‘We’re black - we don’t matter’*

The neglected special needs of First Nations students in Queensland schools

Submission to the Deloitte Access Economics review into disability policy in Queensland state schools being conducted for the Queensland Government.

October 2016

* This is a quote from the mother of a teenage Aboriginal boy who met the criteria for an autism diagnosis and who had an IQ score of under 75. He spoke minimally, avoided eye contact, and very noticeably engaged in repetitive behaviours. His report cards from Kindergarten onwards indicate very poor academic progress, very poor behaviour, and very poor social engagement. He was almost five years old before speaking his first word. Although he attended a relatively well–serviced state school in a major Queensland regional centre and had progressed to his final year of education, his severe autism and significant social impairment only came to light in the lead–up to his trial for offences which carried possible long term imprisonment sentences. There were eight victims of this young man’s offending behaviour by this point. His mother’s statement was made in response to the question ‘How has he gotten this far without being assessed?’

Contents

An implicit policy of avoidance and neglect 3
One of the last great silences 4
Key questions for the review 7
Decades of neglect despite very high need 8
High levels of violence and trauma 9
Poor parental mental health 9
Alcohol and drug misuse 10
Intergenerational impacts, the compounding impact of unmet need, and co-occurrence 10
Key questions for the review 12
First Nations students' disabilities are too often ignored in practice 13
Some seriously disabled children are effectively 'hidden' 14
There are huge gaps in the identification and response to special needs 15
Lack of training and support 17
A complete mismatch between the level of need and resourcing 18
Key questions for the review 19
A comprehensive and devastating picture revealed through recent assessments in some Cape York communities 20
Issues around assessment/testing 23
A discriminatory approach to identifying special needs 24
Key questions for the review 26
A fundamental shift is needed: the current system is failing 27
Djarragun College: working to improve student development and wellbeing 28
Key questions for the review 29
A Commission of Inquiry is needed 29
References 32

An implicit policy of avoidance and neglect[1]

There is a longstanding implicit policy of avoidance and neglect in meeting the needs of students whose learning is impacted by physical, cognitive, social, or emotional disabilities in Cape York Peninsula and the Torres Strait. Despite mountains of evidence of intergenerational disadvantage and compromised life outcomes, there has been a failure to ensure an adequate understanding of, and response to, the special needs of First Nations students. Indeed the official response appears to avoid 'looking under the rock' to properly and regularly diagnose Indigenous students suffering from disabilities, and therefore, to avoid responsibility for responding to identified needs. The resourcing implications of diagnoses may explain this horrific practice, but the apparent differential conscientiousness with which the system responsible has responded to needs in the mainstream and in Indigenous school settings could be seen as a form of institutional (even if unintended) racial discrimination.

The story of this neglect is heart-breaking and it is likely to represent a serious breach of both domestic anti-discrimination laws, and Australia's obligations under international human rights law. It is unlikely that the present review will get to the bottom of what has gone on and is going on. The best outcome of the review would be a clear recommendation that the Queensland Government commission an independent inquiry into the school system's diagnosis and response to Aboriginal and Torres Strait Islander students with special needs in Queensland schools, particularly its public schools.

In so far as improving the lives of First Nations children and young people are concerned, the Queensland Government has two other reviews concurrently underway that should be closely connected to this one. The first is a review into juvenile detention and the second is a specialist taskforce on youth sexual violence and abuse in Aurukun and West Cairns that will report to the Queensland Government.[2] The connections between these two reviews, and the unmet special needs of First Nations children, must be explicitly made. It is an artificial separation to think juvenile detention can be dealt with in isolation, or that youth sexual violence and abuse can be dealt with as a discreet issue. In fact the seeds of many difficulties are sown early in a child's development, indeed sometimes before they are born. It is important that these reviews do not just look in all the usual places to justify the usual

[1] The focus of this submission and the review is on disability where there is clearly neglect of the needs of First Nations students, however, it is worth keeping in mind that at the other end of the spectrum there are also gifted and talented First Nations students and there is very little done to identify and respond to these students. This is also an area of neglect.

[2] See Queensland Government, Media Statements available at http://statements.qld.gov.au/Statement/2016/4/7/youth-sexual-violence-and-abuse-steering-committee-holds-first-meeting; http://statements.qld.gov.au/Statement/2016/9/2/youth-sexual-violence-and-abuse-steering-committee-delivers-first-report

practice. What is very much needed is to look at new knowledge in neuroscience, epigenetics, psychometrics and education to better inform what we know and what we do. Education systems, and their response to special needs, can have a very powerful and positive impact on developmental trajectories.

One of the last great silences

The importance of providing comprehensive interventions for learning disabled students is well known, and the potential gains that can be made have been demonstrated in research.[3] Yet there remains a great silence about identifying and responding to the learning-related disabilities afflicting a substantial proportion of Aboriginal and Torres Strait Islander students.

There is a bitter paradox at play. On the one hand there is a great focus and effort on responding to the tragedies of Indigenous youth detention and suicide, and on improving the attendance, attainment and achievement of Indigenous students in education. On the other hand, however, the extreme levels of cognitive, social and emotional difficulties afflicting Aboriginal and Torres Strait Islander students have been resolutely ignored. Even relatively easily identifiable, serious physical disabilities adversely impacting on learning are far too frequently 'falling between the cracks'.

The avoidance and neglect of the high level of disabilities of Aboriginal and Torres Strait Islander children and students has a direct impact on their learning. It is a significant contributor to persistent and exceedingly poor outcomes in terms of crime, incarceration, suicide and education. The ongoing failure to 'connect the dots' and to ensure the best and earliest possible response, results in unnecessary devastation and heartache that can be far more effectively prevented and ameliorated.

There has been a long succession of inquiries and reviews focusing on Indigenous incarceration and suicide.[4] There is currently a Royal Commission into the horror that has unfolded at Don Dale in the Northern Territory.[5] The Queensland Government has commissioned its own concurrent independent review of juvenile detention.[6] Most recently, the Federal Attorney-General, George Brandis, has announced the Australian Law Reform

---

[3] See e.g. Hattie (2009) cited Productivity Commission (2016) at p. 64.

[4] See e.g. Johnston (1991)

[5] See Royal Commission into the Protection and Detention of Children in the Northern Territory website at https://childdetentionnt.royalcommission.gov.au/Pages/default.aspx

[6] ABC News Online 2016 Queensland youth detention: Independent review ordered by Attorney-General Yvette D'Ath, 19 August, available at http://www.abc.net.au/news/2016-08-19/queensland-youth-detention-centres-independent-review-ordered/7767580

Commission will conduct an inquiry into the ‘national tragedy’ of the overrepresentation of Aboriginal and Torres Strait Islander people in prison.[7]

These reviews will again highlight the horrific but well-known statistics such as:

- Indigenous children constitute at least 54% of children in juvenile detention centres.
- Indigenous children are 26 times more likely than non-Indigenous children to be in detention.[8]

What is far less well known and acknowledged are the very high levels of disability including cognitive impairment among incarcerated populations, including for both juvenile and adult detainees. Mick Gooda, when he was Aboriginal and Torres Strait Islander Social Justice Commissioner and Graeme Innes, when he was Disability Discrimination Commissioner, acknowledged that this is a particularly alarming and neglected issue. Gooda states there are ‘very serious human rights concerns regarding Aboriginal and Torres Strait Islander people with cognitive impairments and mental illness in the criminal justice system’ and he describes the stories of those involved as ‘some of the most egregious human rights violations in Australia.’ Gooda has also rightly noted that ‘The violation of rights starts pre-contact with the criminal justice system, when Aboriginal and Torres Strait Islander people with cognitive impairments and their families and communities are not provided with appropriate support, or even diagnosis.’[9] Our education systems are part of this problem.

High levels of Indigenous suicide also represent a ‘catastrophic humanitarian crisis’.[10] The suicide epidemic amongst First Nations peoples continues to worsen despite the focus it has received.

- The first ever Australian Youth Development Index (YDI) was recently compiled and it confirms there is a large developmental gap for Indigenous youth, and that the rate of suicide among young Indigenous men in Australia is the highest in the world.[11]

---

[7] ABC News Online 2016 Indigenous incarceration a 'national tragedy': George Brandis announces inquiry, 26 October, http://www.abc.net.au/news/2016-10-27/indigenous-incarceration-inquiry-announced/7970186
[8] Australian Institute of Health and Welfare (AIHW) (2015)
[9] Gooda (2012)
[10] http://www.abc.net.au/news/2016-10-12/indigenous-led-suicide-prevention-plan-need-to-fight-deaths/7921776; see also Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), co-chaired by West Australian professor Pat Dudgeon and former social justice commissioner Tom Calma at http://www.atsispep.sis.uwa.edu.au/
[11] Commonwealth Youth Programme technical advisory committee: Institute for Economics and Peace, the University of Canberra, the Australian Bureau of Statistics, the Australian Institute for Health and Welfare, the University of Victoria and Youth Action 2016 *Australian Youth Development Index: a jurisdictional overview of youth development*, http://www.youthaction.org.au/australian_ydi

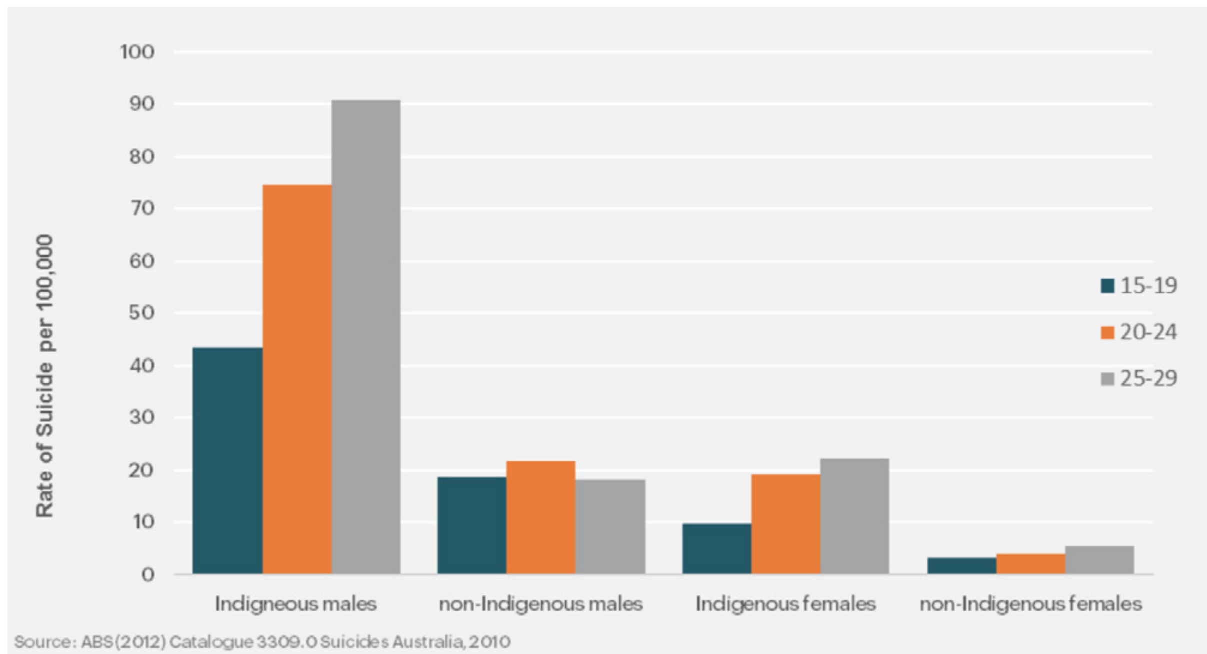


Figure 1 Suicide rates by Indigenous status

- Communities in Cape York and the Torres Strait generally fall into the category of the very highest rates of suicide when considered by postcode across the country.[12]

Biological, social and psychological factors and the cumulative impact of life stressors influence children's poor mental health and levels of toxic stress. The burden of mental health problems and stress faced by Indigenous children is a major public health problem in Australia. It is certainly contributing to high rates of intentional self-harm,[13] but also has serious impacts in the classroom that impede learning, causing difficulties that are likely to negatively reverberate with compounding impact throughout a person's life.

Although suicide and juvenile detention are fascinating for the media, and utterly devastating for those whose lives are impacted, the main gains must be sought upstream (a point recently emphasised by Professor Sir Michael Marmot in his Boyer Lecture).[14] Suicide and juvenile crime are symptomatic of the conditions which give rise to them. These issues will only be effectively dealt with when First Nations communities achieve a functional level of social health. Ensuring our education system can help to address special needs of these students represents the utterly essential, yet virtually absent, response so desperately

[12] See Telethon Kids Institute, http://www.indigenoussuicidepreventionmaps.com.au/suicides/

[13] Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), co-chaired by West Australian professor Pat Dudgeon and former social justice commissioner Tom Calma, at http://www.atsispep.sis.uwa.edu.au/

[14] Marmot (2016a)

required to make real gains. Our education systems have a major role to play in helping to put this perilous situation right.

Within education, despite the focus over recent years on the endemic and exceedingly poor attendance, retention and achievement of First Nations students at school, there has been no concomitant focus on responding to unmet special needs. Major reviews and reports that have considered the success or otherwise of key reforms seeking to improve Aboriginal and Torres Strait Islander education provide little, if any, consideration of special needs/disability, even where such reports purport to consider the educational challenges and issues facing Indigenous communities, Indigenous educators and students.[15] The silence on this issue is hard to understand given that:

- Global data shows a clear pattern of children with disabilities and lower school attendance rates.[16]
- Australian evidence shows a clear association between disability and mental illness, and poor school retention and attainment.[17]

Providing the right support as early as possible for vulnerable young people, including those with learning disabilities, is critical for improving the prospects for Indigenous youth. Children spend in the region of 15,000 hours at school, so the nature and quality of the school environment plays an important role in shaping development.

It is obvious, and yet far too often ignored, that improving the health and education interface is a critically important issue for First Nations peoples.[18] There has been some increased focus on identifying and dealing with some physical health issues impacting on First Nations students learning, such as hearing problems, although even in this area much remains to be done. Hearing problems may be relatively easy to detect in a school environment in contrast to other perhaps even more prevalent issues in remote Indigenous communities such as intellectual impairment, and social and emotional disorders. It is in these areas that a very radical shift is still required as current efforts to optimise development are hopelessly failing.

Key questions for the review

Given its fundamental importance to improving a range of outcomes for First Nations peoples, there has been an astonishing lack of dedicated focus on the learning impacts of disabilities for First Nations students.

[15] See e.g. Productivity Commission (2016), ACIL Allen Consulting Pty Ltd (2014), Luke (2013)
[16] World Health Organisation (2011)
[17] Hancock & Zubrick (2015)
[18] Marmot (2016b)

- Can the review identify any major focus (including reviews or reports) dedicated to building a better understanding and response to disabilities impacting on the learning of Aboriginal and Torres Strait Islander students in schools in Queensland? Or, elsewhere in Australia, from which there may be insights relevant to Queensland?

- If so, did any such dedicated focus/review engage the broad range of leading expertise needed from the community as well as is appropriate across the fields of education, health, child development, psychology and psychiatry?

- Have the recommendations from any such dedicated focus/review been implemented by Education Queensland, or is the current approach of Education Queensland consistent with any such recommendations?

Decades of neglect despite very high need

First Nations students in Cape York and Torres Strait communities have largely missed out on the support that children with such disabilities are entitled to receive in Queensland schools.

The exact nature and extent of First Nations disability, including children and students' disability, has historically not been well understood, and the precise dimensions remain the subject of some professional debate. There are various factors that complicate efforts to accurately quantify the prevalence of disability. For example, serious intellectual impairment in Far North Queensland cannot be accurately quantified for reasons including the nature of the disorder, political debates about assessment, and the prevailing views of those providing services to intellectually impaired people which often result in under-assessment and under-reporting. Intellectually impaired people are also likely to be socially isolated[19] and to seriously under-utilise services[20] making identification even more difficult. Nonetheless, the literature linking intellectual impairment with negative life outcomes is substantial. Factors linked to intellectual impairment include significant mental illness,[21] social disengagement,[22] incarceration,[23] homelessness,[24] acquired brain injury (ABI),[25] foetal

[19] McConkey (2007), Myrbakk and von Tetzchner (2008), van Blarikom, Tan, Aldenkam, and van Gennep (2006)
[20] Bhaumik, Tyrer, McGrother, and Ganghadaran (2008), Dekker and Koot (2003), Lunsky, Tint, Robinson, Khodaverdian, and Jaskulski (2011)
[21] Allen (2008), Cooper, Smiley, Morrison, Williamson, and Allan (2007), White, Chant, Edwards, Townsend-White, and Waghorn (2005)
[22] Bigby (2008), Lancioni, Singh, O'Reilly, and Sigafoos (2009)
[23] Herrington (2009), Raina and Lunsky (2010), Vanny, Levy, and Hayes (2008)
[24] Backer & Howard (2007), Parks, Stevens, and Spence (2007), Rushworth (2008)
[25] Catroppa and Anderson (2009), Ponsford, Draper, and Schonberger (2008), Wells, Minnes, and Phillips (2009)

alcohol spectrum disorders (FASD),[26] substance misuse,[27] and being a victim of and cause of early childhood trauma.[28] While the true individual and social burden of intellectual impairment among First Nations peoples remains unclear, each of the many cause (pre-natal stress, poor nutrition, poverty, ABI, FASD, substance misuse, and early childhood trauma) and effect (mental illness, social disengagement, incarceration, and homelessness) variables highlighted in this document has a disproportionately higher prevalence in Australia's Indigenous populations[29] relative to their non-Indigenous counterparts.

A lack of knowledge about the precise rate or debate about the measurement of Indigenous disabilities cannot justify the paucity of the current response. On the basis of known risk factors it is utterly predictable that places such as Cape York and Torres communities will have a very high concentration of special needs and will require special responses to support the optimisation of students' learning, development and wellbeing.

High levels of violence and trauma

It is well known that there are very high levels of children's exposure to violence and traumatic events in Cape York and Torres communities.[30] Evidence from conflict zones around the world, and evidence about the impacts of domestic violence here and from elsewhere, show that high levels of exposure to trauma and violence shapes children's developmental trajectories and can impact learning.[31]

Poor parental mental health

Population studies indicate the high rates at which parents in Cape York communities have mental health issues.[32] Maternal and paternal mental illness can potentially affect children in various ways, and is influenced by the age and developmental status of the child, the severity of the symptoms and practical functioning of the parent, inherited factors, family relationships and the amount of support the family receives. Studies show school age children may experience difficulties in areas of concentration, sleep, social engagement, behaviour, anxiety, and overall attainment.[33]

---

[26] Carpenter (2011), Carr, Agnihotri, and Keightley (2010), Mattson, Croker, & Nguyen (2011)

[27] Loeber et al (2009), Lubman, Yucel, and Hall (2007), Schrimsher & Parker (2008), Shannon, Mathias, Dougherty, and Liguori (2010)

[28] De Bellis, Hooper, Spratt, and Woolley (2009), Weiss, Waechter, and Wekerle (2011), Wilson, Hansen, and Li (2011)

[29] Australian Institute of Health and Welfare (2009), Pink & Allbon, (2008), Steering Committee for the Review of Government Service Provision (2011)

[30] Memmott, Stacy, Chambers and Keys (2001)

[31] See e.g. Khamis (2015); Blair and Raver (2012)

[32] Hunter et al (2001).

[33] Bjørnebekk, Siqveland, Haabrekke Moe, Slinning, Fjell, and Walhovd (2015), Shetgiri, Lin and Flores (2015), Herba, Glover, Ramchandani, and Rondon (2016)

Alcohol and drug misuse

There is overwhelming evidence of the adverse impact that the misuse of drugs and alcohol has on the ability of parents to meet the physical, emotional and developmental needs of their children in both the short and long term.[34] Prenatal exposure to drugs or alcohol may have a catastrophic effect on the foetus in terms of congenital defects.[35] Substance misuse, and the commonly associated poor maternal nutrition, may also predispose the infant to prematurity, growth retardation and delays in emotional, physical, cognitive and language development. While FAS and FASD are controversial to diagnose[36] and not necessarily useful in determining a response, alcohol misuse is a clear risk factor to which many Cape York and Torres students have been exposed.

Intergenerational impacts, the compounding impact of unmet need, and co-occurrence

There is also firm evidence of the intergenerational transmission of risk factors in the form of social determinants of health, and conversely, of ill-health and disability.[37] Epigenetic and transgenerational reprogramming of brain development is a topic of considerable interest in modern neuroscience and provides some clues as to what might work.[38] There is also evidence that education is one of the most powerful social determinants of health, and that other determinants may also be influenced through the educational system and surrounding social policies.[39]

The high level of unmet need when it comes to disability can have negative reverberations at the individual, family and community level, and it can cause and compound other problems. The downstream effect of not being able to provide services for intellectually impaired people are being noticed in the region's medical and mental health services. For example, presentations at the Emergency Department of Cairns Base Hospital by people with serious intellectual impairments have reportedly increased at an exponential rate over the past few years.[40] Mental health clinicians working in Cape York communities report that patients with intellectual impairment are significantly less able to manage their psychotic symptoms than those without. The effects of these individuals being unable to manage

---

[34] Maguire & Naughton (2016)

[35] Fontaine, Patten, Sickmann, Helfe, & Christie (2016), Donald, Fouche, Roos, Koen, Howells, Riley ... & Stein (2016), Maguire, Taylor, Armstrong, Shaffer-Hudkins, Germain, Brooks, ... & Clark (2016)

[36] Hoyme & Coles (2016)

[37] Marmot & Bell (2016)

[38] Bale (2015), Bouvette-Turcot, Unternaehrer, Gaudreau, Lydon, Steiner, Meaney, & MAVAN Research Team (2017), Blair and Raver (2012)

[39] Adler and Cutler (2016), Lewallen, Hunt, Potts-Datema, Zaza, and Giles (2015), Zimmerman, Woolf, and Haley (2015)

[40] Brownlie (2011)

these serious symptoms substantially impacts the lives of many other people living in small communities, including its students.[41]

Finally, it must be noted that learning difficulties and disabilities seldom appear in isolation and children with these problems will often have accompanying problems. These problems are often described as being co-occurring or comorbid. In terms of outcomes, the research literature would suggest that it is not the nature of any particular risk factor per se that is predominant in determining outcome, but the *number* of risk factors[42]—with comorbidity comes uniquely increased risks and more complex presentations. In Cape York and Torres Strait Islander communities it is highly likely that children exposed to multiple risk factors may have co-occurring conditions that impact on their learning and any effective education system must be geared to cater for that. In recent decades, the results of longitudinal studies of child development in New Zealand have led to a strong focus on responding to children with conduct problems because of the long term consequences extending into adulthood, including within the educational system. These studies have shown:

> In early and middle childhood, children with clinically significant conduct problems will often present with other difficulties. These will include attention deficits and hyperactivity, low intelligence, academic underachievement, depression and anxiety, early onset use of alcohol and tobacco, and related problems.
>
> In adolescence the comorbidities associated with conduct problems increase both in extent and their implications for the social adjustment of the young people.
>
> Conditions co-occurring with conduct problems in adolescence include early sexual behaviours and teenage pregnancy, early onset alcohol and substance abuse and dependence, serious school problems including suspension, truancy and school drop-out, and the development of mental disorders including depression, anxiety disorders and suicidal behaviours.[43]

The frequency of co-occurrence has two clear implications for the provision of services for young people facing learning challenges. First, the presence of comorbid conditions may limit the effectiveness of interventions targeting only one problem. Second, to be effective it is important that interventions are embedded in a wider system of services directed at ensuring the health, adjustment and wellbeing of children.

In sum, a fundamental shift is required to respond effectively to this complex, intergenerational risk profile. It is not a theoretical risk profile—it is a very real, longstanding, and fully visible risk. It is unacceptable that there continues to be no

[41] Anderson (2011)
[42] Landy and Menna (2006)
[43] Advisory Group on Conduct Problems (2009)

appropriate and proportionate response to Indigenous special needs provided through the education system in Cape York and the Torres Strait.

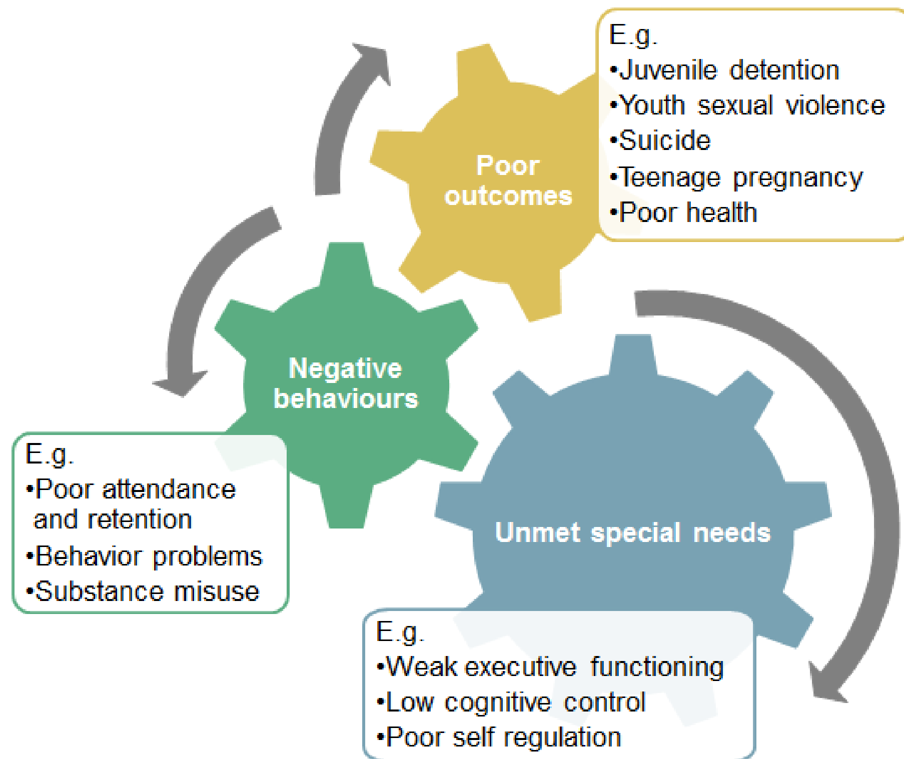


Figure 2: Causal chains between cognitive, physical, and social and emotional disabilities and special needs, and poor outcomes later in life including detention and youth sexual violence

Key questions for the review

Despite the very high prevalence in First Nations communities of key risk factors known to impact on learning outcomes, the mainstream education system has not been able to implement an appropriate response. It is clear that the adverse impacts written on the brains and bodies of children will seriously impede learning of those affected, and, potentially, of their future offspring.

- What proportion of the more than 31,000 students with an identified disability educated in Queensland state schools are Indigenous?
- What proportion of these 31,000 students with an identified disability attends state schools in Cape York and the Torres Strait Islands? Are these proportions the same as in other Queensland Indigenous communities? Are they the same as in Queensland generally?

- Given the presence of known risk factors, does the proportion of Indigenous students with an identified disability in Queensland state schools reflect the expected substantial overrepresentation of Indigenous students (and the overrepresentation from more remote locations in particular)?

- What proportion of children in Cape York and Torres Strait Island schools have learning difficulties, and of these what proportion have had specialist educational assessments, and of these what proportion have received additional support, including specialist resources? How does this compare to numbers of assessments, and additional and specialist resources provided elsewhere?

- As the very high prevalence of known risk factors suggests the rates of intellectual and physical disability, and social and emotional disorders, will be very high in Cape York and Torres Strait, and other remote First Nations communities, what steps has the Queensland Government and Education Queensland taken to ensure that appropriate systems are in place to provide the best possible response?

- What processes are in place within Education Queensland system to facilitate assessment, support and intervention for children co-occurrence of conditions?

First Nations students' disabilities are too often ignored in practice

The capacity of the current mainstream system to identify and respond to special needs in Cape York and the Torres Strait is very limited. They may not be identified and responded to appropriately for a number of reasons, including:

- younger, newer teachers, and high teacher turnover in schools in First Nations communities

- low expectations, or comparisons made with a 'low base' given the disadvantage also suffered by other students in the classroom (comparisons should be made against the expectation of the average Queensland student)

- disagreements about the appropriate forms of testing and assessment of special needs

- complicated administrative processes that are not user-friendly or cost-effective for teachers/principals/schools to pursue student assessments and have applications for special needs verified

- long and tedious administrative processes in the context of poor attendance and high turnover, mitigates against teachers and schools going down the special needs

assessment path (e.g. the school may expend a great deal of effort to have student assessed, only to have them not attend on critical census dates)

- education professionals failing to tackle the issue because they fear 'stigmatising' kids or that they will be considered racist

- the phenomenon of educators preferring 'Rainbow Serpent' answers to explain the failure to get educational outcomes: reasons such as ESL, bilingualism, or different educational needs, rather than determining ineffective pedagogy, or the presence of underlying physical, cognitive or social and emotional problems that are preventing learning

- Indigenous education is considered 'too hard' so Indigenous special education is considered 'far too hard'

- the proper assessment and response to special needs has substantial resource implications—it requires not just *more* resources, but specialist resources

- funding is allocated to the region and is concentrated in the regional centres, so the testing and assessment of a student in remote schools effectively means fewer resources for kids with special needs in urban and regional schools—that is, vested interests and incentives within the system discourage a focus on the identification and assessment of special needs in Cape York and Torres Strait.

Any teacher with any experience in Cape York and Torres Strait Islander communities is highly likely to endorse these alarming insights, which were shared by each of the experienced Cape York educators consulted in the preparation of this submission.

Some seriously disabled children are effectively 'hidden'

Across Cape York and Torres Strait Island communities, it is not uncommon that those intimately familiar with a community can identify very highly impaired special needs young people, who are not engaged at all in school. These children are not visible to the school system and may be rarely visible in community life. For example, in one community it was recently brought to the attention of Education Queensland that there is a severely disabled child not engaged in school: the child stays mostly inside his family's house and relies on a skateboard for mobility.

These severely disabled children largely remain living in very poor conditions in overcrowded housing, often without any special care and with no engagement in the local school system. This results from a variety of factors, including the limited access to professional expertise in remote communities. There may be stigma and a blame factor at play—the family may fear they will be blamed, especially if alcohol may be implicated in the

situation. There may be a lack of understanding about the interventions that could be provided, and in Aboriginal communities there is often a level of acceptance of an individual's disability, a 'that's just the way they are' thinking that may work against ensuring that support is provided, including educational support. There may also be a level of complicity from educators in such cases—teachers and principals may not feel that they are equipped to cope with such severely disabled young people in their schools when they already face so many other substantial and overwhelming challenges.

One teacher stated:

> I know for a fact that not all Cape York schools are wheelchair accessible, and this means some kids can't come…

Whatever the reasons, the end result is tragic. It certainly results in a very diminished quality of life for the young people involved.

There are huge gaps in the identification and response to special needs

Teachers and educators can also frequently identify children with serious disabilities who have fallen through the cracks of the system for very long periods. One teacher indicated she was working with a girl who turned 17 recently, whose family had described her as 'simple', and who had attended a state school in the community over a period of seven years, as well as attending a boarding school. Her attendance and achievement history were poor. As it turns out, the student is profoundly deaf but until now was undiagnosed. The same teacher commented that identification and verification is 'quite random, in remote communities it is done using fly-in fly-out expertise, and if a student is not at school that day or has chronic attendance issues, they don't get seen.'

Another commented 'We are really only dealing with the tip of the iceberg [in terms of Indigenous students that receive a special education response]'.

One experienced Cape York teacher observed that:

> Often teachers are overwhelmed by 'difference' when introduced to community life, there are so many other kids of difference that they are confronted with, often with nothing like the support or preparation needed. This overwhelmed feeling can mask the 'differences' they should be alert to in the classroom that are associated with special needs kids. The teacher might not even be able to get to the point with a kid of being able to say 'Something's not right here for this student…', let alone be able to see the process through if the kid doesn't turn up much, and appointments have to be arranged with fly-in, fly-out staff for assessments and all that….

Another commented:

> There are big gaps even if you get an assessment through. The system can't deal with co-morbid conditions. You are forced to choose which one you get support for. It's not like you get 10 hours of support for this issue and 12 for that, you have to choose which.

A further observation was:

> Some of these kids are too stressed to learn. Heaps of the kids just have total meltdowns, or they might act like zombies sometimes. It's like they are cognitively overloaded just dealing with what's going on at home and in the community. Yet the system doesn't want to know about that. We are just meant to focus on literacy and numeracy, and if you're lucky you might get support for II [Intellectual Impairment], but we don't even try and grapple with things like Post Traumatic Stress Disorder … the system doesn't want to hear about it.

Indeed Education Queensland appears to be out of step with more progressive jurisdictions in terms of identifying and responding to social and emotional disorders, such as conduct disorder and Post Traumatic Stress Disorder (PTSD). Under the Independent Schools Queensland criteria for determining special needs funding eligibility, a student will be supported if they have been diagnosed with a disorder associated with mental illness under their Social and Emotional Disorder classification. In New Zealand, the education system has a major focus on investments into the prevention, treatment and management of conduct problems,[44] as it has been determined 'there is no other commonly occurring childhood condition that has such far reaching and pervasive consequences for later health, development and social adjustment… [so they] should be a matter of the highest priority in the planning of services for children and adolescents.'[45]

However, there is a complete gap under the Queensland education system in terms of dealing with social and emotional disorders. Under the Education Queensland criteria for determining special needs funding eligibility, no support will be made available if a child has been diagnosed with a disorder associated with mental illness under their Social and Emotional Disorder classification. This represents a major shortfall in Education Queensland's approach. It is certainly the case that a child affected by clinically-relevant symptoms of a mental health disorder may not be learning ready, and that these students

[44] The terminology used to describe these young people has varied between disciplines. In psychiatry and clinical psychology these individuals are usually described as having oppositional defiant disorder (ODD) or conduct disorder. Within educational circles terms such as challenging behaviour and emotional and behavioural disturbance (EBD) have been used to describe the same constellation of behaviours. To address these differences in terminology, the New Zealand Advisory Group on Conduct Problems has suggested the use of the term "conduct problems" and agreed a definition.

[45] Fergusson, Boden, and Hayne (2011)

may require additional specialist support services that are unlikely to be available without dedicated resourcing.

There are arguably other gaps too. Generally speaking under the Queensland education system those that have an IQ score of less than 70 and have identified deficits in their adaptive capacity are eligible for extra, specialised support to assist their learning. However, there is a good argument, including an economic argument, to suggest that support should also be provided for those in the range of 70-85. There is a great deal of evidence showing that young people whose cognitive functioning is in this range are more likely to be found in the juvenile detention population.[46] Providing support earlier through the education system is a way to ensure far greater success and represents far better 'bang for buck' than waiting to respond until such time as a young person is in detention. There are other jurisdictions around the world that have recognised the importance, and the sound economic argument for allocating resources in such circumstances.

Lack of training and support

While dealing with disability is a specialised area—indeed arguably Indigenous education, and Indigenous special education, should each be treated as specialities in their own right—those with experience in Indigenous schools in Cape York and Torres Strait often readily admit there is a desperate need for more training and support for all teachers and principals to assist them to deal with the range and extent of special needs presented. One educator said:

> We need a lot more knowledge. There is a lack of understanding. We don't really understand what we can or should do with special needs funding to get the best results for a child…

Another said:

> We need a Head of Special Education. We just don't have the depth of knowledge and understanding. We're flying blind.

It was acknowledged that in the current system a great deal about the response to special needs will depend on a principal's approach and knowledge. However, in this specialised area the problem can be that they 'don't know what they don't know'.

---

[46] Lansing, Washburn, Abram, Thomas, Welty, and Teplin (2014), Thompson and Morris (2016), Pyle, Flower, Fall, and Williams (2016)

A complete mismatch between the level of need and resourcing

Perhaps the most important issue to consider in the context of Special Needs in remote Indigenous communities is the fact that in any given classroom, a very substantial proportion of the class will have special needs (and often quite complex special needs), compared to perhaps one or two in a typical metropolitan school. The provision of specialist resources needs to factor this in—supporting the needs of one child with different needs does not require consideration of the cascade effect of managing a classroom in which the special needs of many students impact the learning of all students. There is a need to think about how to manage those cascading effects as well as the differing individual needs.

In any special education setting the quality of student care and education will heavily depend on the compassion, quality and training of the staff available to provide support. Finding the appropriate expertise even in schools in regional centres is a challenge, let alone ensuring the availability of such expertise in remote communities. One teacher with experience working across Cape York communities over many years commented:

> In these areas where the level of need is highest, the resources provided in support feel like they are effectively zero.

Another estimated that in their school:

> If we were serious about outcomes, there are probably two children in every classroom that really need one-on-one teaching or support all day. We just don't have anything like the funds or resources we need to do that.

The comment was also made:

> We need Assistant Teachers with some specialised knowledge and training around special education. Where are they? Please! They don't even exist in the cities. Here we would need to train local people because there's not even housing available to bring anyone in. There's a lot of work that needs to be done...

Another said:

> We need dedicated Special Ed teams, for example, working between Kowanyama and Pormpuraaw. They've got to be able to work with the parents too. At the moment the parents get left out and are side-lined by the system…

Another said:

> We need a full time Guidance Officer based at the school. There been a few come and go in my time… We are meant to get them for the equivalent of about a day a

> week, but by the time you take out driving time they are really just here for a few hours… we had to push them. They just weren't really invested in the kids and the school.

Key questions for the review

- What steps have been taken by Education Queensland to facilitate the engagement of every student in Cape York and Torres Strait schools, regardless of any impairment?
- Does Education Queensland know how many children there are in Cape York or Torres Strait with serious disabilities who are not engaged in school?
- What are the processes that Education Queensland follows when concerns are raised about children with disability?
- What steps has Education Queensland put in place to ensure that appropriate health and wellbeing screening of students occurs in a timely manner to enable a response to issues that can have a serious impact on learning? How can the system be improved so that no child 'falls through the cracks'?
- How can the large gap in services required be rectified to ameliorate students' social and emotional disorders which may otherwise have long term consequences carried into adulthood?
- Are there resourcing constraints that impact meeting the needs of First Nation children with disability? What work has been done by Education Queensland to determine if the current funding model provides the best long term and equitable outcomes?
- What training and support is provided to assist teachers and principals in Cape York and Torres Strait Islander communities, and other Indigenous communities in Queensland, to identify and respond to special needs? How could training and support be improved?
- What specialised expertise is available to service Cape York and Torres Strait communities, and is it adequate to meet the high level of need? What additional services would ensure better outcomes for First Nations students?
- How has Education Queensland invested in workforce development to overcome the short supply of trained professional staff available including child psychologists, child psychiatrists, specialist paediatric allied health professionals, and teachers to oversee supervise and deliver evidence-based approaches?
- What cross-jurisdictional analysis has been conducted to identify best practice elsewhere to improve the Queensland education system?

A comprehensive and devastating picture revealed through recent assessments in some Cape York communities

There have been longstanding concerns about disengaged youth in Cape York Welfare Reform communities, and ongoing attendance, behavioural, and learning challenges in Cape York schools. In 2014-15 the Cape York Academy engaged Dr Jeff Nelson to undertake a program of assessment and reporting with specific focus on identifying students' cognitive, social, and emotional status (proficiency and developmental age) and informing strategies that optimise education and developmental outcomes. The program was completed in three Cape York communities with funding support from the Royal Flying Doctors Service.[47] Concerning results led Dr Nelson and the Academy to request a second round of assessments and the initiation of collaboration with another team flown in from WA who have considerable experience in child assessment and cross-cultural assessments, led by Dr Corinne Reid. This collaboration was for the purpose of careful consideration of test selection[48], verification of the assessment process and of data interpretation. This is the only exercise of this kind of which we are aware that provides a relatively comprehensive picture of special needs of First Nations students in some of Queensland's Indigenous communities. We are unaware of anything similar being undertaken by Education Queensland.

The program revealed that in two of the three locations in which students were assessed roughly one quarter of students met the criteria for diagnosis of intellectual impairment and subsequent Education Queensland verification. These numbers are consistent with educational outcome measures collected independently and with reports from teachers of large numbers of troubled, struggling children, in their classes and communities. A further 42% were situated within the borderline intelligence category (see Figure 3). Adults who fall into this range are over-represented in crime and incarceration statistics,[49] chronic health reporting,[50] and in many indicators of poor life outcomes such as disadvantage, engagement with services, school completion, relationship health, and many others.

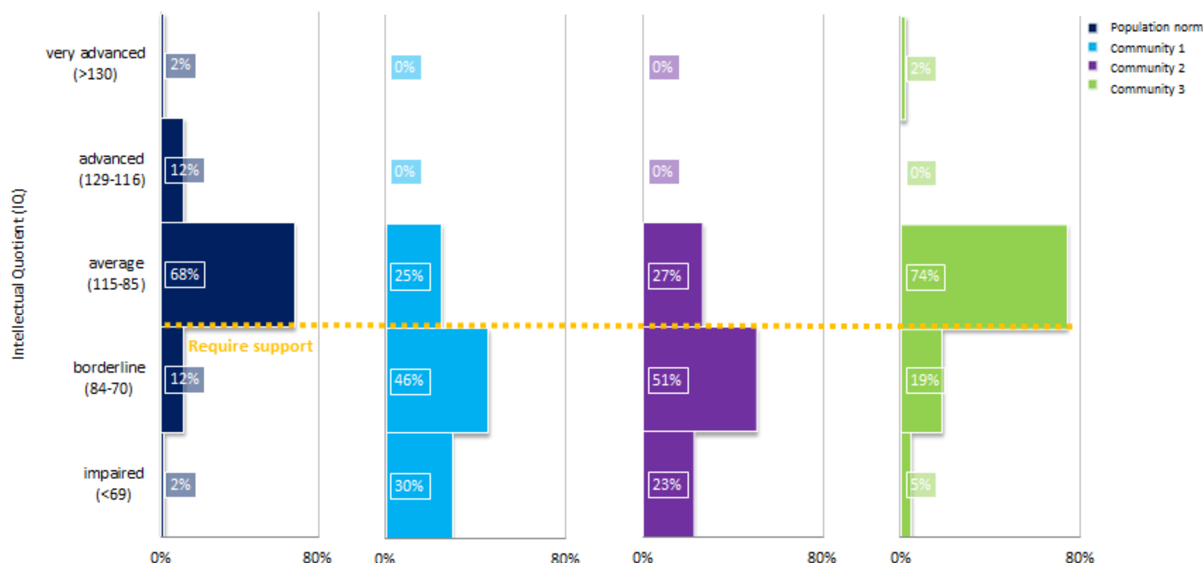
---

[47] Both cognitive testing and adaptive functioning/behaviours were assessed, through triangulation of data from multiple sources including a combination of testing, interview and observation. Standardised tests included Differential Abilities Scales 2nd edition (Elliott, 2007) – 'DAS-II'; Teacher's Report Form for Ages 6-18 (Achenbach, 2001) – 'TRF'; Social Skills Improvement System Rating Scales (Gresham & Elliott, 2008) - 'SSIS'; Behaviour Rating Inventory of Executive Function (Isquith & Gioia, 2000) – 'BRIEF'; Developmental Neuropsychological Assessment 2nd edition (Korkman, Kirk & Kemp, 2007) – 'NEPSY-II'

[48] Assessments used in the program are identified as valid according to Education Queensland documentation.

[49] Sirin (2005)

[50] Considine & Zappalà (2002)



Source: Internal Cape York Academy assessment of school students, Psychology and Wellbeing Ltd, DAS-II 2014-15

Figure 3 Students' cognitive development[51] in some Cape York communities

The picture of cognitive development delay shown is extraordinarily high. Estimates of prevalence of intellectual disabilities among Australian children generally are around 3-4% of the population.[52] Some prevalence estimates are available for Indigenous individuals aged 15 and above—nationally, about 8% of Aboriginal and Torres Strait Islander people aged 15 and over were reported to have an intellectual disability in 2008.[53] However, these national prevalence estimates are likely to be under-estimates due to some of the policies regarding testing of Indigenous students (which will be further discussed below).

It was particularly concerning that the assessment program in the Cape York communities revealed that the older children were less cognitively proficient *for their age* than their younger counterparts. When the cohort was grouped into three, averages across the groups differed with the younger group demonstrating higher proficiency than the middle group, which was higher than the oldest group. All differences were statistically significant.[54] The likely explanations include that: 1) the effects of early life impairment are being compounded through ageing, 2) continued exposure to difficult life environments and

---

[51] Scores are presented in IQ format to be consistent with verification requirements and to present results in a language understood by those reading the submission. The scores presented in the figure are DAS-II General Cognitive Ability scores, which is the equivalent of what most would call IQ.

[52] ABS (2014)
[53] ABS (2010)
[54] $p = .001$ to $.004$

experiences are limiting development, and 3) education being provided is not supporting age-typical levels of knowledge and skill acquisition. It is not important in the current context to argue the validity of one over the other; it is important, however, to accept that intervening at younger ages in this cohort is likely to be more effective than either not intervening or intervening at an older age.

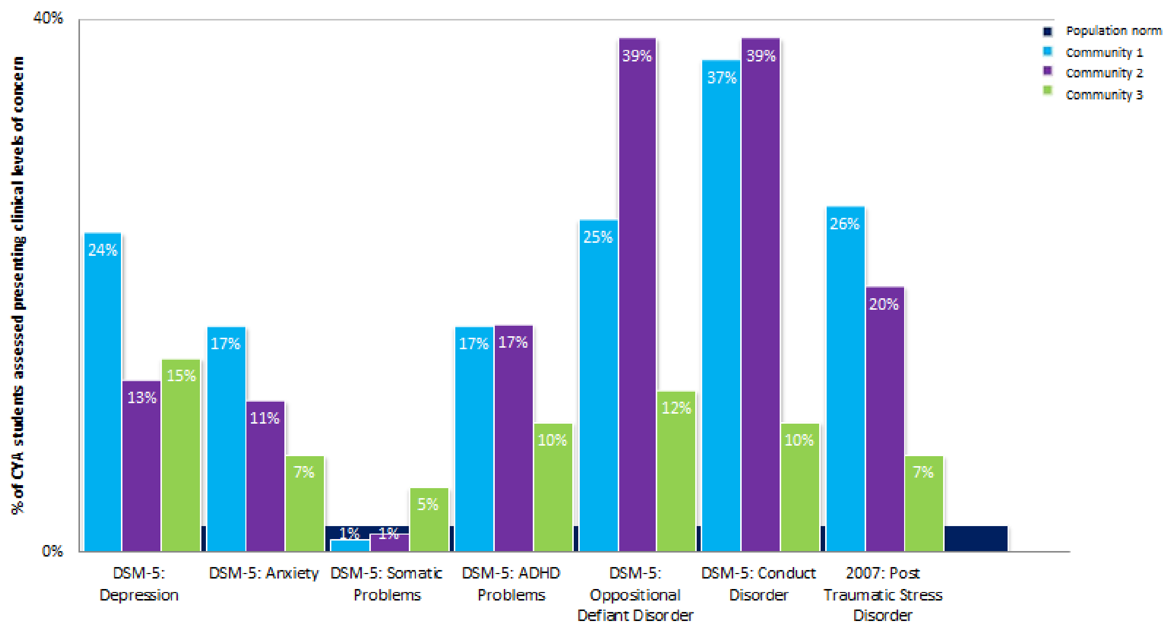


Figure 4 Students' social and emotional disorders in some Cape York communities

Very high rates of Social and Emotional Disorders, such as Conduct Disorder, Oppositional Defiance Disorder and PTSD were also revealed (see Figure 4). The prevalence rates and severity of the developmental delay revealed in Cape York students is exceptional and presents serious challenges for those responsible for closing the 'developmental' gap. It is not enough to employ teachers, who may well be dedicated but often have little previous experience of living or teaching in Indigenous communities, and expect them to bring their classroom cohorts up to age-typical achievement levels. The need can only be rectified by changes at the system level, by engaging specialist services and developing a far more comprehensive knowledge of student competency and need. The different profiles found for different communities are also important to note here. Different communities need different things. Just as each child needs and individualised plan based on their needs, so does each community. Unfortunately to date, there has been a complete failure of Education Queensland to provide a swift and decisive response of the kind required. Urgent collaboration is needed to engage the expertise of paediatricians, psychologists,

psychiatrists and special needs educators to devise the urgent reforms needed to provide the major overhaul of the system that is warranted.

Issues around assessment/testing

The paucity of data available in this area is likely to reflect the very significant discomfort around testing Indigenous children and the lack of resources to do so in remote locations. Existing data is therefore likely to very significantly under-represent prevalence.

There is a great deal of professional debate about assessing students, including in relation to cultural bias impacting on assessments of Aboriginal and Torres Strait Islander students. The end result has been too much stasis and inertia that has not benefited First Nations children's development. Even in writing this paper, there will be criticism from some quarters that assessments have been undertaken at all, despite the fact that those making the critique will share a passion for finding solutions to the inter-generationally concerning outcomes for Indigenous children. We welcome this conversation and hope that it engenders collegial and cross-disciplinary commitment to change.

On the one hand, there are those who will carefully and responsively use the best psychometric tests available triangulated with other multi-source data and argue that the results inform school planning far better than having no individualized evidence-base to guide our actions (or inaction). These practitioners (including two of the authors of this review) work from the evidence that tells us that measured IQ is our best predictor of how a child will progress in a typical school environment[55] (indeed in many aspects of life),[56] and that in extreme environments, measured IQ is malleable with intervention,[57] suggesting that early identification and intervention is critical.[58] Neuroplasticity research tells us that early intervention in situations of deprivation can significantly prevent further disability and can in some cases, remediate existing difficulties. At the other extreme, there are those that argue that any psychometric testing is inherently biased and therefore invalid, because for example the test may be testing to at least some degree English comprehension or cultural differences rather than providing a true measure of IQ (which, they seem to take to be an innate, immutable quality).

Many practitioners choose not to use established methods validated in non-Indigenous communities, because they want to be 'appropriate' and are concerned about the potential

---

[55] Deary, Strand, Smith, and Fernandes (2007)

[56] E.g. economic wellbeing (Strenze (2007)), criminal involvement and violent behaviour (Diamond, Morris and Barnes (2012), Moffitt (1990)), & some indicators of mortality (Batterham, Christensen, & Mackinnon (2009), Batty, Deary, & Gottfredson (2007); Sabia et al., (2010); Barnes, Beaver & Boutwell (2013)); and less risky health-related behaviour (Wilson & Herrnstein (1985)).

[57] Brownell, Ekuma, Nickel, Chartier, Koseva, & Santos (2016), Scarr & McCartney (1983)

[58] Landy and Menna (2006)

downsides of 'labelling' a child as having some kind of disability. We share this concern but we feel it is our responsibility to change this stigma by being clear about the complex causes and also the potential malleability of these developmental delays in this context. It is also our responsibility to do the psychometric work to extend the range of tools available to us, rather than simply lamenting the absence of such data[59]. There are many tools available that are considered gold standard in many other contexts (including cross-cultural contexts)[60] that are not even being trialled because of the 'Indigenous' concerns and so children are doubly disadvantaged - they are exposed to many more risk factors than normal and they have less likelihood of having their difficulties understood or remediated. Arguably there may be too much focus on 'difference' of Indigenous populations when it comes to assessment (but also intervention and education) rather than commonalities in child development (Indigenous and non-Indigenous). Evidence that these assessments do not work is absent.[61] Folklore is rampant.

The end result is that the bar to assessment of an Indigenous child for intellectual impairment is set much higher than a non-Indigenous child, often in a mistaken attempt not to stigmatise the child or for fear of being accused of racism or unethical conduct. And so, children remain in a schooling system not designed for children with additional needs. The reality is that unmet need is on clear display in First Nations communities and has been for several generations, and we must find practical ways to move forward and provide the supports that are needed.

A discriminatory approach to identifying special needs

Currently the Education Queensland processes and approaches to identifying special needs to trigger a response that is planned and resourced, is inadequate and uncertain. In our own experience, the same battery of testing carried out by the same professional experts has been subject to very different responses and very different outcomes for the students involved.

For example, the same testing carried out by Drs Nelson and Reid across a number of schools in Cape York was also carried out for some independent schools elsewhere. These results have been dealt with and responded to very differently depending on whether they were in the Education Queensland or the Independent State School systems.

The majority of applications submitted for approval through the Education Queensland system have been queried and rejected over a very slow and laborious process that has not

[59] Dr. Reid is Clinical Director of the Project KIDS neurodevelopmental research program which has several postgraduate students currently undertaking this careful psychometric work.

[60] Beiser (2000)

[61] Patel, Ilich, Reid, Anderson, and Nelson (in prep)

inspired confidence in the system or its outcomes. Concerns about the verification process include the following:

- At one Cape York school, meetings with Education Queensland to commence the verification process for these applications first occurred just after mid-2015, and the process is yet to be finalised for all applications as at the end of October 2016.

- A number of the students who were assessed were the subjects of numerous previous requests for assessment due to difficulties that were identified by teachers, and in some cases, mothers and carers. These earlier requests were consistently overlooked and had not been actioned by Education Queensland.

- A selection of students, for whom applications were submitted, were retested under the Education Queensland verification process within a short duration, arguably invalidating all results.

- Some students' applications were rejected due to high absenteeism. It is not clear why absenteeism invalidates an abilities test.

- The verification process involved Guidance Officers asking for information, such as measures of spiritual development: this type of measure is not required according to Education Queensland policies.

- The feedback to the schools explaining the decisions to 'reject' applications through the verification process has been limited, and some of these decisions remain inexplicable to the educators working with the cohort of students put forward. For example, one educator involved said the students not rejected and who remained under consideration for special needs in the ongoing verification process were from their perspective, 'not the most concerning of the batch'. In their eyes, other students with more extreme needs have already been 'rejected' through the verification process.

- It is also not clear that the verification system within Education Queensland ensures the appropriate expertise of psychologists, psychiatrists and paediatricians will ultimately determine the assessment and response to students with special needs. A lot of power is placed in the hands of Guidance Officers who often have only minimal psychological or counselling training, and who should not be placed in a position to override through the verification process assessments made by those with far more experience and relevant expertise.

On the other hand, applications submitted through the Independent Schools Queensland system, have been accepted without interruption and resources have been allocated accordingly.

How is it that outcomes of identical processes with a homogenous cohort are yielding opposite outcomes? It is not acceptable that the response to a student's special needs should be determined by the vagaries of the particular system—state or independent school system—that they are in. These different responses have had a very real and direct impact on the students involved. The acceptance of a special needs assessment is the trigger for extra resources to be provided to meet the needs of that student under the current system, yet under the slow and bureaucratic Education Queensland verification process, the status of some assessments completed more than 12 months ago continues to remain unclear.

These very different responses would appear to suggest that the response to a child's development needs is currently determined in a somewhat capricious and ad hoc manner. Such inconsistency suggests a contravention of section 5(2) of the Disabilities Discrimination Act 1992[62] which states:

> For the purposes of this Act, a person (the ***discriminator***) also ***discriminates*** against another person (the ***aggrieved person***) on the ground of a disability of the aggrieved person if:
>
> a) the discriminator does not make, or proposes not to make, reasonable adjustments for the person; and
> b) the failure to make the reasonable adjustments has, or would have, the effect that the aggrieved person is, because of the disability, treated less favourably than a person without the disability would be treated in circumstances that are not materially different.

Key questions for the review

- How can Education Queensland explain that the response to a student's special needs appears to largely be determined by the vagaries of the particular system—state or independent school system—that they are in? Why is it that students are being disadvantaged under the Education Queensland system?

- Why doesn't the Education Queensland system respond to social and emotional disorders where they impact on learning, when other jurisdictions have prioritised responding in such areas based on evidence?

- Are there any learnings for Education Queensland from other jurisdictions evidence based programs designed to meet First Nations children's social and emotional needs?

---

[62] Richard (2001)

A fundamental shift is needed: the current system is failing

Education must respond to the urgent need for sustained investment in approaches that far more effectively contribute to children and young peoples' wellbeing, promote resilience and ultimately build the necessary foundations for Aboriginal and Torres Strait Islander young people to fulfil their potential and have every possible success in life.

This support includes individualised developmental assessment and curriculum planning, as well as therapeutic and healing programs relating to trauma, mental illness and debilitating factors such as in utero insult (alcohol, other substance misuse, malnutrition, and physical injury), hearing loss, specific learning disorders, and global intellectual impairment. At schools with a large number of First Nations students, particularly in more remote areas, school-wide strategies tailored to Indigenous students should provide an effective complement to individual-focused teaching practices.[63] For example, Direct Instruction (DI) and Explicit Direct Instruction (EDI) can be one part of the solution to lift outcomes for Indigenous students in general, including those with learning disabilities. DI is not a remedial program, although it is well proven to be effective in remedial contexts, it is also a highly effective form of instruction when delivered in the mainstream to students from relatively advantaged backgrounds also.[64] In addition to improving the response at both the indivual and school level, greater efforts must also be made to target prevention.

To deal with the vulnerabilities of Indigenous students effectively and holistically, this cannot be treated simply as a 'disability issue', a 'health issue', or a 'special education issue'. It must be treated as a whole of cohort issue for First Nations students across the state of Queensland. The narrow and compartmentalised approach will only guarantee that the lives and potential of far too many Indigenous children and students will continue to 'fall between the cracks'.[65]

A multi-level response is required: individualised early identification and intervention, informed remediation and prevention. The need for an individualised approach to respond to disability is exactly what has been recognised through the NDIS attempt. Within schools also there must be an individual child-centred, not service-provider centred, response to students with special needs and the vulnerabilities of Indigenous students. There is an

---

[63] Such an approach would be consistent with the Productivity Commission's recommendations about how to improve Indigenous primary schooling more generally—they recommend that at schools with a large number of Indigenous students, particularly in more remote areas, school-specific strategies tailored to meet the needs of Indigenous students might be an important way forward, see fn 12 at pp. 13 & 87.

[64] See e.g. Kinder, Kubina, and Marchand-Martella (2005), Przychodzin-Havis, Marchand-Martella, Martella, Miller, Warner, and Chapman (2005), Schieffer, Marchand-Martella, Martella, Simonsen, and Waldron-Soler (2002), Flores and Ganz (2014), Torgesen, Alexander, Wagner, Rashotte , Voeller, and Conway (2001)

[65] Landy and Menna (2006)

urgent need for a new approach that provides a comprehensive, trans-disciplinary individualised approach within schools from the earliest point of contact. All students must have access to the medical, psychological, and other support services needed so that they are ready to learn and to develop their potential. These services must also learn to work actively together in the service of best meeting the needs of the child.

Djarragun College: working to improve student development and wellbeing

Djarragun College is a boarding college that provides educational services to roughly 400 Aboriginal and Torres Strait Islander students who live in Cairns, Cape York Peninsular communities, and other remote communities. Staff members have worked to improve educational outcomes including through the selection and use of adaptive behaviours and strategies, and implementing a system level focus on the overall health and wellbeing of their students.

Current members of the management team have undertaken to implement the radical shift that is needed by increasing the focus on learning-readiness rather than taking a more narrow focus on short-term academic achievement. The longer-term strategy includes establishing a health centre on the grounds of the college that will house teams of doctors, nurses, psychologists, social workers, indigenous health workers, lawyer, and dedicated spaces for visiting specialists (e.g. audiologists, speech pathologists, dentists, optometrists). Their strategy is to assess all Djarragun students at entry in areas of cognitive proficiency, emotional regulation, social maturity, physical health and academic skill to provide specialist intervention, to develop and implement cohort and student level remediation and management plans, to conduct follow-up assessment, and to modify and refine the approach as preferred. This centre will operate in conjunction with a special needs unit.

Djarragun College will also connect with other educational institutions in a knowledge-sharing network with focus on improving outcomes in all schools for students with disability. While Djarragun is an independent school and outside the scope of the current review its approach can be used to advocate strongly for the provision of effective disability services (identification, intervention, and monitoring) that have the potential to significantly improve outcomes for relevant students in the state system.

Where professional assessment of students has taken place there is valuable information that could enhance the response of schools and of other service providers, such as youth justice and health services. With the appropriate consent processes in place, systems should be put in place so that this information can be accessed to ensure the most appropriate response from all relevant service providers to the students' need. Remediation based on an individualised evidence base offers greater hope for success than one-size-fits-all solutions.

Key questions for the review

- In Cape York and the Torres Strait how many students receive a response tailored to their assessed learning disability?
- Are there any schools with a large number of Indigenous students, particularly in more remote areas, where school-wide strategies tailored to ensuring a response to their special needs have been implemented to provide an effective complement to individual-focused teaching practices?

A Commission of Inquiry is needed

There can be no doubt that the rates of intellectual and physical disability, and social and emotional disorders, will be/are horrendously high across Cape York and Torres Strait, and across other remote First Nations communities.

This is a neglected issue not just in the education service system, but also in the public policy debate and focus.

Both the ethics and legality of Education Queensland's current disability policy and practice appear highly questionable. There are very serious concerns that Australia is breaching its obligations under international human rights law and that a violation of rights is occurring within the Queensland Education system. It appears there may be systemic racism (however well intentioned) in the failure to provide Aboriginal and Torres Strait Islander students with disabilities with the service response they need, and to which they are entitled. This neglect has gone on for too long.

Given the history of neglect and underservicing of First Nations students' special needs, and the fact that there is a high level of unidentified special needs remaining, it is critical that answers must be provided to the key questions raised throughout this submission.

This review does not have a dedicated focus on First Nations' students, and it is unlikely it will be able to provide the answers needed. From the information that is publicly available it is not possible to assess the extent to which this review has engaged expertise relevant to Indigenous special needs.

Queries were made to the Review Team to ascertain if this review included any dedicated consideration of remote schools and schools in Cape York and Torres Strait Island communities, where there is a heavy concentration of these issues. Although the information publicly released about the review states that 26 schools would be consulted,[66] the response received from the Review Team indicates that the names of the 26 schools have not been released, and may or may not be released in the future. The Review Team also indicated that its report may or may not be made public. Privacy and confidentiality concerns were cited as the reason for this apparent lack of transparency about the review process.

Dr Jeff Nelson, Dr. Corinne Reid, and the Cape York Academy have produced a comprehensive assessment of special needs in three remote schools; however, they were not contacted by this review to provide their data, experience and knowledge. Nor was Apunipima Cape York Health Council contacted by the review to provide input as the leading primary health care provider in Cape York. It does not appear that key Indigenous stakeholders have been consulted.

It appears that this review will rely heavily on input provided through the parental survey. While parents should provide one source of input based on their important first-hand experience, Indigenous parents may be amongst the least likely to respond to such a survey for a variety of reasons.

Specialised expertise should also be engaged to provide vital input. Child development experts, paediatricians and child psychologists and psychiatrists, who have experience working in Indigenous contexts, must be a key source of information in any serious review.

A dedicated and comprehensive focus on First Nations students' disability and special needs is long over-due to ensure a better approach.

Recommendations:

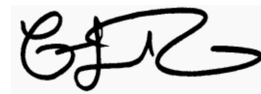
1. That a dedicated Commission of Inquiry be urgently established to assist Queensland to address the many unanswered questions relating to the disabilities of First Nations children and students. The Commission of Inquiry will broadly engage:
    a) community experience and expertise, including Indigenous parents and other key Indigenous stakeholders
    b) leading advice from child development experts, paediatricians, psychologists and psychiatrists, including those with experience in Indigenous contexts, and from other leading jurisdictions,

---

[66] See Department of Education website at http://education.qld.gov.au/schools/disability/qld-disability-review.html

to assist it to make recommendations to fundamentally overhaul the current approach, including so that through education the unmet needs of vulnerable and learning disabled Indigenous children and young people can be met.

2. That the Queensland Government commit to developing an integrated approach to respond to the learning, development and wellbeing needs of First Nations children and communities, including in its prevention, treatment and management of issues such as juvenile detention, youth sexual violence, suicide and other such challenges.



________________________	________________________	________________________
Dr Jeff Nelson	Noel Pearson	Assoc. Prof. Corinne Reid
Clinical Psychologist	Founder & Director, Cape York Partnership Founder & Co-Chair, Good to Great Schools Australia	MPsych (Clin), PhD School of Psychology & Exercise Science Murdoch University, WA

References

ACIL Allen Consulting Pty Ltd (2014). *Evaluation of the Aboriginal and Torres Strait Islander Education Action Plan 2010-2014: Final Evaluation Report, Report to the Aboriginal and Torres Strait Islander Education Advisory Group* of *the Education Council*, available at www.acilallen.com.au/cms_files/ACILAllen_ATSI_Education2014.pdf

Advisory Group on Conduct Problems (2009). *Conduct problems: Best Practice Report*, Advisory Group on Conduct Problems, New Zealand.

Adler, N. E., and. Cutler, D. M. (2016). Addressing Social Determinants of Health and Health Disparities.

Allen, D. (2008). The relationship between challenging behaviour and mental ill-health in people with intellectual disabilities. *Journal of Intellectual Disabilities, 12*, 267-294.

Anderson, C. (2011). [Management of psychotic symptoms exacerbated by intellectual impairment].

Australian Institute of Health and Welfare. (2009). *A picture of Australia's children*. Retrieved from Canberra:

Australian Institute of Health and Welfare (AIHW) (2015). *Youth detention population in Australia*. Bulletin 131, AIHW.

Backer, T. E., & Howard, E. A. (2007). Cognitive impairments and the prevention of homelessness: Research and practice review. *Journal of Primary Prevention, 28*, 375-388.

Bale, T. L. (2015) Epigenetic and transgenerational reprogramming of brain development, *Nature Reviews Neuroscience*, 16(6), 332-344.

Beiser, M. G. A. (2000). Accounting for Native/Non-Native differences in IQ scores. *Psychology in the Schools,* 37(3). doi: 10.1002/SICI(1520-6807(200005)37:3<237::AID-PITS4>3.0.CO;2-N

Bhaumik, S., Tyrer, F. C., McGrother, C., & Ganghadaran, S. K. (2008). Psychiatric service use and psychiatric disorders with intellectual disability. *Journal of Intellectual Disability Research, 52*(11), 986-995.

Bigby, C. (2008). Known well by no-one: Trends in the informal networks of middle-aged and older people with intellectual disabilty five years after moving to the community. *Journal of Intellectual and Developmental Disability 33*(2), 148-157.

Bjørnebekk, A., Siqveland, T. S., Haabrekke, K., Moe. V., Slinning, K., Fjell, A. M., and Walhovd K. B. (2015). Development of children born to mothers with mental health problems: subcortical volumes and cognitive performance at 4½ years, *European child & adolescent psychiatry*, 24(1), 115-118

Blair, C. & Raver, C. C. (2012) Child development in the context of adversity: Experiential canalization of brain and behavior. *American* Psychologist, 67(4) 309-318; National Scientific Council on the Developing Child 2007 The timing and quality of early experiences combine to shape brain architecture: Working paper #5, http://www.developingchild.net

Bouvette-Turcot, A. A., Unternaehrer, E., Gaudreau, H., Lydon, J. E., Steiner, M., Meaney, M.J., & MAVAN Research Team (2017). The joint contribution of maternal history of early adversity and adulthood depression to socioeconomic status and potential relevance for offspring development. *Journal of affective disorders*, 207, 26-31;

Brownell, M. D., Ekuma, O., Nickel, N.C., Chartier, M., Koseva, I., & Santos, R. G. (2016). A population-based analysis of factors that predict early language and cognitive development. *Early Childhood Research Quarterly*, 35, 6-18.

Brownlie, A. (2011). [Hospital presentations for reasons of intellectual impairment].

Carpenter, B. (2011). Pedagogically bereft! Improving learning outcomes for children with foetal alcohol spectrum disorders. *British Journal of Special Education, 38*(1), 37. doi:10.1111/j.1467-8578.2011.00495.x

Carr, J. L., Agnihotri, S., & Keightley, M. (2010). Sensory processing and adaptive behavior deficits of children across the Fetal Alcohol Spectrum Disorder Continuum. *Alcoholism: Clinical and Experimental Research, 34*(6), 1022-1032.

Catroppa, C., & Anderson, V. (2009). Traumatic brain injury in childhood: Rehabilitation considerations. *Developmental Neurorehabilitation, 12*(1), 53-61.

Cooper, S., Smiley, E., Morrison, J., Williamson, A., & Allan, L. (2007). Mental ill-health in adults with intellectual disabilities: prevalence and associated factors. *The British Journal of Psychiatry, 190*, 27-35.

De Bellis, M. D., Hooper, S. R., Spratt, E. G., & Woolley, D. P. (2009). Neuropsychological findings in childhood neglect and their relationships to pediatric PTSD. *Journal of the International Neuropsychological Society, 15*(6), 868-878.

Dekker, M. C., & Koot, H. M. (2003). *DSM-IV* disorders in children with borderline to moderate intellectual disability. 1: Prevalence and impact. *Journal of the American Academy of Child and Adolescent Psychiatry, 42*(8), 915-922.

Donald, K. A., Fouche, J. P., Roos, A., Koen, N., Howells, F. M., Riley, E. P., ... & Stein, D. J. (2016). Alcohol exposure in utero is associated with decreased gray matter volume in neonates. Metabolic brain disease, 31(1), 81-91.

Fergusson, D., Boden, J., & Hayne, H. (2011). Childhood conduct problems. In P. Gluckman (Ed.), *Improving the transition: Reducing social and psychological morbidity during adolescence* (pp. 59-78). Wellington, New Zealand: Office of the Prime Minister's Science Advisory Committee.

Flores, M., & Ganz, J. (2014). Comparison of Direct Instruction and discrete trial teaching on the curriculum-based assessment of language performance of students with autism. *Exceptionality*, *22*(4), 191-204.

Fontaine, C. J., Patten, A. R., Sickmann, H. M., Helfer, J. L., & Christie, B. R. (2016). Effects of pre-natal alcohol exposure on hippocampal synaptic plasticity: Sex, age and methodological considerations. *Neuroscience & Biobehavioral Reviews*, 64, 12-34.

Gooda, M. (2012). Mental illness and cognitive disability in Aboriginal and Torres Strait Islander prisoners–a human rights approach. Speech given to the 22nd Annual National Mental Health Services Conference 2012: 'Recovering citizenship', Cairns Convention Centre.

Hancock, K. & Zubrick, S.R. (2015). *Children and young people at risk of disengagement from school*, Telethon Kids Institute, WA.

Herba, C. M., Glover, V., Ramchandani, P.G., and Rondon, M. B., (2016). Maternal depression and mental health in early childhood: an examination of underlying mechanisms in low-income and middle-income countries. *The Lancet Psychiatry*, 3(10), 983-992.

Herrington, V. (2009). Assessing the prevalence of intellectual disability among young male prisoners. *Journal of Intellectual Disability Research, 53*(5), 397-410.

Hoyme, H. E., & Coles, C. D. (2016). Alcohol-Related Neurobehavioral Disabilities: Need for Further Definition and Common Terminology. Pediatrics, e20161999.

Hunter, E.M., Gynther, B.D., Anderson, C.J., Onnis, L.L., Nelson, J.R., Hall, W., … Groves, A.R. (2012) Psychosis in Indigenous populations of Cape York and the Torres Strait, *Medical Journal of Australia*, 196(2), 133-135.

Johnston, E. (1991). *National report: Royal Commission into Aboriginal Deaths in Custody*, vols. 1, 2, 3, 4 & 5. Australian Government Publishing Service, Canberra.

Khamis, V. (2015). Coping With War Trauma and Psychological Distress Among School-Age Palestinian Children, *American Journal of Orthopsychiatry*, 85(1) 72-79

Kinder, D., Kubina, R., & Marchand-Martella, N. (2005), Special education and Direct Instruction: An effective combination. *Journal of Direct Instruction*, 5 (1), 1-36.

Lancioni, G. E., Singh, N. N., O'Reilly, M. F., & Sigafoos, J. (2009). Intellectual disability and adaptive-social skills. In J. L. Matson (Ed.), *Social behaviour and skills in children* (pp. 141-157). New York: Springer.

Landy, S. and Menna, R. (2006). *Early intervention with multi-risk families: An integrative approach*. Brookes Publishing Company.

Lansing, A. E., Washburn, J. J., Abram, K. M., Thomas, U. C., Welty, L. J., & Teplin, L. A. (2014). Cognitive and Academic Functioning of Juvenile Detainees Implications for Correctional Populations and Public Health. *Journal of Correctional Health Care*, *20*(1), 18-30.

Lewallen, T. C., Hunt, H., Potts-Datema, W., Zaza, S., and Giles, W. (2015). The Whole School, Whole Community, Whole Child model: a new approach for improving educational attainment and healthy development for students. *Journal of School Health*, 85(11) 729-739.

Loeber, S., Duka, T., Welzel, H., Nakovics, H., Heinz, A., Flor, H., & Mann, K. (2009). Impairment of cognitive abilities and decision making after chronic use of alcohol: The impact of multiple detoxifications. *Alcohol and Alcoholism, 44*(4), 372-381.

Lubman, D. I., Yucel, M., & Hall, W. D. (2007). Substance use and the adolescent brain: A toxic combination? *Journal of Psychopharmacology, 21*(8), 792-794.

Luke, A. (2013). Summative Evaluation of the Stronger Smarter Learning Communities Project, submitted to SSLC Project Committee, Queensland University of Technology, and Department of Education, Employment and Workplace Relations, Canberra, ACT, Brisbane: Queensland University of Technology, Office of Education Research, http://eprints.qut.edu.au/59535/

Lunsky, Y., Tint, A., Robinson, S., Khodaverdian, A., & Jaskulski, C. (2011). Emergency psychiatric service use by individuals with intellectual disabilities living with family. *Journal of Mental Health Research in Intellectual Disabilities, 4*(3), 172-185.

Maguire, S., & Naughton, A. (2016). Neglect: widespread, damaging and difficult to identify. *Paediatrics and Child Health*.

Maguire, D. J., Taylor, S., Armstrong, K., Shaffer-Hudkins, E., Germain, A. M., Brooks, S. S., ... & Clark, L. (2016). Long-Term Outcomes of Infants with Neonatal Abstinence Syndrome. Neonatal Network, 35(5), 277-286.

Marmot, M.G (2016a). Fair Australia: Social Justice and the Health Gap. Boyer Lecture. Australia.

Marmot, M.G. (2016b). Empowering Communities, *American journal of public health*, 106(2), 230-231

Marmot, M.G. & Bell, R., (2016). Social inequalities in health: a proper concern of epidemiology, *Annals of epidemiology*, *26*(4), 238-240.

Mattson, S. N., Croker, N., & Nguyen, T. T. (2011). Fetal Alcohol Spectrum Disorders: Neuropsychological and behavioral features. *neuropsychology Review, 21*(2), 81-101.

McConkey, R. (2007). Variations in the social inclusion of people with intellectual disabilities in supported living schemes and residential settings. *Journal of Intellectual Disability Research, 51*(3), 207-217.

Memmott, P., Stacy, R., Chambers, C. & Keys, C (2001). *Violence in Indigenous communities*, Attorney-General's Department: Canberra.

Myrbakk, E., & von Tetzchner, S. (2008). Psychiatric disorders and behavior problems in people with intellectual disability. *Research in Developmental Disabilities, 29*(4), 316-322.

Parks, R. W., Stevens, R. J., & Spence, S. A. (2007). A systematic review of cognition in homeless children and adolescents. *Journal of the Royal Society of Medicine, 100*(1), 46-50.

Patel, R., Ilich, N. M., Reid C., Anderson, M. & Nelson, J. (in prep)

Pink, B., & Allbon, P. (2008). *The health and welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008*. Retrieved from Canberra:

Productivity Commission (2016). *Indigenous Primary School Achievement, Commission Research Paper*. Productivity Commisison, Canberra.

Ponsford, J., Draper, K., & Schonberger, M. (2008). Functional outcome 10 years after traumatic brain injury: Its relationship with demographic, injury severity, and cognitive and emotional status. *Journal of the International Neuropsychological Society, 14*(2), 233-242.

Przychodzin-Havis, A.M., Marchand-Martella, N., Martella, R.C., Miller, D.A., Warner, B.L., & Chapman, S. (2005). An Analysis of Corrective Reading Research. *Journal of Direct Instruction*, 5 (1), 37-65.

Pyle, N., Flower, A., Fall, A. M., & Williams, J. (2016). Individual-level risk factors of incarcerated youth. *Remedial and special education*, *37*(3), 172-186.

Raina, P., & Lunsky, Y. (2010). A comparison study of adults with intellectual disability and psychiatric disorder with and without forensic involvement. *Research in Developmental Disabilities, 31*(1), 218-223.

Rushworth, N. (2008). *Brain Injury Australia: Submission to the Australian Government's green paper "Which way home? A new approach to homelessness"*. Retrieved from Melbourne:

Scarr, S., & McCartney, K. (1983), How people make their own environments: A theory of genotype→ environment effects. *Child development*, 424-435

Steering Committee for the Review of Government Service Provision. (2011). *Overcoming Indigenous Disadvantage: Key Indicators 2011*. Retrieved from Canberra:

Schrimsher, G., & Parker, J. D. (2008). Changes in cognitive function during substance use disorder treatment. *Journal of Psychopathology and Behavioral Assessment, 30*(2), 146-153.

Shannon, E. E., Mathias, C. W., Dougherty, D. M., & Liguori, A. (2010). Cognitive impairments in adolescent cannabis users are related to THC levels. *Addictive Disorders & Their Treatment, 9*(4), 158-163.

Shetgiri, R., Lin, H., and Flores, G. (2015). Suboptimal maternal and paternal mental health are associated with child bullying perpetration. *Child Psychiatry & Human Development*, 46(3), 455-465

Thompson, K. C., & Morris, R. J. (2016). Juvenile Delinquency and Disability. In *Juvenile Delinquency and Disability* (pp. 31-39). Springer International Publishing.

Torgesen, J. K., Alexander, A. W., Wagner, R. K., Rashotte, C. A., Voeller, K. K., Conway. T. (2001) Intensive remedial instruction for children with severe reading disabilities: immediate and long-term outcomes from two instructional approaches. *Journal of Learning Disabilities*, 34(1):3358, 78.

van Blarikom, W., Tan, I. Y., Aldenkamp, A. P., & van Gennep, A. T. G. (2006). Epilepsy, intellectual disability, and living environment: A critical review. *Epilepsy and Behavior, 9*, 14-18.

Vanny, K., Levy, M., & Hayes, S. (2008). People with an intellectual disability in the Australian criminal justice system. *Psychiatry, Psychology and Law, 15*(2), 261-271.

Weiss, J. A., Waechter, R., & Wekerle, C. (2011). The impact of emotional abuse on psychological distress among Child Protective Services-involved adolescents with borderline to mild intellectual disability. *Journal of Child and Adolescent Trauma, 4*(2), 142-159.

Wells, R., Minnes, P., & Phillips, M. (2009). Predicting social and functional outcomes for individuals sustaining paediatric traumatic brain injury. *Developmental Neurorehabilitation, 12*(1), 12-23.

White, P., Chant, D., Edwards, N., Townsend-White, C., & Waghorn, G. (2005). Prevalence of intellectual disabilty and comorbid mental illness in an Australian community sample. *Australian and New Zealand Journal of Psychiatry, 39*, 395-400.

Wilson, K. R., Hansen, D. J., & Li, M. (2011). The traumatic stress response in child maltreatment and resultant neuropsychological effects. *Aggression and Violent Behaviour, 16*(2), 87-97.

World Health Organisation (2011). *World Report on Disability*, available at www.who.int/disabilities/world_report/2011/chapter7.pdf

Zimmerman, E. B., Woolf, S. H., & Haley, A. (2015). Understanding the relationship between education and health: a review of the evidence and an examination of community perspectives. *Population Health: Behavioral and Social Science Insights. Rockville, MD: Agency for Healthcare Research and Quality and Office of Behavioral and Social Sciences Research, National Institutes of Health*, 15-0002.