

INQUIRY INTO OVERCOMING INDIGENOUS DISADVANTAGE

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nsw commission for
children & young people

The Hon Ian West MLC
Chair
Standing Committee on Social Issues
Parliament House
Macquarie St
SYDNEY NSW 2000

Dear Mr West

I am writing regarding the Social Issues Committee's *Inquiry into Closing the Gap - overcoming indigenous disadvantage*.

The lifetime expectancy gap between Aboriginal and non-Aboriginal people is a serious problem requiring urgent attention from communities and governments. I believe that focussing on the overall well-being of Aboriginal communities, and Aboriginal children and young people in particular, is likely to be more helpful than focussing on gaps and deficits.

I have attached a submission which addresses items (b) and (e) of the Inquiry Terms of Reference.

If you require any further information, please contact Dr Sharyn Jameson, Manager, Policy, at sharyn.jameson@kids.nsw.gov.au or on 9286 7205.

Yours sincerely

Gillian Calvert
Commissioner
26 March 2008

SUBMISSION TO THE NSW LEGISLATIVE COUNCIL STANDING COMMITTEE ON SOCIAL ISSUES

INQUIRY INTO CLOSING THE GAP - OVERCOMING INDIGENOUS DISADVANTAGE

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1. THE NSW COMMISSION FOR CHILDREN AND YOUNG PEOPLE

The NSW Commission for Children and Young People ('the Commission') promotes the safety, welfare and well-being of children and young people in NSW. The Commission was established by the *Commission for Children and Young People Act 1998* (NSW) ('the Act'). Section 10 of the Commission's Act lays down three principles which govern the work of the Commission:

- a) the safety, welfare and well-being of children are the paramount considerations;
- b) the views of children are to be given serious consideration and taken into account; and
- c) a co-operative relationship between children and their families and community is important to the safety, welfare and well-being of children.

Section 12 of the Commission's Act requires the Commission to give priority to the interests and needs of vulnerable children. Children are defined in the Act as all people under the age of 18 years.

Section 11(d) of the Act provides for the Commission to make recommendations to government and non-government agencies on legislation, policies, practices and services affecting children.

2. INTRODUCTION

The Commission is pleased to make a submission to the Social Issues Committee *Inquiry into Closing the Gap - Overcoming Indigenous Disadvantage*. This submission will be limited to items (b) and (e) of the Inquiry Terms of Reference.

The Commission regards the lifetime expectancy gap between Aboriginal and non-Aboriginal people as a serious problem requiring urgent attention from communities and government alike. The Commission believes however that the best way to address these issues is to focus on the overall well-being of Aboriginal communities and of Aboriginal children in particular.

3. RECOMMENDATIONS

The Commission recommends:

- 3.1 an extensive and sustained program of increased investment in evidence-

informed programs to promote well-being and intervene early in life for Aboriginal communities and families in NSW. As a first step, all aspects of the NSW Aboriginal Maternal and Infant Health Strategy (AMIHS) should be extended to all Aboriginal mothers and babies as soon as possible.

- 3.2 developing and funding research on what works to support Aboriginal children and young people, particularly in transition from primary school to high school and from education to work. Trials of promising approaches should occur with resources for state-wide roll-out locked-in from the beginning, if the trials are successful. Implementation should not proceed as a series of "pilot" activities which are funded on a short-term basis, then evaluated and made subject to a decision about whether resources will be made available recurrently.
- 3.3 rolling out the *Kids Excel* and *Youth Excel* programs to other parts of New South Wales, if the evaluations of prove them to be successful in closing educational gaps.
- 3.4 increasing opportunities for participation by Aboriginal children and young people in community decision making and service delivery, to support cultural resilience and self determination, and to provide positive role models for young Aboriginal people.

4. A FOCUS ON WELL-BEING

Much has been written about indigenous disadvantage in Australia and this submission will not report on all areas where Aboriginal children and young people are vulnerable¹. The gaps in the outcomes for Aboriginal children and non-Aboriginal children are stark reminders of the disadvantages endured by many indigenous children in NSW. However, children and young people regularly tell the Commission that they do not see their lives in terms of what is missing. Children and young people think about themselves and their lives in a holistic, interconnected way. Their emotional life, their relationships and their connections with others are intrinsic to their quality of life.

The Commission and the University of Western Sydney's Social Justice and Social Change Research Centre asked 126 children and young people across New South Wales about what well-being means to them². Aboriginal children and young people were not the focus of this research, but some of the participants were Aboriginal. The themes emerging from the research echo the messages Aboriginal young people have expressed in other consultations.

In particular, children and young people identify three fundamental themes which shape the way they understand the world. These themes are:

¹ Data about some of the 'gaps' are on the Commission's *Kids' Stats* site:
http://www.kids.nsw.gov.au/kids/kids_stats/demographics.cfm

² www.kids.nsw.gov.au/director/resources/publications/askchildren.cfm?itemID=DF4533BCDDB63DB3B6C3F2840809C55

- Agency: having the power to influence or make decisions in everyday situations and influence events at home and at school.
- Safety and security: feeling emotionally and physically safe and having positive, supportive relationships, particularly within a family.
- Positive sense of self: feeling that they are a good person, feeling appreciated for who they are, receiving positive recognition for their achievements and having a sense of belonging.

Unfortunately, for Aboriginal children and young people, in recent decades there has been erosion of the social factors that enable them to feel in control, secure and positive about themselves. Crime and abuse, disruption of community ties, racism and negative stereotypes mean that Aboriginal children and young people are less likely to feel good about themselves and their lives.

Positive young role models can demonstrate to young Aboriginal people that they can have agency, feel secure and be recognised as a good person.

Children and young people tell us that they prefer preventative approaches – while they want our society to redress problems after harm has been done, their preference is for us to avoid them.

Closing the “gap” between Indigenous and non-indigenous Australians is fundamentally about closing the gap in well-being.

5. PROMOTING WELL-BEING

Local and international research shows that children’s experiences in the early years have a lifelong impact on their health, learning and social development, and success in education, work and community life. Investing in the early years impacts profoundly on children’s lives and delivers the greatest benefits. Interventions later in life are much more expensive and generally less effective.³

Interventions and policy settings which have been demonstrated to promote well-being and prevent poor outcomes usually improve outcomes across domains. These interventions need not be services: urban design standards, taxation policy, availability of concessions and industrial relations regulations can also affect outcomes powerfully. By promoting positive child development and health, we can also promote good educational attainment and community cohesion and reduce crime⁴.

The safe and positive development of children is a basic right and a key to the child’s productive engagement in society and its economy. Investment in children and families is investment in long-term social and economic sustainability. The crucial window for intervention is from the antenatal period to first few years of life,

³ For a discussion of the evidence, see the DOCS Prevention and Early Intervention Literature Review, <http://www.community.nsw.gov.au/DOCS/HOMEPAGE/HOME.htm>

⁴ http://www.community.nsw.gov.au/DOCS/STANDARD/PC_100980.html

up to and including school entry. The earlier intervention begins in this span, the better.

The effects of early mortality in Aboriginal communities are long lasting, and can be inter-generational, as outlined in *The 'growing up' of Aboriginal and Torres Strait Islander children*⁵ by Professor Robyn Penman. For example, if a child's grandparents die young and parents suffer from ill health or other forms of disadvantage, the support and protection afforded to a child by a strong extended family is reduced.

If we want families to do their important job of raising happy and competent children, then we need to support the socioeconomic factors that enable these outcomes. Key areas that impact on child development are identified in *A Head Start for Australia: An Early Years Framework*⁶, and *What about the kids?*⁷, reports by the Commission, the Queensland Commission for Children and Young People and Child Guardian, and the National Investment for the Early Years (NIFTeY).

What about the kids? proposes detailed strategies for supporting the development and care of babies and young children, starting with lifting children out of poverty. These strategies have been demonstrated to produce the outcomes that are needed to improve the social, educational and health outcomes of indigenous communities and those of other Australians. In addition to recommending a comprehensive strategic plan for early childhood education and care supports for children, *What about the kids?* also recommends setting targets and providing expert assistance to support the entry of indigenous children to preschool.

The Australian Government's commitment to improve Aboriginal early childhood education and care is a welcome start, but it needs to expand beyond its initial scope, which is limited to pre-school education services in remote communities.

Few interventions to improve outcomes for children have been evaluated in Aboriginal communities. The Australian Institute of Family Studies has concluded that more should be invested in the long term evaluation of programs so that Australian, rather than overseas, lessons could be drawn.⁸

The Nurse Family Partnerships Program⁹ founded by Professor David Olds is being introduced in Australia. It has shown good results for Indigenous communities overseas. Its Australian evaluation should be monitored closely.

Two elements which have been identified for successful early childhood programs for Aboriginal children are that the service should build on community strengths and respond to a child's individual needs.¹⁰ It appears that the presence of

⁵ www.facsia.gov.au/research/op15/op15.pdf

⁶ <http://www.kids.nsw.gov.au/kids/resources/publications/specialreports.cfm>

⁷ <http://www.kids.nsw.gov.au/kids/resources/publications/specialreports.cfm>

⁸ <http://www.aifs.gov.au/institute/pubs/resreport14/main.html>

⁹ <http://www.rwjf.org/files/publications/other/DavidOldsSpecialReport0606.pdf>

¹⁰ SCRGSP (Steering Committee for the Review of Government Service Provision) 2007, *Overcoming Indigenous Disadvantage: Key Indicators 2007*, Productivity Commission, Canberra.

Aboriginal staff in service delivery roles can contribute to successful outcomes. This suggests the need for a concerted national strategy to increase the number of Aboriginal people trained and supported to work in the human services industries.

Recent investment in early interventions such as the NSW Health's Aboriginal Maternal and Infant Health Strategy (AMIHS) show promising results. AMIHS aims to improve the health of Aboriginal women during pregnancy and to decrease perinatal morbidity and mortality¹¹. AMIHS has been evaluated. The evaluation found that it is achieving improvements in maternity service provision and outcomes for Aboriginal women and their babies.

The Commission recommends the extension of the NSW Aboriginal Maternal and Infant Health Strategy (AMIHS) to all Aboriginal mothers and babies as soon as possible.

6. ONGOING SUPPORTS

While investments in the early years may be the most effective long-term strategy to close the gap in life expectancy rates, addressing risks which occur later in life may also be effective.

Supporting the transition points from primary school to high school and from education to work are also priorities. It appears that Aboriginal children can begin to disengage from school as early as the age of 9 or 10 years. The *Kids Excel* and *Youth Excel* programs are promising models for supporting Aboriginal students to remain engaged with education in Mt Druitt, Ballina, Dubbo and Walgett. The programs support students, parents, principals and teachers and provide practical help including meals and transport. The programs link students to other services that support their attendance and achievement at school.¹² If evaluations prove these programs to be successful in closing educational gaps, we recommend rolling them out in other parts of New South Wales.

Supporting Aboriginal young people to remain engaged with education up to and including their transition into paid work is also important. Most young Aboriginal people will remain in education if they have a reason to. This will require Aboriginal young people to believe that employment opportunities exist for them, and for a range of appropriate combinations of school, TAFE, alternative learning centres and work.

7. PARTICIPATION IN THE COMMUNITY

The Commission recommends the participation of Aboriginal children and young people in decisions that affect their lives, and therefore that the Committee include the views of Aboriginal children and young people during the Hearing process for this Inquiry.

¹¹ http://www.health.nsw.gov.au/pubs/2006/evaluation_maternal.html

¹² <http://www.daa.nsw.gov.au/daanews/2/TWTmomentum.html>

Involving children and young people in decisions helps them understand how decisions are made, develops their judgement and results in better services. When children and young people develop strong, caring relationships with their communities by participating in them, they are more likely to grow up safe and healthy, engage with education, culture and employment and not become involved in violence and crime.

One of the many lessons from the experiences of the stolen generations is that good intentions of governments and service providers may have unintended and negative consequences for generations. One safeguard may be to involve children and young people wherever possible in decisions which affect their lives. This can range from complex decisions about individuals, such as case conferences and court cases, to the day to day management of schools, other organisations and communities.

Successful examples of Aboriginal young people participating in leadership development and community advocacy are the Student Leadership is for Koori Kids Program (SLIKK) the Illawarra Koori Youth Network and the Koori Advocacy & Leadership Mates (KALM) group.

SLIKK encourages Aboriginal students in public secondary schools to participate in student leadership. It has been running successfully in the mid North Coast for some years. SLIKK facilitates the election of Aboriginal students to their school, regional and State Student Representative Councils. These students provide role models for other Aboriginal students. The level of enthusiasm among participating students has been very high with some outstanding projects completed and higher attendance levels and retention rates for Aboriginal students.

The Illawarra Koori Youth Network meets regularly to discuss issues that they are facing both in and out of school. One issue addressed by the group was rivalry between Koori and Torres Strait Islander young people which was spilling over into the schoolyard. The group resolved this by holding an open forum during school time using a professional mediator where everyone could air their views. The group also aims to instil a sense of community in Koori young people by educating them about their culture and giving them performance skills to participate in different cultural festivals.

KALM has been running in the Manning Valley since 2005, including Koori young people from nine local high schools. The group aims to challenge the community's perception of indigenous young people, to develop skills necessary to gain meaningful employment, to instil a strong knowledge of their culture, and to increase attendance and retention rates of indigenous young people in schools.

KALM was appointed by the Commission as one of its Kids Advisory Panels for 2007-2008. In this role, members of the group meet with the Commission staff every 2 months to provide advice and feedback on the Commission's work and to allow the Commission to see what issues are important for kids.

8. DEATHS OF ABORIGINAL CHILDREN

One of the functions of the Commission is to support and assist the NSW Child Death Review Team (the Team), whose purpose is to prevent or reduce the number of deaths in New South Wales of children and young people aged 0-17 years.

The Team maintains a Child Death Register, analyses data regarding the causes of death, identifies patterns and trends relating to these deaths and makes recommendations to government and non-government agencies aimed at preventing of further child deaths. The functions of the Team are detailed in Part 7A of the Act.

Since 1996, the Team has maintained a register of the deaths of all children and young people aged 0-17 years registered in New South Wales. The Team classifies these deaths according to cause of death, demographic criteria and other factors in order to understand the causes of child death and prevent fatalities. Patterns and trends are identified and reported annually. Aboriginal and Torres Strait Islander status is included in the analysis.

In 2006, 84 of the children and young people who died in NSW were identified as Aboriginal or Torres Strait Islander, which amounts to 13.4% of all NSW child deaths in this period. In comparison, Aboriginal and Torres Strait Islander children and young people make up only 3.5 per cent of NSW children and young people. The 2006 rate of death among Aboriginal and Torres Strait Islander children and young people was nearly four times the overall death rate of children aged 0-17 years in NSW.¹³

Aboriginal and Torres Strait Islander infants are also at higher risk of dying before their first birthday than other infants. Aboriginal and Torres Strait Islander infant mortality appears to have declined by approximately 30%¹⁴ between the five year period 1996-2000 and the following period, 2001-2005, as shown at Attachment 1. These improvements in Aboriginal infant mortality rates are encouraging.

The Team is undertaking a study of 1996-2005 data to determine trends in child deaths over that ten year period. The Team's report on ten year trends in child deaths will be tabled in Parliament later in 2008. The Team will provide the report of this study to the Committee once it has been tabled.

9. CONCLUSION

In preparing for this submission, we asked some Aboriginal young people from regional NSW why they thought that many Aboriginal people don't do as well as many white people. They said:

¹³ NSW Child Death Review Team (2007) *Annual Report 2006*, prepared by Virginia Winter & James Gosley, NSW Commission for Children and Young People: Sydney. ISSN 1329-640X ,p.25,<http://www.kids.nsw.gov.au/director/resources/publications.cfm?itemID=D06A57A7A31D5A18EC4EA76608A2FCB0>

¹⁴ NSW infant deaths are sourced from the NSW Child Death Review Team Registry of Deaths. The NSW population of live birth figures is sourced from the NSW Midwives data collection, see Attachment 1.

Because people are racist and always call you names, like black this and black that. When you go into shops people call security and it makes you feel not welcome.

Because they don't finish school. My mum finished school and she is really smart.

They don't listen (to you) at school

They haven't seen someone doing really well, when you see someone doing really well it inspires you, it really helps.

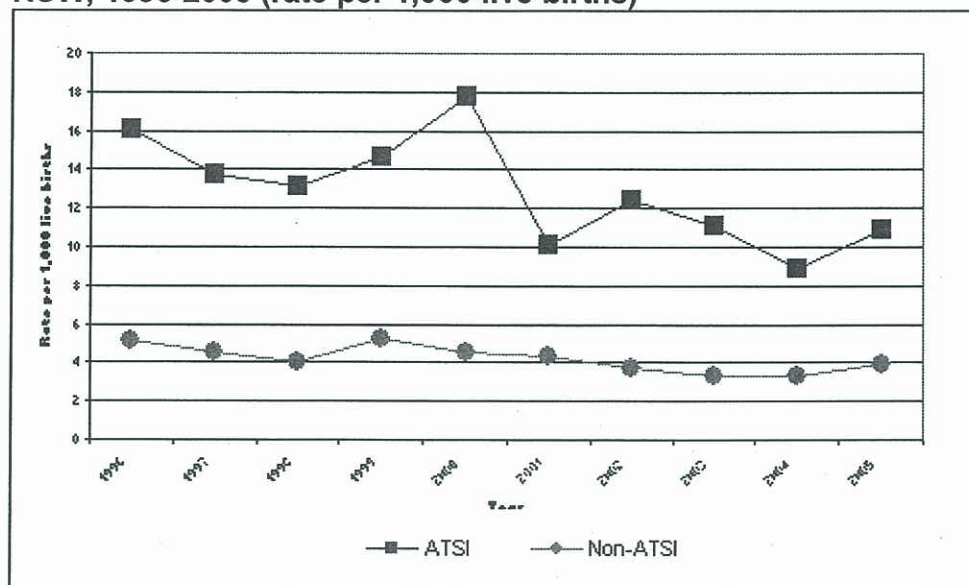
The Commission believes that focussing on the overall well-being of Aboriginal communities, and Aboriginal children and young people in particular, is likely to be more effective in reducing disadvantage than focussing on the particular gaps and deficits.

Aboriginal Infant mortality

Aboriginal and Torres Strait Islander children are at higher risk of infant mortality than non-Aboriginal and Torres Strait Islander children .

There is a substantial apparent change in Aboriginal and Torres Strait Islander infant mortality from the period 1996 to 2000 to the period 2001 to 2005 – declining between those periods by approximately 30%. Over the period from 1996 to 2005, the average mortality rate for Aboriginal and Torres Strait Islander children was 12.9 deaths per 1,000 live births compared with 4.2 deaths for non-ATSI children. In both cases there is an apparent overall downward trend, though with some fluctuation. The average mortality rate for the period 1996 to 2000 was 15.1 deaths per 1,000 live births. This decreased to 10.7 deaths per 1,000 live births for the period from 2001 to 2005. The size of this decrease is far greater than the trend for child deaths.

Figure 1: Infant mortality by Aboriginal and Torres Strait Islander status, NSW, 1996-2005 (rate per 1,000 live births)¹⁵



¹⁵ <http://www.kids.nsw.gov.au/kids/kidsstats/health/infantmortality/figureindigenoustatus.cfm> Notes: Given the volatility in measures of Aboriginal and Torres Strait Islander mortality, caution should be expressed in assessing trends in mortality over time.

Source: NSW infant deaths are sourced from the NSW Child Death Review Team Registry of Deaths. The NSW population of live birth figures are sourced from the NSW Midwives data collection.