



MDAS
MALLEE DISTRICT ABORIGINAL SERVICES

Inquiry into the National Trend of School Refusal and Related Matters

*'Self-determined, healthy, robust & culturally strong
Aboriginal communities across the Mallee Region'*

CONTENTS

INTRODUCTION.....	3
COVID-19 AND SCHOOL REFUSAL.....	4
TABLE A – KEY DOMAIN COMPARISON	5
COVID-19 AND SCHOOL REFUSAL (CONTINUED FROM PAGE 4).....	6
EDUCATION AND SUPPORT	7
PARENTS UNDER PRESSURE	9
RECOMMENDATIONS	10

IMPACT ON ABORIGINAL AND TORRES STRAIT ISLANDER YOUNG PEOPLE IN THE MALLEE

Introduction

As an Aboriginal Community Controlled Health Organisation (ACCHO), Mallee District Aboriginal Services (MDAS) is making a submission to this Inquiry through the lens of impact on Aboriginal and Torres Strait Islander children and young people.

MDAS has over 260 staff based in offices in Mildura, Swan Hill and Kerang, providing services for a client population of 5000 people, located in a catchment of 32,618 km². Priding itself on offering culturally safe, evidenced-based support, MDAS delivers community services, which provide support for families, children, youth, and adults, and include disability, social and emotional and wellbeing, housing, chronic disease management and health and fitness, with a focus on early intervention, prevention, and empowerment.

MDAS consults widely to ensure local knowledge and voices inform our decision making and service delivery, and that our programs meet the current and emerging needs of our communities.

There are a range of challenges faced by Aboriginal communities in the Mallee, many of which are consistent with the lived experience of First Nations people across the country, within the paradigm of intergenerational trauma, displacement, and inequity. The circumstances and life outcomes for Aboriginal people living in the Mallee are exasperated by poorer access to services and supports, geographic isolation and an enduring bias that sees the needs of regional, rural, and remote areas largely overlooked in the development of policy and funding models.

These challenges and their impact on our Aboriginal and Torres Strait Islander children and young people are articulated in Table A (page 5) below comparing key domains of Aboriginal and non-Aboriginal people at a local (Mildura LGA), state (Victoria) and national level. Prior to the pandemic, we had already failed to meet the Close the Gap target that aimed to reduce, by half, the chasm between Aboriginal and non-Aboriginal school attendance by 2018. The 2020 Close the Gap Report identified that school attendance for Indigenous children had not improved in the five years preceding 2019, indeed statistics showed that attendance rates had

declined. With Aboriginal children on average, attending one less day of school per week than their non-Aboriginal peers, the gap is an obvious precursor to further disparities in the life journey.

One of the frustrations in developing a clear picture of the status of progress or lack thereof, is inconsistent reporting, across jurisdictions. Gaining access to current data that is reported upon, year on year, using the same measures, is exceedingly difficult, as is the ability to find statistics that are mirrored across agencies and departments. Compounding that, there are also discrepancies between the measures and definitions applied to reporting and analysis of Aboriginal and non-Aboriginal cohorts. Providing comparative data that could support investment in the programs and services is hampered by these factors.

COVID-19 and School Refusal

Our experience during the pandemic has elevated our concerns around school engagement and educational attainment, with many of our community's school age children, unable to recommence education due to anxiety and other mental health and wellbeing issues. We know that prior to COVID-19, Aboriginal and Torres Strait Islander children in our region were already falling behind the Close the Gap targets. While overall datasets that appear in Close the Gap annual reports show positive progress, a cursory drill down tells a very different story. By way of example, the 2020 Report identifies that year 12 attainment decreases with remoteness. In fact, year 12 attainment for young Aboriginal people living in the outer regional areas of Victoria has gone backwards. There is a ten-percentage point decline from 2012 to 2019. Arguably, this indicates that there needs to be further work and investment done in addressing school engagement, attendance, and attainment in communities outside metropolitan areas.

In understanding the impact COVID had on school attendance in our region, it is necessary to first consider the pre-existing complexities that we know influence a child's education. Table A illustrates the challenges faced locally. Mildura has some of the highest rates of family violence, unemployment, housing stress and single-parent families in the state, and some of the lowest rates of income and educational outcomes. These pressures are even more dominant in our Aboriginal and Torres Strait Islander community.

Please refer to TABLE A – page 5

TABLE A – Key Domain Comparison

	Mildura Aboriginal and/or Torres Strait Islander people %	Mildura All Persons %	Victoria Aboriginal and/or Torres Strait Islander people %	Victoria All Persons %	Australia Aboriginal and/or Torres Strait Islander people %	Australia All Persons %
Sources: ABS/PHIDU						
Average weekly household income (2021)	\$1,180	\$1,341	\$1,565	\$1,759	\$1,507	\$1,746
Employed (2021)	50.2	57	58.5	62.4	54.1	61.1
Unemployed (2021)	14.9	5.2	9.6	5.0	12.3	5.1
Single parent families (2016)	60.7	27.0	46.9	18.3	45.9	20.4
Jobless families with children U15 (2016)	47.6	17.5	32.5	11.0	36.1	11.9
Children where mother has low educational attainment (2016)	49.2	22.3	33.7	12.7	38.8	17.0
Low birthweight babies (2017 – 2019)	15.1	6.8	10.7	6.7	11.1	6.7
Mothers smoke during pregnancy (2017 – 2019)	56.3	18.3	40.8	8.0	43.4	9.5
Antenatal care within first 10wks (2017 – 2019)	62.5	73.1	55.0	49.4	52.9	47.4
Social housing rented dwellings (2016)	24.1	4.7	15.0	2.9	21.5	4.2
Households receiving Commonwealth Rent Assistance (2021)	46.4	24.2	34.0	18.1	35.7	20.5
Learning or Earning – 15 to 24yrs (2016)	62.0	78.8	75.7	86.2	65.4	84.3
Education – Bachelor degree or above (2021)	5.8	12.7	11.4	29.2	7.4	26.3

COVID-19 and School Refusal (continued from page 4)

When challenges such as those depicted in Table A were coupled with the pandemic and associated lockdowns and school closures, the consequences for many people were dire.

“The commonality was that prior to COVID, some children already had issues with school attendance and the COVID environment exacerbated it. On the one hand it allowed the child to be home where they felt comfortable and safe and it’s where they wanted to be. But on the other hand, it didn’t allow for the natural exposure to the things that they were less comfortable with. In essence, it restricted their ability to develop resilience.” – Pauline Ugle Director Family and Community Services MDAS

The Terms of Reference for this inquiry primarily seek input evidencing the impact of school refusal on the employment and financial security of parents and carers. However, our submission highlights the corresponding risk to employment and financial security for Aboriginal students who disengage from education.

The importance of education as a means of breaking the cycle of intergenerational disadvantage, and thus creating better outcomes, is broadly acknowledged.

“Education is an important foundation for realising improved outcomes in many aspects of life. Year 12 or an equivalent attainment is particularly critical to supporting entrance into further education pathways and improved employment outcomes.” Closing the Gap Commonwealth Implementation Plan.

The Kids Helpline & Australian Human Rights Commission report, *‘The Impacts of COVID-19 on children and young people who contact Kids Helpline September 2020’*, found the leading concerns raised by Aboriginal and Torres Strait Islander children and young people were changes to essential services and supports, mental health concerns, social isolation, and educational impacts.

The Mission Australia/Orygen *‘Clusters of COVID-19 impact: Identifying the impact of COVID-19 on young Australians in 2021 Report’* identified the young people most impacted were those living in Victoria and NSW and those who identified as Aboriginal or Torres Strait Islander.

Victorian students undertook 174 remote learning days during the COVID-19 lockdowns. This caused significant issues for students who had limited access to technology or devices due to financial disadvantage and academic achievement was further impacted in circumstances where carers or parents were unable to support their children by taking on the role of educator. Conversely some children preferred online to face-to-face learning as it cocooned them from issues, such as anxiety, that they were experiencing.

Children who were already struggling with school, found themselves increasingly isolated and overwhelmed. Anxiety and other social and emotional wellbeing issues escalated. When students were finally able to return to the classroom, many were incapable of making the transition and poor engagement became school refusal.

Essentially two years of lockdowns provided a buffer between the child and the challenges of everyday school life. As a result, they lost the confidence and the skills to confront and overcome difficulties. COVID taught them how to retreat but as a society we have failed to teach them how to reconnect. This is particularly troubling in regional areas where lack of services means children often go without the support they need to recover and rebuild.

Without an immediate response to this upsurge in school refusal, we risk a significant cohort of Aboriginal youth falling further behind, diminishing educational and employment opportunities.

Education and Support

“Where I lived previously, with my own daughter, we had quite significant school refusal. She was the only dark-skinned Koori student and she seemed to get injured a lot and I don't think the teachers were deliberately biased, but my daughter's reports always said she was below average except for things they couldn't disregard, such as her being able to read at the highest level. At her current school there are lots of other cultures, it's normal to be darker skinned and they really understand the background of the students. She is now above average and enjoys going to school. One of the reasons, I think, is because the teachers have tailored their teaching to a more visual learner.” - Parent

Whilst Victoria is leading the charge in addressing wellbeing needs within the school environment, more work is required in developing a whole of system approach to ensure the drivers of potential school refusal are identified as early as possible.

As is highlighted in the family experience in this section, school refusal is borne from many things and therefore the response required to address it must be multi-faceted. Resources and funding must be dedicated to developing the scaffolding that will provide both the uplift and support required for our young people to learn and thrive. This includes creating teaching models that accommodate a range of learning styles – visual, oral, and traditional – and supporting capacity for schools to offer mental health and wellbeing for students and by extension, their families. Particularly in regional and remote areas, access to health and wellbeing services are dangerously lacking and sadly, this means that for many young people, their schools become their refuge and only hope for intervention, prevention, and support. This has complicated the issues around school refusal, with children not getting the help they need. Some of these children are seen through the lens of truancy and this misunderstanding of their mental health has created further barriers to their treatment and recovery. It is also worth emphasising that even where supports are available, it often requires the capacity of parents to identify the need for help and ability to pursue it. Trained staff within a school are at times better placed to observe the need and respond to it but this relies on regular school attendance.

“To access any mental health services that are youth focused, regionally based families often need to go out of town and it’s just not possible for some families to do that. This was especially the case when lockdowns were in place.”

“The schools are doing the best that they can, but they’re carrying a big load. Some teachers are expected to be wellbeing officers whilst also teaching so they are really stretched, and they often don’t have the capacity they need to truly cater for the wellbeing needs of troubled children.” – Parent

Results of the recent *Australian Psychological Society Survey* has identified an alarming increase in depression, anxiety, and suicidal ideation amongst 13 to 18-year-olds and increases in social anxiety disorders amongst 6 to 12-year-olds.

Whilst MDAS does receive funding to deliver mental health and wellbeing support, it is restricted to adult cohorts. Culturally safe mental health services for our youth in the Mallee region are woefully inadequate and funding is urgently required to address this oversight in service provision.

Parents under pressure

There are several reports that have exposed the impact of COVID-19 on families, parents, and young people. The recently released *Household Income and Labour Dynamics In Australia Survey* showed some worrying trends in education as the pandemic wore on, particularly in Victoria, which lived through the longest lockdown in the country. Over 50% of parents described the online learning experience as ‘worse than physical learning’. Parents who may have been adapting to reduced work hours, or working from home, were also suddenly in the position of managing their child’s day to day education. We have heard many stories of parents who had to cease working as they were unable to manage the roles of employee, carer, and teacher. There was an obvious financial impost related to this and when schools reopened and their child refused to recommence in the classroom, some parents have continued to struggle with financial and emotional pressures – they cannot leave their child at home unsupervised – and because school refusal doesn't meet the criteria as a mental health issue, they are not eligible for support.

“I know of women who had to stop working. They stayed home to be with their child. So now they’re a one income family. It’s hard and it’s difficult for them to find a pathway out.” –Parent

Whilst this is a picture that would be familiar to many families around Victoria, there is a darker truth that resides just underneath, and this truth relates to the families impacted by intergenerational unemployment and low education. Often these families live without reliable internet connectivity and very little in the way of capacity to assist their child to learn from home. Nor do they have the support and solutions to help their child re-engage with school. It is their children who have truly fallen in the gaps, and it is these children we must fight hardest to re-engage with education.

Recommendations

1. MDAS calls for a review of the parameters used to define mental health issues in children and young people to allow more families to benefit from NDIS funded mental health support services
2. Aboriginal Community Controlled Health Organisations are fully funded to deliver culturally safe mental health services for our youth in their communities.
3. Immediate improvements to collection and collation of demographic and socio-economic data to ensure standardised national measures and reporting.
4. Schools are fully funded to embed culturally safe models of teaching and wellbeing support into their programs
5. Schools are fully funded to provide wellbeing (including outreach) services to both students and where appropriate, their families.
6. Schools are fully funded to provide teaching and administration staff with Mental Health First Aid Training.
7. Schools are fully funded to provide teaching and administration staff with professional development in neurodivergence and trauma-informed mental health approaches.

Mildura
120 Madden Ave
Mildura VIC 3500
Ph: 03 5018 4100

Swan Hill
70 Nyah Rd
Swan Hill VIC 3585
Ph: 03 5032 8600

Kerang
9 Nolan St
Kerang VIC 3579
Ph: 03 5412 6004

www.mdas.org.au