



Australian Human Rights Commission

everyone, everywhere, everyday

IEAP Consultation
Ministerial Council for Education, Early Childhood Development and Youth
Affairs,
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8 March 2010

Dear members of the Ministerial Council for Education, Early Childhood
Development and Youth Affairs (MCEEDYA)

**Re: Submission by the Steering Committee of the Close the Gap
Campaign for Indigenous Health Equality against the draft Indigenous
Education Action Plan 2010-2014**

As Co-chairs, we enclose a submission for consideration by MCEEDYA on
behalf of the Steering Committee of the Close the Gap Campaign for
Indigenous Health Equality (Steering Committee) whose members are the:

- Aboriginal Health and Medical Research Council (NSW)
- Australian General Practice Network;
- Australian Human Rights Commission;
- Australian Indigenous Doctors' Association;
- Australian Indigenous Psychologist's Association
- Australian Medical Association;
- Australians for Native Title and Reconciliation;
- Australian Peak Nursing and Midwifery Forum;
- Bullana – the Poche Centre for Indigenous Health;
- Congress of Aboriginal and Torres Strait Islander Nurses;
- Cooperative Research Centre for Aboriginal Health;
- The Fred Hollows Foundation;
- Heart Foundation;
- Indigenous Dentists' Association of Australia;
- Indigenous Allied Health Australia
- Menzies School of Health Research;
- National Aboriginal Community Controlled Health Organisation;
- Oxfam Australia;

- Royal Australasian College of Physicians; and
- Royal Australian College of General Practitioners.

More broadly, the Close the Gap Campaign is actively supported by a broader coalition of some 40 or so organisations and peak bodies.¹ The founding of the Steering Committee in March 2006 was a historic event, being the first time that such authoritative and influential peak bodies and key organisations from Australian civil society have worked together in partnership in such a sustained manner towards a single goal -- Aboriginal and Torres Strait Islander health equality.

Aboriginal and Torres Strait Islander leadership, and the leadership of the Aboriginal and Torres Strait Islander health peak bodies in particular, has also been a hallmark of the Close the Gap Campaign. Through these members in particular, the Campaign draws on a support base from within the Aboriginal and Torres Strait Islander community.

The Close the Gap Steering Committee assumes the members of the MCEEDYA are broadly familiar with the extent and the underlying causes of Indigenous health inequality in Australia and in the interests of brevity have otherwise not included information about this here. If further information is required, the Steering Committee are happy to provide this and also recommend the Australian Institute of Health and Welfare and the Australian Bureau of Statistics' publication *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008* as a comprehensive and authoritative source of information.²

Attached to this submission are a number of documents that have been developed as a part of the Close the Gap Campaign:

- Aboriginal and Torres Strait Islander Social Justice Commissioner, *Achieving Aboriginal and Torres Strait Islander Health Equality within a generation* (2007);
- A summary brochure on the Close the Gap Campaign.
- Aboriginal and Torres Strait Islander Social Justice Commissioner, 'Progress towards achieving Aboriginal and Torres Strait Islander health

¹ A non-exhaustive list of organisations who have publicly expressed support for the Campaign includes: Aboriginal Medical Services Alliance Northern Territory; Amnesty International Australia; Australian Catholic Bishops' Social Justice Committee; Australian College of Rural and Remote Medicine; Australian Council of Social Services; Australian Council for International Development; Australian Institute of Health and Welfare; Australian Institute of Aboriginal and Torres Strait Islander Studies; Australian Nursing Federation; Australian Red Cross; Caritas Australia; Clinical Nurse Consultants Association of NSW; Diplomacy Training Program, University of New South Wales; Gnibi the College of Indigenous Australian Peoples, Southern Cross University; Human Rights Law Resource Centre; Ian Thorpe's Fountain for Youth; Indigenous Law Centre, University of New South Wales; Jumbunna, University of Technology Sydney; Make Indigenous Poverty History campaign; National Aboriginal and Torres Strait Islander Ecumenical Council; National Association of Community Legal Centres; National Children's and Youth Law Centre; National Rural Health Alliance; Public Health Association of Australia; Quaker Services Australia; Rural Doctors Association of Australia; Save the Children Australia; Sax Institute; Sisters of Mercy Aboriginal Network NSW; Sisters of Mercy Justice Network Asia Pacific; UNICEF Australia; and the Victorian Aboriginal Community Controlled Health Organisation.

² Australian Institute of Health and Welfare and the Australian Bureau of Statistics (ABS), *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008*, ABS cat. no. 4704.0, 2009, p23

equality – an update on efforts to ‘Close the Gap’, and extract from the *Social Justice Report 2008* (2009).

The Steering Committee welcomes the development of the draft *Indigenous Education Action Plan 2010-2014* (the draft plan) within the context of the *National Indigenous Reform Agreement* (the NIRA).

As acknowledged in the draft plan, Governments through COAG and the NIRA have committed to ensuring better connections across seven strategic ‘building blocks’: early childhood; schooling; health; economic participation; healthy homes; safe communities; and governance and leadership. Building on the interconnections between the building blocks, this submission aims to map out in broad themes the potential of an Indigenous Education Action Plan to contribute to ‘closing the gap’ in health, and achieve the COAG targets of achieving Indigenous life expectancy equality within a generation (by 2030) and of halving the under-5 Indigenous mortality rate within ten years.

Part 1: Education and health – the broad associations

Better education outcomes – better health

There are associations between health and education outcomes for Aboriginal and Torres Strait Islander children. These fall into three groups³:

- Better health outcomes through increasing a person's health literacy: their ability to make efficient use of that information (i.e. through health education and health promotion).
- Higher education levels lead to higher income. The associations between higher income and better health are clearly established in the literature.
- The education levels of parents, and in particular of mothers, appears to have a powerful effect on reducing infant and child mortality. Caldwell⁴ reports that any kind of modern schooling reduces infant mortality levels. This phenomenon occurs in all parts of the developing world and the change is linear – with a reduction of child mortality of 7 to 9 percent for each additional year of maternal education and regardless of whether there are good health care facilities available. This appears also to apply – in a more complex and less linear way – to Aboriginal and Torres Strait Islander communities (see below).

Because of these associations, the Steering Committee welcomes the development of an Indigenous Education Action Plan and the broad focus areas in the draft (improving attendance etc) and its links to the two COAG targets aimed at 'closing the gap' in Indigenous education outcomes as being – in and of itself – something that should improve the health status, life expectancy and infant mortality rates experienced by Aboriginal and Torres Strait Islander people.

Culturally appropriate education and 'Indigenous-safe' classrooms –the link to health

As mentioned above, the associations between better education and improved health outcomes apply in a more complex and less linear way to the Aboriginal and Torres Strait Islander population than in other communities. While further research is needed into the cause, one 2003 study implicated classroom ethnographies where the broader Australian societal picture (whose negative manifestations may include racism and indirect exclusion) is lived out in the microcosm of the classroom as impacting negatively on the

³ For an overview of the evidence supporting this proposition see Australian Institute of Health and Welfare and the Australian Bureau of Statistics (ABS), *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008*, ABS cat. no. 4704.0, 2009, p23

⁴ Caldwell John C and Caldwell Pat *The Impact of Education on Health*. Conference 2000 Paper. Approaching Indigenous Health through Education. November 2000.

health of Aboriginal and Torres Strait Islander children; disrupting the linear progression observed elsewhere.

The underlying support for this finding were the broad associations noted in the literature between a person's perceived lack of control over destiny and social exclusion and chronic exposure to stress hormones (and the health problems associated with this such as higher blood pressure).⁵ The study proposed that the experience of racism and social exclusion in the classroom may be triggering these responses and – when chronic – these undermined health gains that may otherwise be being made. In other words, there are negative mental health and/or SEWB impacts on Indigenous students that are in turn affecting their physical health.

The author finished by observing that in the literature social and cultural support in such circumstances has been found to moderate stress.

The Steering Committee therefore supports the following in relation to an Indigenous Education Action Plan:

- That bilingual education be available to all Aboriginal and Torres Strait Islander students whose first language is not English.⁶
- The requirement in the *draft plan* that directs schools with significant Aboriginal and Torres Strait Islander enrolments to develop *School and Community Partnership Agreements* that empower parents and communities to take an active role in the design and delivery of education to their children. This is especially important in Aboriginal and Torres Strait Islander contexts where there may be very different cultural contexts in the school and the surrounding community.

Enabling Indigenous parental involvement in schools is absolutely essential if Australian classrooms are to become 'safe' spaces for Indigenous students and if the broader goals of the Indigenous Education Plan (i.e. increasing attendance) are to be achieved.

To that end, the capacity of principles and school-staff to engage positively with Indigenous parents should be supported through a National Indigenous Education Plan. Such capacity building must acknowledge the need to build trust over time because many Aboriginal and Torres Strait Islander parents have negative perceptions of schools and the education system as a result of their own experiences as students.

The principle of Indigenous parental involvements reflects *The Declaration on the Rights of Indigenous Peoples* which states at article 14(1):

⁵ Malin M, 'Is schooling good for Aboriginal children's health?' Cooperative Research Centre for Aboriginal and Tropical Health, 2003; Occasional papers series (Cooperative Research Centre for Aboriginal and Tropical Health; issue no. 8.

⁶ See, for example, Greene, J. P., A Meta-Analysis of the Effectiveness of Bilingual Education, University of Texas at Austin, March 2, 1998. At: <http://www.languagepolicy.net/archives/greene.htm> (Viewed 21 April 2009)

*Indigenous peoples have the right to establish and control their educational systems and institutions providing education in their own languages, in a manner appropriate to their cultural methods of teaching and learning.*⁷

More broadly, the Steering Committee support the development of links between the Indigenous Education Action Plan and broader planning within the Australian education system to foster an Indigenous- safe and Indigenous-positive environment in all Australian schools.

The importance of this was set out in speech given by Professor Mick Dodson in 2009. In this, he highlighted the importance of the teaching of Indigenous history and experience in schools and the visible display of Aboriginal and Torres Strait Islander flags, etc:

*These things say to the Aboriginal & Torres Strait Islander students at the school:
“your cultures, history, past experiences and identity are recognised and valued here. You are valued here.” Equally importantly, they say to the non-Indigenous students that Indigenous history, cultures, experiences and peoples are worth valuing and learning about.*

Conversely:

*where Indigenous histories and culture aren’t taught, or are taught scantily or poorly... It tells Indigenous students they’re not valued. It tells non-Indigenous students and the wider school community that Indigenous peoples, cultures and histories are not relevant or worth learning about.*⁸

To support the development of Indigenous-safe and -positive schools Dodson urges strengthening the capacity of principals and teachers to confidently engage with Indigenous material and students.⁹ This is supported by the Steering Committee.

Hearing-impaired Aboriginal and Torres Strait Islander children/ children with disabilities

⁷ Declaration on the Rights of Indigenous Peoples, 2007, art. 14.1.

⁸ See Professor Mick Dodson, *Curriculum studies conference speech*, October 3rd 2009. Available at the Reconciliation Australia website: www.reconciliation.org.au/home/media/speeches. In his speech, Professor Dodson highlights previous report recommendations that have addressed this issue: notably, the Royal Commission into Aboriginal Deaths in Custody (1988 – 1990) and the Bringing Them Home Inquiry (1996-1998). Recommendation 290 of the RCDIAC report stated: *curricula of schools at all levels should reflect the fact that Australia has an Aboriginal history and Aboriginal viewpoints on social, cultural and historical matters. It is essential that Aboriginal viewpoints, interests, perceptions and expectations are reflected in curricula, teaching and administration of schools.* Recommendation 8a of the Bringing Them Home report asked: *That State and Territory Governments ensure that primary and secondary school curricula include substantial compulsory modules on the history and continuing effects of forcible removal.*

⁹ See above.

There is agreement in the literature that poor health hinders many Aboriginal and Torres Strait Islander children's school attendance and restricts their ability to learn. Two health issues are identified in the literature as having the most detrimental effect on the education of Aboriginal children: otitis media (inflammation or infection of the middle ear) and poor nutrition (this will be discussed below).

It is vitally important that Aboriginal and Torres Strait Islander children with disabilities (including those whose hearing has been adversely impacted by otitis media) are given extra support throughout their education and that the disproportionate impact of hearing loss on Aboriginal and Torres Strait Islander children is reflected in National Indigenous Education Plan. In 2005, Aboriginal and Torres Strait Islander children were significantly more likely than non-Aboriginal and Torres Strait Islander children to have ear/hearing problems, especially partial deafness (5% compared with 1%).¹⁰

Part 2: The Indigenous Education Action Plan as a bridge between the health and education sectors

(a) Working together

It has long been highlighted in various policy settings (notably in the current *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-13*)¹¹ that a 'siloed' approach to Indigenous disadvantage is inefficient and inherently flawed: the connections between the various determinants of Indigenous disadvantage are too intertwined to be meaningfully separated. This applies particularly to health.

The Steering Committee therefore support the many connections the draft plan recommends between the education and health sectors. These include the following recommendations:

- MCEECDYA working with Australian Health Ministers' Conference and Community and Disability Services Ministers' Conference to strengthen connection between schools and health, welfare and community services at local and systemic levels (National Collaborative Action, recommendation 8).
- Education providers will work with focus schools in 2010 to identify and commence implementation of outreach strategies to connect with early childhood education, health, welfare and community services at both local and system levels (Systemic and school-level action, recommendation 12)

¹⁰ Australian Institute of Health and Welfare and the Australian Bureau of Statistics (ABS), *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008*, ABS cat. no. 4704.0, 2009, p90.

¹¹ National Aboriginal and Torres Strait Islander Health Council, *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for action by Governments*, NATSIHC, Canberra, 2003.

- Schools will involve Indigenous families, teachers and Indigenous education workers in the development of personalised learning plans for all Indigenous students from the first year of formal schooling to Year 10 to support improved educational outcomes. Issues relating to health and wellbeing that impact on education will be addressed by this process through the cooperation of health services with the assistance of education providers. (Systemic and school-level action, recommendation 12)

In relation to the above recommendation, the Steering Committee highlight the particularly valuable role Aboriginal Community Controlled Health Services could play as partners with schools.

(b) The delivery of health checks

The Steering Committee believes that child health checks should be a regular part of an Aboriginal and Torres Strait Islander child's progress through the education system and that, otherwise, an Aboriginal and Torres Strait Islander child (and -- if needs be -- his or her parents) should be able to access health services through their local school or child and family centres.

To that end, the Steering Committee supports the draft plan recommendation that:

- Principals of schools in disadvantaged areas will have the flexibility to tailor operations to meet the needs of the local Indigenous community. This might include extending operating hours and providing onsite or co-located services such as health care, after hours study support, sporting programs, child care and parent support programs. Principals might also partner with other schools to share resources and facilities, develop joint initiatives and provide peer mentoring and support. (Systemic and school-level action, recommendation 38).

The Steering Committee also supports the jurisdictional strategy of the Australian Capital Territory to provide annual general health checks for Aboriginal and Torres Strait Islander children in government preschools in partnership with health support services. Further:

- The Steering Committee recommend that such a strategy should be extended across all Australian jurisdictions as part of an Indigenous Education Action Plan and should also be extended to the primary and secondary levels of education.
- These child health checks should also be comprehensive: covering aural, dental and mental health (in particular) as well as nutrition and physical health, for example. It is vital to ensure that appropriate health and allied health professionals are included in the multi-disciplinary teams that would administer these checks.

In cases where health concerns are identified, children and young people should be referred to health services for follow-up.

As above, the Steering Committee highlight the particularly valuable role Aboriginal Community Controlled Health Services could play as partners with schools in the delivery of health checks and for their follow-up. Part funding for these health checks could be secured through Medicare item 708; extra funding if otherwise required to provide these checks, particularly to the Aboriginal Community Controlled Health services to enable them to provide extra services as required.

(c) The delivery of health education and promotion

The Steering Committee welcome the references to health education and promotion within the draft plan, but believe this should be given greater prominence overall. Health literacy – the knowledge and skills to understand and use information about how to stay healthy or how to find their way around the health system – must be a core element of any curriculum developed under a National Indigenous Education Plan. The literature clearly supports the association between lower health literacy and poorer health. People with poor health literacy have lower rates of screening for preventable health conditions, poorer experience in managing the health of their children, and difficulty in following instructions from their health care practitioner.¹²

Education providers need to work with local communities and the Aboriginal Community Controlled Health Services (who already deliver a range of health education and health promotion services in the communities they serve) to help deliver and develop a range of health promotion messages in schools that are culturally appropriate and in relevant languages.

Health promotion and education must cover smoking, nutrition, alcohol consumption and physical activity but should also be tailored to address any particular health issues within a community.

In particular, an anti-smoking message should begin at the earliest years of school and be a consistent and priority message throughout education. As noted in the *COAG National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*¹³, smoking is the biggest single killer of Aboriginal and Torres Strait Islander Australians accounting for up to one in five deaths. Approximately half the Aboriginal and Torres Strait Islander population smoke – a rate two to three times higher than that in the non-Indigenous population.

The Steering Committee believes it is vital to engage with our children and youth to get the anti-smoking message across. Aboriginal and Torres Strait Islander young people are particularly vulnerable to taking up smoking. In 2004–05, around one in ten Aboriginal and Torres Strait Islander adults who

¹² Agency for Health care Research and Quality (2004), Literacy and health outcomes: Evidence report/Technology Assessment No. 87, at <http://www.ahrq.gov/downloads/pub/evidence/pdf/literacy/literacy.pdf>

¹³ *COAG National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*, p6.

were current daily smokers or ex-smokers had begun smoking regularly before the age of 13 years. More than two-thirds (68%) had begun smoking regularly before the legal age of 18 years.¹⁴ This data makes plain the central roles schools must play in delivering an anti-smoking message to Aboriginal and Torres Strait Islander young people. A National Indigenous Education Plan that ignores the anti-smoking message would be grossly inadequate from a health perspective.

The Australian Bureau of Statistics' *National Aboriginal and Torres Strait Islander Health Survey 2004–05*, reported that an estimated 119,000 Aboriginal and Torres Strait Islander children lived with a regular smoker. This represents two-thirds (66%) of all Aboriginal and Torres Strait Islander children aged 0–14 years. In comparison, around one-third (35%) of non-Aboriginal and Torres Strait Islander children aged 0–14 years lived with a regular smoker. Aboriginal and Torres Strait Islander children are three times as likely to live in households with a regular smoker, or a smoker who smoked at home indoors, as non- Aboriginal and Torres Strait Islander children.¹⁵

As part of the anti-smoking message, teachers and all school staff should be required to adhere to a strict anti-smoking policy. Otherwise, priority assistance and subsidies should be given to assist staff to give up smoking.

As noted, the Steering Committee supports child health checks being a regular part of an Aboriginal and Torres Strait Islander child's education. This should include an assessment as to whether the child is smoking, and or the impacts of the child's parents smoking on the child's health. If an Aboriginal and Torres Strait Islander child is found to be a smoker or his or her health is found to be adversely affected by parental or household smoking a range of interventions could be considered in conjunction with health services.

The possibility of using schools as vehicles for health promotion messages (particularly the anti-smoking message) reaching the adult population should also be explored.

Prevention of alcohol and drug problems should also be a priority, with programs developed by schools in partnership with parents and communities¹⁶. The experience of the Aboriginal Community Controlled Health Services in delivering drug and alcohol education should be utilised in the development of such programs.

¹⁴ Australian Institute of Health and Welfare and the Australian Bureau of Statistics (ABS), *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008*, ABS cat. no. 4704.0, 2009, p138

¹⁵ Australian Institute of Health and Welfare and the Australian Bureau of Statistics (ABS), *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008*, ABS cat. no. 4704.0, 2009, p88

¹⁶ The Gatehouse Project demonstrated how enhancing the connection between school, teachers, communities and home and the sense of belonging of young people promoted resilience and success in young people (Butler, H., et al., *Doing It Differently: Improving Young People's Engagement with School*, B.o.S. Laurence., Editor. 2005: Melbourne.) This was associated with reduced likelihood to engage in substance abuse (Bond, L., et al., Social and school connectedness in early secondary school as predictors of late teenage substance use, mental health and academic outcomes. *J Adoles Health* 2007. **40**(4): p. 357e9-357e18.)

(d) School breakfast/meals programs

As noted, the two health issues are identified in the literature as having the most detrimental effect on the education of Aboriginal and Torres Strait Islander children are otitis media and poor nutrition. In relation to the latter, the Steering Committee recommend a National Indigenous Education Plan include the provision for the funding of school breakfast/meals programs where this is identified as a need.

(e) Physical activity

In addition to promoting the health benefits of physical activity, schools should enable Indigenous students to regularly participate in a range of physical activities including through physical education as a part of any curriculum developed under the National Indigenous Education Plan. Sports equipment and grounds must be made available to all schools with significant numbers of Indigenous students.

(f) Encouraging Aboriginal and Torres Strait Islander students to undertake health studies

The Australian Medical Association has called for a commitment to a target of 2.4% of all health professionals being from Aboriginal and Torres Strait Islander backgrounds by 2012 (reflecting the percentage of Aboriginal and Torres Strait Islander people in the total Australian population). The AMA argues that to increase the proportion of Aboriginal and Torres Strait Islander people working as health professionals to non-Indigenous levels, 2570 nurses, 2000 Aboriginal Health Workers, 928 doctors, 275 pharmacists, 213 physiotherapists, 149 medical imaging professionals, 161 dentists, 119 occupational therapists and 59 optometrists need to be trained over 10 years.¹⁷

The Steering Committee support the range of recommendations in the Australian Indigenous Doctors' Association's position paper *Pathways into the Health Workforce*¹⁸ in relation to ensuring the increase needed in Aboriginal and Torres Strait Islander people working as doctors, nurses, allied health professionals and workers, etc. (as well as addressing shortages in the health system in more general terms) is delivered through the education system. Overarchingly, strategies should support students at the school level, the community level and the university level.¹⁹

¹⁷ Cited in National Aboriginal and Torres Strait Islander Health Council, *Pathways into the Health Workforce*, Australian Indigenous Doctor's Association, 2008, p33. See <http://www.aida.org.au/pathways.aspx>.

¹⁸ See Australian Indigenous Doctors' Association, *Pathways into the Health Workforce for Aboriginal People*, NATSIHC, 2008. Available at: www.aida.org.au/pathways.aspx.

¹⁹ Social Justice Report 2008 http://www.hreoc.gov.au/social_Justice/sj_report/sjreport08/downloads/chap3.pdf. The report cites Muru Marri Indigenous Health Unit, Nura Gili, & Rural Clinical School of University of New South Wales, Barawul Yana: Better strategies for the recruitment, retention and support of Indigenous medical students in Australia (2007). See pp 83-89.

Thank you for the opportunity to provide this submission. The Steering Committee hope it is helpful to MCEEDYA. Please contact Christopher Holland, Senior Policy Officer at the Australian Human Rights Commission on 02 9284 9620 or email christopherholland@humanrights.gov.au if you have any queries relating to this submission.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Mick Gooda'.

Mick Gooda

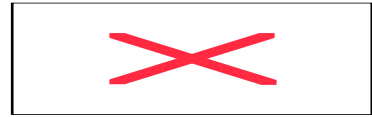
Co-chair of the Steering Committee for Indigenous Health Equality and
Aboriginal and Torres Strait Islander Social Justice Commissioner

A handwritten signature in black ink, appearing to read 'Tom Calma'.

Tom Calma

Co-chair of the Steering Committee for Indigenous Health Equality

Addendum



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Date: 5 March 2010

Dear members of the Ministerial Council for Education, Early Childhood
Development and Youth Affairs (MCEEDYA)

Re: Addendum to the Submission by the Steering Committee of the Close the
Gap Campaign for Indigenous Health Equality against the draft Indigenous
Education Action Plan 2010-2014

On behalf of the Australians for Native Title and Reconciliation (ANTaR) a
member of the committee Close the Gap Campaign for Indigenous Health
Equality, I would make one additional point that is of concern to our
organisation.

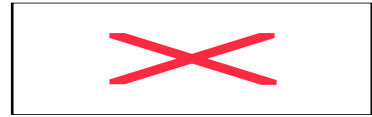
ANTaR is a national organisation that exists to promote the rights of
Aboriginal and Torres Strait Islander peoples, including by working to change
the attitudes and behaviours of non-Indigenous Australians so that the rights
and cultures of Aboriginal and Torres Strait Islander people are respected and
affirmed across all sections of society.

ANTaR respects that the drafters of the IEAP are focused on the delivery of
education by schools to Indigenous people. We make the point, however, that
many adolescents including Indigenous adolescents complete their high
school level education through the TAFE sector and progress onto further
VET training through that sector. We also recognise that the present draft of
the IEAP (Point 40)¹ notes that a further plan in relation to training is
proposed.

However, it is the combined impact of various new policies including the lifting
of the school leaving age, the obligation to train and the numerous related
conditions young people will have to comply with regard to accessing
Centrelink benefits, that bring about our concern.

¹ MCEECDYA will request that the Ministerial Council on Tertiary Education and Employment
develop a companion document to the Indigenous Education Action Plan that outlines actions
to close the gap in training, university and employment outcomes. This companion document
would improve links between the school sector and the training, tertiary education and
employment services sectors.

Addendum



We make the point – briefly, as we are not experts in this field, but rather we are conveying concerns of our members – that presently very few of the national training packages provided by VET deliver in ways that are culturally sensitive or that incorporate Aboriginal learning styles (including language styles), and thus do not provide incentives for some Indigenous adolescents to participate; in fact experience of these packages by some Indigenous young people has discouraged them from engaging in training, and likely discourage other young people from enrolling.

For example the way outcomes relative to employability skills are negotiated with non-Indigenous students is quite different to Aboriginal students, e.g., cultural processes.

Also, the training packages are reportedly neither inclusive nor locally relevant (other than when they are championed by locals or the few Aboriginal educators in the system).

All these factors cause stress to young Aboriginal people and will cause more stress and disincentive to young people who, along with all adolescents, anticipate that they must now comply with training obligations in order to receive Centrelink assistance or find work.

We strongly urge the committee to be mindful of these factors in their finalisation of this plan and the development of the training plan noted in your point 40. It will be very important that a culturally secure transition between secondary education and further training is provided to Indigenous young people.

We would be pleased to be able to recommend Aboriginal experts in this area to the committee should they be interested in taking this matter up.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sally Fitzpatrick', with a stylized, cursive script.

Sally Fitzpatrick
Secretary
Australians for Native Title and Reconciliation (ANTaR)
Member of the Close the Gap Campaign for Indigenous Health Equality