



Royal Commission into the Protection and Detention of Children in the NT

March 2017





NT COGSO Submission to the Royal Commission Into the Protection and Detention of Children in the Northern Territory

Hearing in Education for Learning Project (HELP) to break the cycle

The Northern Territory Council of Government Schools Organisation (NT COGSO) welcomes the Royal Commission into the Protection and Detention of Children in the NT.

We make this submission as the peak organisation that advocates for the parents of children attending public schools throughout the Northern Territory.

NT COGSO reaches out to nearly 19,000 parents across the Northern Territory and has a 100% affiliation with all of the Northern Territory's public schools.

In our work we come across many issues that affect the wellbeing of our Territory children. We acknowledge the significant commitment being provided in education by parents, principals, teachers and staff in our schools and Department of Education. While much is being done to close the gap of disadvantage we believe that far greater investment needs to be made in preventative measures to ensure every effort is being made to divert children away from the child protection and criminal justice system and give them access to a quality education.

To continue to deliver an Education system without the changes we submit to the Royal Commission would be accepting a cycle of failure and ignoring evidence-based research on the tools required to provide all Territory children with the chance of listening and learning in our classrooms.

The reality is that many of our children have great difficulty hearing their teacher. Imagine sitting at school as a student with hearing loss and English as your second language, lost in your own world because the classroom acoustics simply don't enable you to hear your teacher.

Sadly, this is the case for almost half of our Aboriginal and Torres Strait Islander students at any time. How do you learn when you simply can't hear?

The shocking statistics are known. **Otitis Media (middle ear infection) is the predominant cause of hearing loss and of the 4,371 Aboriginal and Torres Strait Islander (ATSI) children and young people who received audiology services from July 2012 to June 2015 some 45% suffered hearing loss.** (*Australian Institute of Health and Welfare AIHW*).

“In remote communities it is common for as many as 90 per cent of the children to have abnormal ears; that is, they have current middle ear infection or perforation or scarring of the eardrum related to past infections (Couzos et al., 2001). In urban classrooms it is typical for up to 50 per cent of the Indigenous children to experience conductive hearing loss at any point in time (Quinn, 1988).” (Conductive Hearing Loss and Behaviour Problems Amongst Urban Indigenous Students, Damien Howard 2006 p5).

In its recent submission to the House of Representatives Standing Committee of Health, Aged Care and Sport *Inquiry Into the Hearing Health and Wellbeing of Australia*, the Council of Presidents of Medical Colleges wrote: “The Council concurs with the World Health Organisation which described otitis media among Indigenous Australians as ‘a massive public health problem ... which needs urgent attention’. (World Health Organisation: Prevention of hearing impairment from chronic otitis media. WHO/CIBA Foundation Workshop (1996).

“The Council is concerned that otitis media affects children’s ability to participate in the education system because not being able to hear properly impacts on their learning with delayed language development. This in turn leads to higher absenteeism rates and lower employment opportunities later in life, negatively impacting on the broader Australian economy. Of concern is that hearing impairment is directly linked to the judicial system, with evidence that up to 60 per cent of children in youth detention centres are Aboriginal, of which approximately 80 per cent have ongoing significant hearing issues when tested. (*Aboriginal Law Bulletin 3 (65) (1993): 58*)”

NT COGSO felt it important to provide the Royal Commission with a significant excerpt from the Australian Medical Association (AMA) 30 November 2016 submission to the House of Representatives Standing Committee of Health, Aged Care and Sport *Inquiry Into the Hearing Health and Wellbeing of Australians*:

“The Australian Medical Association (AMA) is pleased to provide a brief submission to the Inquiry into the Hearing Health and Wellbeing of Australia. This submission is of relevance to the Terms of Reference related to Aboriginal and Torres Strait Islander people, and the hearing care for vulnerable populations.

“The AMA is particularly concerned about the unacceptably high rates of hearing loss and deafness among Aboriginal and Torres Strait Islander people. Deafness and perforated eardrums are at pandemic levels in remote Aboriginal communities.

“Former AMA President, Dr Bill Glasson, as part of his involvement in the Northern Territory ‘intervention’, noted that Indigenous communities rated chronic ear disease as the most pressing health problem for their children.

“One area we wish to draw the Committee’s attention to is the relationship between hearing loss and deafness, and the criminal justice system. The AMA has previously raised the issue of the impact of hearing loss and deafness in our submission to the Senate Inquiry into the indefinite detention of people with cognitive and psychiatric impairment in Australia (April 2016).

“The high rates of hearing loss, deafness and poor auditory perception, especially among Aboriginal and Torres Strait Islander people, significantly contributes to difficulties in understanding. This, in turn, exacerbates problems in regard to interactions with law enforcement and criminal justice. The Senate Inquiry Hear Us: Inquiry into Hearing and Health in Australia is especially relevant to this current inquiry, as it established the link between early onset hearing impairment and increased engagement with the criminal justice system. The previous Senate inquiry also noted the association between conductive deafness in Aboriginal and Torres Strait Islander people and the high rates of substance abuse, truancy, illiteracy, and unemployment – factors which contributed to interactions with the criminal justice system.

“The association between deafness and rates of incarceration of Aboriginal and Torres Strait Islander people has been documented by medical practitioners, and we refer the Committee to the work of Associate Professor Christopher Perry FRACS, President of the Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS). For example, see Complications of otitis media in Indigenous and non-Indigenous children.

[<http://healthbulletin.org.au/articles/complications-of-otitis-media-in-indigenous-and-non-indigenous-children/>]

“The AMA’s position statement Health and the Criminal Justice System 2012 notes that contact with the criminal justice system provides a valuable opportunity to detect and address health conditions experienced by detainees/prisoners. In our position statement, the AMA recommends:

- upon admission, all prisoners and detainees should receive screening from a medical practitioner for physical, addiction-related and psychiatric disorders, and potential suicide risk. Additional screenings should be undertaken periodically and as an individual is transferred between facilities or different stages of the justice system;
- health assessments should be promptly undertaken to define more fully the nature of health issues identified during screening, and to determine appropriate types of treatment. Health assessments must be undertaken by a medical practitioner or nurse, and mental health assessments should be administered by a trained mental health clinician;

- health assessments should include evaluation of substance use, hearing loss, acquired brain injury, intellectual disability and other cognitive disabilities given the significant implications these issues have for both health and recidivism outcomes; and
- prisoners with an intellectual or physical disability are provided with relevant services and facilities, including for dual disabilities and/or multiple morbidities associated with disability.”

In a Background Paper entitled *Deaf Justice*, Dr Damien Howard, wrote in March 2010: “Childhood hearing loss has also been found to contribute significantly to learning and behavioural problems at school (Howard, 2004). Aboriginal children with Conductive Hearing Loss were found to tease other children more, peers often rejected them socially and they are more disruptive in class than other students (Howard, 2005).

“The behaviour problems of Indigenous students at school pave the way for their later involvement in the criminal justice system. There is evidence that a higher proportion of Indigenous prison inmates have a higher degree of hearing loss when compared with the general incidence of Conductive Hearing Loss in the total Indigenous population (Bowers, 1986, Murray & La Page, 2004). This suggests that:

“Involvement in the criminal justice system may be the end product of a cumulative link, whereby hearing-related social problems contribute to low educational standards, unemployment, alcohol and substance abuse, these being the more obvious antecedents of contact with the criminal justice system.”(Howard, Quinn, Blokland & Flynn, 1991, p 9).”

Deaf Justice concludes with the words of Alison Wunungmurra and we provide an extract:

‘Children with hearing loss:

- *Don’t have self-esteem.*
- *Don’t have self-confident. (sic)*
- *Don’t have self-respect.*
- *Their anti-social behaviours increase throughout their entire lives. This becomes a major problem in our society.*

Now I really want you to imagine, I want you to put yourself in that classroom you’re the little kids that can’t hear properly what the teacher are saying.

Imagine the child in the classroom without hearing.

Without good hearing the child is ignored.

Without good hearing the child is scared, frustrated and angry.



And without good hearing everyday would be full of noise with no chance to listen.

The picture that I just painted for you is really a scary world and this is happening to our children all around the country.

That's enough in world without good hearing: now let's imagine the world with good hearing.

Imagine the world with good hearing.

In a world with good hearing people would be able to better themselves.

In a world with good hearing there would be nobody left embarrassed and shame in the classroom, a community would be full of pride and respect.

In a world with good hearing there would be only a few black people in jail.

In a world with good hearing there would be understanding."

NT COGSO urges the Royal Commission to read the entire Howard Background Paper and have provided it as **Attachment 1**.

The Australian Institute of Health and Welfare (AIHW) report, Child protection Australia 2015-16, shows that Aboriginal and Torres Strait Islander children were 7 times as likely as non-Indigenous children to have received child protection services (157.6 per 1,000 children compared with 22 for non-Indigenous children).

The AIHW report states that children from very remote areas were four times as likely as those from major cities to be the subject of a substantiation.

Otitis Media is a disease of poverty which extremely high prevalence rates in very remote communities. While there are a multitude of factors that lead to these unacceptably high rates of Indigenous over-representation in child protection we submit that the preventative measures being considered by this Royal Commission must surely include addressing the needs of children with hearing loss in our schools. Evidence exists linking hearing loss to challenging behaviour.

We urge the Royal Commission to acknowledge the clear and credible links between the effects of otitis media (conductive hearing loss) and the ongoing over-representation of Indigenous children in our child protection and juvenile detention systems. Sadly, this is also highly prevalent among our adult prisoners.

An investigation among inmates in Northern Territory correctional facilities found more than 90% of Indigenous inmates had a significant hearing loss. *Investigation into hearing impairment among Indigenous prisoners within the Northern Territory Correctional Services Report* is provided (albeit with redacted sections) as **Attachment 2**.

The *Investigation into hearing impairment among Indigenous prisoners within the Northern Territory Correctional Services Report* of July 2011 makes the following recommendations:

- Training be provided to all correctional staff with regards to the prevalence of hearing loss of indigenous prisoners in the Darwin Correctional Centre and the importance of effective communication with hearing impaired inmates.
- Hearing testing of inmates not tested in this project should be carried out and medical follow up of all inmates found through this testing to have a hearing loss be undertaken.
- The medical induction questions asked of inmates be reviewed and changed to better detect self-reported hearing impairment and tinnitus as well as the implementation of routine hearing tests for all inmates on induction be introduced to identify hearing impairment and make appropriate medical referrals if needed.
- A tinnitus management program be developed for inmates.
- Depending on the outcomes of the trial of amplification devices being conducted within the Darwin Correctional facility that amplification devices be used widely when communicating with inmates in situations where there is a high risk of communication breakdown, or there are demonstrated benefits to their use.
- This report be disseminated throughout the Department of Justice to inform both policy and operational management.
- That more formal research be undertaken to identify and address the impact of widespread hearing loss on Indigenous inmates.

It would be informative for the Royal Commission to ask the Northern Territory Department of Justice as to how many of these recommendations were implemented.

NT COGSO has been advised by the Department of Education that juvenile offender programs are offered at Tivendale School in Darwin and Owen Springs Education Centre in Alice Springs. Both schools operate under an MOU between the Department of Education and the Department of Justice. We have been advised that over 90% of students are Indigenous.

Do the acoustics of these classrooms meet the national acoustics standards, do these classrooms have sound field amplification systems, do any students have access to individual amplification devices, have all students been provided audiology services to assess hearing loss?

It would be highly informative for the Royal Commission to receive the answers to these questions and to consider any unmet need as critical to its recommendations.

In its submission to the Australian Senate Community Affairs Committee 2010 Report *Hear Us: Enquiry Into Hearing Health*, Audiology Australia recommended the supply and maintenance of sound field amplification systems in classrooms where there is a significant population of Aboriginal students.

“There is not a readily identified pathway for funding of sound field amplification systems for schools in the NT. Certainty of funding for sound field systems and their supply, installation, training, maintenance, repair and replacement, and procedures to guide this are lacking in the NT.” (Audiology Australia, Submission to the NT Indigenous Education Review).

By way of explanation, “Sound field amplification is an educational tool that allows control of the acoustic environment in a classroom. Teachers wear small microphones that transmit sound to a receiver system attached to loudspeakers around the classroom. The goal of sound field amplification is to amplify the teacher’s voice by a few decibels and to provide uniform amplification throughout the classroom without making speech too loud for normal hearing children”. (**Attachment 3:** *Article in the Australian Journal of Indigenous Education, Volume 33, 2004*).

There needs to be a significantly increased investment in audiology assessments and support interventions for our children. Today in the Northern Territory, more than 2,000 children are on a referral waiting list for assessment.

Moreover, there needs to be strategies in place that support the referral of appropriate Aboriginal children with hearing loss for audiology assessment. There are cultural factors, that have been identified through research carried out in the Northern Territory, that obstruct children who have hearing loss being perceived by teachers and child care workers as needing an audiology assessment. (**Attachment 4:** *Classroom Case Study: Cross Cultural Obstacles to the Referral of Aboriginal Children for Hearing Tests, Dr Damien Howard, The Australian and New Zealand Journal of Audiology, Vol 28 May 2006*). This means that there is a need for school-based screening programs and family educational programs to help prompt appropriate audiology referrals.

Hearing Australia receives Federal Government funding for the assessment of remote Indigenous children. We suggest that a service delivery model, which has specialist audiologists working with the Aboriginal Medical Services who operate remote health clinics, is an additional or alternative service well worth investigating if Australia is to achieve a sustainable service delivery that addresses the existing backlog and is capable of working with preventative researchers such as Menzies School of Health.

One of the problems has been a lack of structural changes to our schools to enable our children to hear during the periods of hearing loss. If you’ve ever had a middle ear infection you’d know what it’s like trying to hear through a fog – the sound is muffled, words become indistinct. Add the dynamic that it’s a second language you’re trying to hear, and learn, in a noisy classroom and it becomes all the more challenging.

This has an impact on behaviour and learning outcomes. Persistent and ongoing hearing loss in children impacts on literacy, learning, behaviour and communication skills.

To be truly effective in systemic change to close the gap of disadvantage, all tiers of Government – Territory, State and Federal – need to work in a National Partnership as this is an issue that affects children across state and territory borders.

It has been proven through Queensland and Northern Territory studies that, the employment of local Aboriginal people as teacher aids and teachers in the classrooms is incredibly effective because they understand the local sign language and use it as an effective communication tool.

The reality is that Auslan is not delivered as a language across remote schools for conductive hearing loss students (about 90% of the school cohort) and is only provided as a communication language for sensory/neural hearing loss deaf children. Recent funding cuts to Deaf Children NT has dramatically reduced the Auslan teacher service. As a consequence, access to Auslan is diminishing, rather than improving.

Further, it is known that Aboriginal communities have their own sign languages as well as develop family-based signing systems for individuals. In her submission to the Royal Commission into the Protection and Detention of Children in the Northern Territory, Jody Barney – a Deaf Indigenous Community Consultant and Deaf Cultural Broker, who has more than 25 years professional experience working in the field and is also an Indigenous Deaf person – said she is fluent in eight (8) different Aboriginal and Torres Strait Islander sign languages and systems, and has knowledge of over 55 separate signing systems used in Indigenous communities across Australia.

Ms Barney has already submitted to the Royal Commission that: “In many Indigenous communities, hearing loss is an unidentified, undiagnosed and therefore unaddressed concern. If many in a community have a hearing impairment of some level, there may be no self-awareness of loss because the hearing loss has been normalised.”

“This is particularly important when people are asked to self-identify that they have a hearing loss. It also means Indigenous people often don’t have the capacity to advocate for themselves for treatment and services.”

“As a result, in both Indigenous communities and more broadly, Indigenous people with hearing loss may often be wrongly identified as having some other medical or more commonly cognitive impairment.”

Evidence-based research shows that to improve our hearing loss children's ability to learn we need:

- **classrooms with improved acoustics**
- **sound field amplification systems in classrooms with predominantly Indigenous students**
- **individual amplification devices for one-on-one learning and group learning**
- **community members employed in the classroom fluent in the local language and cognisant of local sign languages**
- **audiology assessments**
- **education and awareness of parents, teachers and staff of conductive hearing loss**
- **referral to audiology services of students with suspected hearing loss**
- **access to audiology services**

Our advocacy to deliver acoustic upgrades and sound field amplification systems into our schools has become known as Hearing in Education for Learning Project (HELP) and we've been thrilled with the support of the Minister for Education, the Hon. Eva Lawler MLA, the Minister for Health, the Hon Natasha Fyles MLA, AMSANT, Deaf Children Australia and experts such as Dr Damien Howard who completed his PhD in the faculty of Education on Conductive Hearing Loss and Behaviour Problems Amongst Urban Indigenous Students in 2006.

As a result of NT COGSO and AMSANT advocacy a HELP Working Party has been established with the NT departments of Health and Education.

We are keen to implement acoustic upgrades, deliver sound field amplification systems, produce operational protocols for schools in education and awareness of hearing loss, provide employment in schools and clinics for Aboriginal people fluent in local languages and cognisant of local sign languages and fast-track referral and assessments to audiology.

We urge the Royal Commission to support these crucial initiatives by providing them as Recommendations because without a genuine collaboration between the Territory and Federal Governments, with funding provided for implementation, it will be a continued cycle of disadvantage, neglect and incarceration.

Sometimes, from little things, big things grow. This Royal Commission presents a significant opportunity to ensure that the AMA described "pandemic" of Otitis Media and its heartbreaking effects on our children and society is no longer swept under the carpet.



Imagine a child sitting at school in a classroom with acoustics that reduce noise and with a sound system amplifying the teacher so that they have no difficulty hearing and learning. Imagine that child with the support of a local Aboriginal adult competent in the local sign language. The world of learning will finally open up to them instead of being a student with hearing loss destined for our child protection, juvenile detention and ultimately adult prison systems. Who knows, we may actually succeed in 'Closing the Gap'.

"Education is the most powerful weapon we can use to change the world." - Nelson Mandela

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