a legacy of other historical and sociological processes, and that they are not a legacy of being Aboriginal.’

Not only Indigenous children, but teachers and the community as a whole need to understand this.

According to the *Overview of Australian Indigenous Health Status* (2009)

‘There is an irrefutable relationship between the social inequalities experienced by Indigenous people and their current health status. This social disadvantage [is] directly related to dispossession and characterised by poverty and powerlessness…’

Health–education connection

Every teacher knows that students who are consistently unwell may not achieve their potential. The *exact* mechanism at work is not clear, however according to *Health and Welfare of Australia’s Aboriginal & Torres Strait Islander Peoples* (2008):

‘While the positive association between education and health has been well established, the explanations for the association have not. […]

the association between education and health may be partly explained by the fact that healthy individuals are better able to undertake education in the first place. A child’s health has a powerful impact on whether or not they attend school and on their ability to learn and participate in school activities. Therefore children with disability or chronic health conditions may be at risk of not completing their education […]’

These observations will be familiar to those involved in the day to day lives of students at school.
A ‘whole of life’ approach

The big picture involves looking at a child’s life from conception through the early years and then the years of schooling. The best outcomes for children will occur when there is cooperation between the various agencies that impact on their lives.

In the past, opportunities for school personnel to cooperate with other agencies have not always been common, but things are changing. There is a growing acknowledgement of the importance of agencies working together, and increased investment in the years of early childhood. The Council of Australian Governments (COAG) has agreed to substantial investment, particularly for Indigenous children, and in Victoria, for instance, an integrated health and wellbeing framework is under development. It ‘places the child or young person at the centre surrounded by family, community and services that impact their outcomes’.

The impact of the early years

Educators sometimes think of early intervention as the inclusion of three or four year-olds in a regular program that supports their cognitive, physical and social development. However, for health professionals early invention begins before birth. They are aware that both the health of a mother and her health practices will have a lasting impact on the health and well being of her child and subsequent educational outcomes. It is well known, for instance, that smoking during pregnancy is a high risk activity, as is drinking alcohol excessively.
Early childhood is a time of rapid growth and development; in fact, faster than any other time of life. A child's early experiences set the stage for later success or failure in school, adolescence and adulthood and that is why early intervention is so important.

By age three, critical periods for the development of a child’s primary sensory processing mechanisms of sight and hearing has been completed. A child’s patterns of emotional control and habitual ways of responding has developed into the pattern which teachers are likely to see at school. A child has the basis of oral language, both expressive and receptive, and an understanding of symbols. The degree to which the child is immersed in language experience at this age — the amount and complexity of oral language they are exposed to, the tasks set, the responses sought — will continue to be evident through the child’s school life and beyond.

For anyone trying to optimise the impact of formal education these must be fundamental considerations.

The need for cooperation

Most Indigenous parents and young children will receive services from a variety of agencies. Figure 2 illustrates this by placing the child centrally.

Given the importance of the early years, it seems sensible for the various agencies to work in cooperation. More specifically, such a strategy is

- **Pragmatic**: It gives all agencies a clearer picture of all the factors that impact upon the life of the child.
- **Time-efficient**: All agencies state that they are often ‘time-poor’ and find it difficult to address the needs of all clients. This cooperative approach ensures there is no duplication of services and allows opportunities for gaps to be filled.
- **Cost effective**: Money saved through avoiding duplication or working with an entire family across all agencies allows funds to be used more efficiently.
- **Proven to be effective**: Most importantly, collaboration has been proved to directly improve the health and wellbeing of Indigenous students and therefore their educational outcomes.8

The challenge for future practice, however, is to create sustainable systems that support collaboration over long periods of time. That will involve the effort and commitment of all concerned.
Maari Ma, far western New South Wales

A whole of life strategy has been adopted by Maari Ma Health Aboriginal Corporation in Broken Hill, which has formed the Far West Aboriginal Child Development and Wellbeing Management Group. This group consists of a number of agencies servicing the community, including the NSW Department of Education and Training, and is assisted by the Dr Garth Alperstein from the University of Notre Dame School of Medicine, Sydney.

The central thematic driver of the strategy is:

‘Investment in promoting child development and well being in the early years is more cost effective than addressing ill-health, poor social outcomes and educational deficits later in life.’9

Like all Indigenous population groups, Maari Ma has its own distinctive characteristics. Aboriginal children under 15 in the area make up 16% of the total child population, which is comparatively high for New South Wales. However, the sorts of health and well being issues that are present in the wider Indigenous community exist there as well. Rates of low birthweight babies are comparatively high and the prevailing socio-economic conditions are likely to generate chronic disadvantage.

The goal of the strategy is

‘Optimising the development of Aboriginal children and their families from pregnancy to school entry in Broken Hill, Central Darling, Wentworth, and Balranald Shires and the Unincorporated Far West.’10

It maps out what all organisations need to do to improve child development and well being through effective prevention, promotion of health and well being, and early intervention. Principles endorsed for this work are:

1. Promote a health and well-being perspective.
2. Promote a focus on enhancing protective factors and building resilience
3. Promote a population health approach, which focuses on outcomes and strategies that have wide population coverage.
4. Promote a whole of government and community approaches where partnerships are fostered and responsibility is shared.
5. Promote equity and social justice with commitment, effort and strategies (universal and targeted) weighted to address the needs of the most disadvantaged.
6. Promote initiatives that are sustainable and have long-term commitment.
7. Promote age appropriate evidence based strategies, based on the best available evidence, and where the strategies adopted are designed to address multiple health issues and determinants and result in multiple outcomes.11

It is beyond the scope of this paper to reproduce the strategy in more detail, but it can be accessed at www.maarima.com.au > Publications > Child Development Framework.
Intervention in the early years

We have outlined the importance of the years before children begin school. As Professor Frank Oberklaid put it

- Resources need to be focused on providing parent information, family support, and high quality early learning and care settings for all children.
- Targeted services for ‘at risk’ children and families who have additional needs that go beyond the universal services [are needed].12

Schools and teachers have the opportunity to be involved in these matters, not necessarily as lead agencies, but rather in cooperation with other agencies. As well as increasing numbers of examples of cooperation, there are also increasing numbers of resources that can be used to work with parents.13

Schools as community centres

In New South Wales, Schools as Community Centres (SaCC) use a community development approach to link families with their local school.

In a What Works case study compiled some years ago, one SaCC facilitator noted that ‘It’s about knowing your community, and that local knowledge is just so important.’

Parents as first teachers

In Queensland, a number of schools are running ‘Parents as First Teachers’ programs.

‘The initiative has two points of delivery. The first point of delivery is to train parents in supporting children’s literacy and numeracy skill acquisition. This support may take the form of material and resource creation, activities that they can use with children and strategies for working with children. The second point of delivery is to work with the children directly. Staff and volunteers use many of the activities and strategies used to engage young children in kindergartens, playgroups and pre-school settings. This initiative moves school beyond the traditional confines of the school fence and into the school community, operating in areas where the community feels comfortable.’14

The program was developed at Western Cape College in far North Queensland in 2007 and partners an Indigenous teacher with a non-Indigenous health worker. As well as other responsibilities, they are able to

- Work in the community to provide support to parents from pregnancy right through to pre-school;
- Act as a first link between parents and the school and provide information and advice about the school; and
- Provide health and nutrition advice.
Resources for parents

A range of resources is now available for parents of young Indigenous children, much of it localised to suit particular circumstances. Schools can also use this material in their work with parents.

MORE INFORMATION

The following are some of the most accessible resources.

Parent Easy Guides are from Parenting SA. A range of information sheets is available, including some specifically for Aboriginal parents. These can be found at www.parenting.sa.gov.au > Parent Easy Guides > Aboriginal PEGs.

New South Wales Community Services has a set of booklets, each specific to a regional language group. These can be found at www.community.nsw.gov.au > Parents, carers and families > Parenting > For Aboriginal parents and carers.

The Northern Territory Department of Education and Training also has a range of tip sheets. These can be found at www.det.nt.gov.au > Parents and community > Early Childhood Services > At home with your child.

‘Indigenous kids read’ is a web-based resource that provides straightforward advice for parents. It can be found at www.batchelor.edu.au/ikr > Helping little kids.
Particular issues

1. Hearing problems

It’s well known to teachers that classroom activities and student learning depend heavily on students’ ability to respond to instructions and comments from the teacher and other students. It’s hardly surprising that any hearing impairment is likely to affect student performance.

Sometimes students have undiagnosed hearing loss. In many parts of Australia, large numbers of Indigenous children in particular are affected by the middle ear infection called Otitis Media, which can lead to temporary or even permanent hearing impairment (‘Conductive Hearing Loss’ or CHL). Those conditions can also lead to shyness or behaviour problems.

On average, non-Indigenous children have ear infections for two or three months during childhood, whereas Indigenous children have such infections for almost three years.

At any time, about 50 per cent of Indigenous children have a hearing loss that can affect their schooling, compared with about five per cent of non-Indigenous children.15

According to the Western Australia ‘Do you hear what I hear?’ resource kit:

‘CHL is usually an intermittent loss – it comes and goes according to the health of the child’s ears. If Otitis Media is left untreated, or there are frequent bouts of it, it can result in a permanent hearing loss.

It appears that children with an intermittent hearing loss are actually worse off than children with a permanent loss. This may be because children with a permanent loss have ample opportunity to practise and perfect a range of coping skills, whereas children with an intermittent loss do not.’16

What can teachers do?

Awareness that some students have hearing impairment leads to common sense actions, such as trying to speak more clearly.

Here are some other strategies teachers can use to assist students with hearing loss:

- Correct diagnosis is essential. CHL can sometimes be mis-diagnosed as Attention Deficit Hyperactivity Syndrome (ADHD).
- If a student is using hearing aids, check that they are working properly.
- Provide classroom sound field amplification systems.
- Implement a BBC (‘Breathe, Blow, Cough’) program.
- Face the students, speak clearly and loudly and stay still while talking.
- Foster predictability, so students can rely on routines and reduce the listening demands on them.
- Prepare students in advance for any change to routines.
- Consider teaching in ways that support the visual learning styles usually preferred by students with hearing loss.
- Provide regular ‘listening breaks’ where children do not need to listen as attentively.
- Try to reduce background noise in the classroom.
- Involve more Indigenous adults to provide in-class support.17
2. Fetal Alcohol Spectrum Disorder

Fetal Alcohol Spectrum Disorder (FASD) is a term describing a range of clinical diagnoses including at least Fetal Alcohol Syndrome, Alcohol Related Birth Defects and Alcohol Related Neurodevelopmental Disorder. These occur as a result of a mother drinking alcohol during pregnancy. No level of alcohol consumption during pregnancy can be considered safe and for affected children there is no ‘cure’.

Fetal Alcohol Syndrome (FAS) is the extreme end of the disorder spectrum. ‘A child with FAS will have confirmed prenatal alcohol exposure, a set of characteristic facial features, central nervous system dysfunction and growth restriction.’

The first Australian national data about FAS were published in 2007. Despite the fact that fewer Indigenous people than non-Indigenous people drink alcohol, it is reported that the incidence of FAS among Indigenous children under 15 at the time of diagnosis was over 40 times that of their non-Indigenous counterparts.

In other words, ‘Indigenous children were highly over-represented, constituting 65.2% of all cases reported (the proportion of Indigenous children in Australia in 2004 was <5%).’

Correct diagnosis is problematic in some cases and it is likely that incidence is higher than reported. The effects of FASD have not been widely understood in the past, and can range from mild to extremely severe. The following are important for teachers:

- brain damage
- poor growth
- developmental delay
- birth defects
- social and behavioural problems
- low IQ

SOURCES AND RESOURCES

Australian Hearing, an Australian government agency, has basic information and fact sheets at www.hearing.com.au/fact-sheets

The comprehensive resource kit ‘Do you hear what I hear?’, developed in Western Australia, is available free to WA schools or can be purchased by others. Parts of the kit (including strategy sheets for working with students) are available online at www.det.wa.edu.au/aboriginaleducation

Damien Howard of Phoenix Consulting has extensive experience in this area, especially in the Northern Territory. His website www.eartroubles.com includes a range of advice and information for teachers and communities, as well as an activity that can be used as a preliminary tool to detect hearing loss. Also included is a video of Damien’s presentations.

‘Hear this’ is a Northern Territory initiative based on the work of Damien Howard and others. It includes video and audio resources in which Aboriginal adults affected by hearing loss talk about their experiences, as well as a simple children’s booklet about having hearing tests. Available at www.hstac.com.au/HearThis/
What can teachers do?

The FASD spectrum is a good example of a health issue that is best tackled by a collaborative approach among agencies, from conception through to the years of schooling. Clearly, if mothers-to-be do not use alcohol, children will not be affected by FASD.

On the other hand, we have affected children in our schools.

To date, there has been little available advice for teachers in Australia. More work has been done in Canada and other countries.

- Correct diagnosis is essential. FASD can be mis-diagnosed as Attention Deficit Hyperactivity Syndrome (ADHD).
- Children with FASD may best be considered as having a disability, but in some locations they may not be considered eligible for special education unless there is evidence of intellectual impairment.24
- Avoid being judgemental about parents or the child. Accept that the child has every right to reach his or her potential at school, just as does any child with or without a disability. Understanding more about FASD will help you make sense of the challenges facing students.
- Students are likely to benefit from established, predictable routines.
- High levels of sensory stimulation are likely to be counter-productive, so quiet, orderly, evenly lit spaces work best. Some students will benefit from having a ‘private office’ such as a study carrel.
- Like anyone else, students with FASD need to learn to work with others. Random groupings are unlikely to be successful, so observe the student’s behaviour with various others and structure groups accordingly.
- Specific teaching of planning and time-management techniques is important, preferably through the use of concrete, visual representations. Checklists can work well.
- As far as possible, break down students’ work into small, achievable steps.
- Some social behaviours will need to be specifically taught.

SOURCES AND RESOURCES

The Provincial Outreach Program for Fetal Alcohol Spectrum Disorder, a Canadian initiative, has an excellent online range of e-learning materials for teachers, using slides and video. Accessible at www.fasdoutreach.ca > Modules Guide

Several Canadian provinces have developed excellent, detailed advice for teachers. Among the best of these is the downloadable publication from Yukon Department of Education, Making a Difference: Working with Students Who Have Fetal Alcohol Spectrum Disorders, which is readable and practical. Accessible at www.education.gov.yk.ca > Publications > Reports and Handbooks > Making a Difference: Working with students who have Fetal Alcohol Spectrum Disorders

In 2009, the ABC program Lateline had two programs dealing with these issues, ‘Suzanne Smith investigates Foetal Alcohol Syndrome’. The first program (on 23 March 2009) looks at the effects in some Indigenous communities while the second (on 24 March 2009) looks at non-Indigenous communities. Both are available as transcripts or video. Accessible at www.abc.net.au/lateline > Archives > March 2009 > 23/03/2009, 24/03/2009

The National Organisation for Fetal Alcohol Syndrome and Related Disorders is Australia’s peak body representing parents, carers and others interested in or affected by FASD. Their website www.nofasard.org.au has a range of information.


Endnotes


2 Chris Sarra speaking at the 2005 Communities in Control Conference, Melbourne, convened by Our Community and Centacare Catholic Family Services. [citation as requested on website]


9 ibid. p 3.

10 ibid.

11 ibid. p 4.

12 Oberklaid, F (2008) Address to the 2008 Curriculum Association Conference on 10 November 2008 in Melbourne. Professor Oberklaid is the Director, Centre for Community Child Health, Royal Children’s Hospital Melbourne.


17 Adapted from:


21 E J Elliott et al, op. cit., p 735. Non-Indigenous population 0.18 per 100,000 births, Indigenous population 8.11 per 100,000.

22 ibid, p 736.


What Works. The Work Program

The What Works materials are based on a three part analysis of the way teachers and schools generally work to improve outcomes for Indigenous students.

- Building awareness
- Forming partnerships
- Working systematically

The website (www.whatworks.edu.au) provides resources to support all of these.

The Workbook is the central support for targeted, systematic action.

The ‘School and Community: Working Together’ series supports the development of partnerships between schools and their Indigenous communities.

The ‘Core Issues’ series, includes

- **Core Issues 1: Setting Up For Success** suggests ways in which schools might best be set up to maximise success for Indigenous students.
- **Core Issues 2: Reducing Suspensions** explores positive alternatives to suspension and ways they can be implemented in schools.
- **Core Issues 3: Literacy** explores questions about what it means to develop genuinely effective literacy.
- **Core Issues 4: Numeracy** tackles important questions about the meaning and importance of numeracy.
- **Core Issues 5: Engagement** discusses attendance, participation and belonging.
- **Core Issues 6: Boarding** looks at current practice in this small but growing area of Indigenous education.
- **Core Issues 7: International Perspectives** is a report of the DEST/OECD seminar held in Cairns in May 2007.
- **Core Issues 8: Education and student health: the big picture** looks at some of the health issues affecting Indigenous students and the part schools and teachers can play in dealing with them.

All these and other print materials are available for download through the ‘Publications’ link on the website, where you can also sign up for What Works eNews, to keep in touch with the What Works project.

Experienced What Works consultants are available free of charge to work with schools on the materials.

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