GUIDELINE
Aboriginal (children at risk)

Scope (Staff): School health
Scope (Area): CACH, WACHS

This document should be read in conjunction with this DISCLAIMER

Aim
This guideline aims to support staff to identify, follow-up and monitor Aboriginal children at risk in the school environment.

Background
It is well known that Aboriginal children are at significantly higher risk of health problems and educational disadvantage compared to non-Aboriginal children.\(^1\) Many Aboriginal children experience poor social determinants and are susceptible to a range of health conditions (refer to Appendix 1 for more detail). Aboriginal children are at risk of increased exposure to major life stress events and have had contact with communities that are affected by problems such as substance misuse, domestic violence, and elements of dysfunction within families.\(^2\) Further, as there are many different communities of Aboriginal people, there are different approaches to services and programs required.

The physical and mental health of Aboriginal children is of concern. The types of physical health issues that Aboriginal children face include chest infections, ear infections, hearing complications, abnormal vision, speech difficulties, and nutritional deficiencies.\(^3\) These can impact on the child’s wellbeing as well as their transition to school and school performance. In addition, mental health problems are prevalent within the Aboriginal population.

In 2006, there were over 22,000 Aboriginal children enrolled in schools throughout Western Australia and many are likely to have had problems with school performance.\(^4\) Research has shown that the main factors associated with the poor school performance of Aboriginal children include trouble saying certain sounds, poor school attendance, unexplained absences and suspension from school. Further to this, health issues such as severe functional limitations and clinically significant emotional or behavioural difficulties were also related to low academic achievement.\(^5\) Often these difficulties require early intervention to prevent problems developing in later life.

The home environments in which many Aboriginal children are raised have an impact on the ability of the children to adapt to the school environment. Many Aboriginal children are raised by carers who do not have a strong educational background or who have had negative experiences at school. These factors put some Aboriginal children at significant disadvantage; however it has been found that growing up in isolated communities, where adherence to traditional culture and ways of life is at its strongest, may be protective against behavioural and emotional difficulties in Aboriginal children.\(^2\)
Services provided for Aboriginal children and families need to be highly accessible. The involvement of key community members in the planning and delivery of programs is vital and the employment of Aboriginal staff is highly desirable. Partnerships and collaboration between health and other services enhance effectiveness, communication and engagement when delivering programs.

**General Principles**

Despite the health impact and social barriers of some Aboriginal children, their chances of performing well at school can be increased if they are provided with ongoing support within a cultural context. The community health nurse may be able to advocate for introducing these strategies within the school environment.

Aboriginal children can be supported in the school environment by;

- Developing supportive partnerships between students, families and staff in health and education, as well as creating good links with other services in the community;
- Understanding and demonstrating respect for the Aboriginal culture within the school as well as eliminating any form of racism or prejudice;
- Monitoring the health and school performance of Aboriginal children and identifying key early interventions for those children who face difficulty;
- Expressing positive attitudes to school and advocating the benefits of having a meaningful education;
- Identifying a role model to assist in mentoring, to gain positive health and educational outcomes;
- Providing Aboriginal families with culturally appropriate health-related information materials;
- Supporting Aboriginal children to develop resilience and aiding them in their attempt to feel connected to peers and school; and,
- Developing an awareness of the existing support systems in schools for Aboriginal children.

While many of the factors which impact on an Aboriginal child’s life are beyond the control of the community health nurse, if the school health services are supportive and accessible, children may achieve better health and educational outcomes.

It has been shown that the early years of primary school represents a key period for educational intervention for Aboriginal students who face difficulties. During this period, physical and mental health should be monitored and appropriate interventions should be put in place to ensure that the children are well supported. 

Community health nurses, like other adults in the school community can encourage Aboriginal adolescents to stay in school to complete their education. This is usually a major decision for Aboriginal students and a great deal of encouragement is needed from home and from school. 

Aboriginal children often feel more comfortable in the school environment when there are Aboriginal teaching staff, Aboriginal Community Health Workers and/or Aboriginal and Islander Educational Officers. 

1 Aboriginal children who are struggling with either school
transition, school performance or their home environment, can be encouraged to talk about their problems with an adult from the school community. Non-Aboriginal staff, including community health nurses should complete cultural awareness training in order to engage with Aboriginal children and families.

Strategies to address the health, social and school needs of Aboriginal children can be implemented with the help of the community health nurse. The key to helping children is to identify issues early and to create an encouraging and supportive school environment.

**Identification**

Aboriginal children are initially identified at school enrolment and on the School Health Entry Assessment form. These details are kept on each child’s academic record and health record respectively. Although this information about Aboriginal status is usually accessible, the level of difficulty experienced by children and families is less obvious. Discussions with teaching staff, family members and the student are likely to yield further information. It is also important to develop strong relationships and have ongoing communication between Aboriginal school staff and Aboriginal health workers.

**Primary School**

Being identified as an Aboriginal child does not necessarily mean that the individual is at risk of having problems at school. Aboriginal children who engage in school life at an early stage have a greater likelihood that they will continue their education. It is important to follow-up on those children who may have missed kindergarten or pre-primary and who are transient between communities. Aboriginal health workers are often key to accessing families and children at risk.

Common health issues with which a young Aboriginal child may present include asthma, recurring chest infections, abnormal hearing, poor vision and trouble saying certain sounds. Aboriginal children may also present with behavioural and emotional problems.

**Secondary School**

As Aboriginal children make the transition into secondary school, their learning, emotional and support needs change. Aboriginal adolescents may have poor attendance at school, be at risk of clinically significant emotional or behavioural difficulties, and struggle to deal with a large number of major life stress events. Some Aboriginal adolescents are already disengaged from school life.

As children progress into secondary school, identification requires a different focus as there is often one-to-one interaction between the community health nurse and students. There may also be opportunities for the Student Services Team to discuss at-risk students and incorporate support from the community health nurse.

If possible, seek health information about the student from community health services provided in primary school.

It is important that community health nurses are accessible and visible within the school generally and at special events and programs (e.g. breakfast clubs, homework centres). This can help to create stronger relationships between young people and the nurse, and allow students to feel comfortable in approaching the nurse for support. Community health nurses need to be aware of issues relating to local Aboriginal culture and gender in regards to the provision of health information and services.

Community health nurses may conduct a psychosocial assessment with Aboriginal adolescents to systematically gather information about their environment, including family,
Aboriginal (children at risk) - school health


**Practice principles for identification and initial contact**

- Advocate that the child/young person is safe, free of prejudice and has been provided with an appropriate level of support in the school.
- Consider if the child is at risk of neglect, physical/sexual abuse, or emotional maltreatment. Refer to the Department of Health guidelines and notify via Health Service if necessary.
- Find out about local Aboriginal culture, traditions and beliefs and learn about their impact on Aboriginal children, and/or partake in cultural awareness training.
- Find out about the types of physical (e.g. Otitis Media, skin conditions) and mental health problems that Aboriginal children commonly face and their treatment.
- Meet with key individuals and agencies (e.g. teachers, aides, members of school councils) within and around the school community and identify those who can provide guidance to Aboriginal students facing difficulty.
- Collaborate with others in the school (e.g. Student Services Team, Aboriginal staff members) and plan for monitoring the development and welfare of the at-risk child as they progress through school.
- Initiate case conferences if they are required.
- Consult with teachers about at-risk children who need to be prioritised for access to health care.
- Identify the barriers that restrict at risk children from getting access to health services and programs in the school and broader community, and develop strategies to overcome them.
- Form partnerships with health workers and transfer information, with consent, to other relevant services. Have an awareness of local protocols.
- Connect children and families to local support services and community groups.
- Provide appropriately targeted information about key health issues to Aboriginal children and young people.

**Follow-up and monitoring**

Once an Aboriginal child has been identified as being at risk of ill health, he/she will benefit from appropriate follow-up and monitoring. Community health nurses who identify Aboriginal children experiencing difficulty in school can encourage an Aboriginal or other staff member to provide guidance to the child. Children at educational risk should have a plan developed and implemented by school staff.

School Health Service staff have a role in the ongoing monitoring of physical and psychosocial health issues in conjunction with Student Service Teams. The community health nurse can assist in developing highly accessible and assertive outreach services, if required.

**Practice principles for follow-up and monitoring**

- Conduct ongoing consultations with the child’s teacher, family and primary caregiver to obtain more detailed information about the specific areas of concern.
Alert the school and teachers that the child may require some extra assistance, attention or support for certain issues.

Provide opportunities for the child/young person to see you on a regular basis. Involve parents/caregivers as appropriate.

Conduct a psychosocial assessment with adolescent Aboriginal students to identify if there are any particular areas of concern. Respond to the student’s needs based on assessment.

Encourage staff members within the school community to support Aboriginal students who are facing difficulty.

Liaise with the school regarding monitoring the child’s attendance, health, development and behaviour. The school should facilitate this monitoring.

Be alert to unexplained absences from school, behavioural problems, poor concentration, and a drop in academic performance, which might indicate that there are issues.

Where possible, transfer information about students to new school health services when students change school.

Educate Aboriginal children about healthy living practices through health promotion initiatives and personal advice.

Provide Aboriginal families with culturally appropriate education about health issues.

Link child/young person to supportive agencies such as community youth services and appropriate health services.

Be aware of Aboriginal culture and health issues in the school environment.

Role of the Community Health Nurse and Community Health Workers

The community health nurse plays an important role in the school experience of Aboriginal children by identifying any additional problems or issues that may be impacting on a child’s health, wellbeing, and school performance. This role encompasses the early detection of physical and mental health problems, ongoing monitoring, educating Aboriginal children about healthy living practices, and advocating for a supportive, non-prejudicial school environment.

The community health nurse can encourage an appreciation and awareness of Aboriginal culture throughout the school. Further, by advocating the professional development of teachers in Aboriginal education, community health nurses can contribute to an improvement in the standard of teaching to Aboriginal children.

Aboriginal groups appear to experience high rates of mental illness and psychological distress. The community health nurse may improve access to culturally appropriate information on the types of support services that are available in local communities. It is suggested that community health nurses refer to the ‘Children of Parents with Mental Illness’ guideline in this series.
Whole-of-School strategies

- Be aware of the school’s activities to create an awareness of Aboriginal culture, traditions and beliefs throughout the school community. Support teachers, School Health Service staff, students and parents in these activities.

- Advocate that the school enforces a strict anti-racism policy.

- Advocate where there are gaps in the health curriculum and identify any particular curriculum needs for Aboriginal students.

- Show an awareness of and advocate programs that enhance the health outcomes for Aboriginal students such as Dare to Lead and the Aboriginal Perspectives Across the Curriculum (APAC) Initiative.

- Support prevention strategies that promote positive mental health of all students and development of personal resilience and wellbeing, through whole school and classroom programs (e.g. MindMatters, KidsMatter, Resourceful Adolescent Program, Friendly Schools and Families Program, PATHs, Aussie Optimism, Friends for Youth).

- Be involved in promoting, recognising and celebrating National Aboriginal and Torres Strait Islanders’ Week and other special events.

Related internal policies, procedures and guidelines

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<th>School Health Service Policy</th>
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<tr>
<td>Working with Youth – Legal Resource</td>
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<td>Child Abuse Guidelines (DOH)</td>
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<td>Students at Educational Risk (DET)</td>
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<td>Duty of Care for Students (DET)</td>
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References


### Useful resources

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<td>Aboriginal Education and Training, Participation and Achievement Standards Directorate</td>
<td>Provides support to education providers and Aboriginal people in their leadership and community involvement in Aboriginal education/training</td>
<td><a href="http://www.det.wa.edu.au/education/abled/">http://www.det.wa.edu.au/education/abled/</a></td>
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<tr>
<td>Australian Indigenous HealthInfoNet</td>
<td>Web resource that provides knowledge and information to aid with policy and practice</td>
<td><a href="http://www.healthinfonet.ecu.edu.au/">http://www.healthinfonet.ecu.edu.au/</a></td>
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<td>Department for Child Protection</td>
<td>Department’s focus is to meet the needs of vulnerable children and families and support people at risk of crisis</td>
<td><a href="http://www.community.wa.gov.au/DCP/">http://www.community.wa.gov.au/DCP/</a></td>
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<tr>
<td>Service</td>
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<td>Derbal Yerrigan Health Service</td>
<td>Provides a range of health services across five different sites including GP clinics, dental clinics and eye health program.</td>
<td>Phone: (08) 9421 3888</td>
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<tr>
<td>Follow the Dream</td>
<td>A program to help Aboriginal children to stay at high school and work towards a university entrance.</td>
<td>Contact your local District Education Office (Aboriginal team).</td>
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<tr>
<td>Leonora District High School</td>
<td>Provides a number of examples of programs that are developed to support Aboriginal children.</td>
<td><a href="http://www.leonoradhs.wa.edu.au/">http://www.leonoradhs.wa.edu.au/</a></td>
</tr>
<tr>
<td>Office of Aboriginal Health</td>
<td>Works in partnership with Aboriginal communities and health workers to ensure that Aboriginal people receive culturally appropriate health care.</td>
<td>Phone: (08) 9222 4024 <a href="http://www.aboriginal.health.wa.gov.au">http://www.aboriginal.health.wa.gov.au</a></td>
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<tr>
<td>Our Story</td>
<td>An Aboriginal Cultural Awareness training program designed for support staff that have direct contact with Aboriginal children, families and communities.</td>
<td>Contact your local District Education Office (Aboriginal team)</td>
</tr>
<tr>
<td>RU AH Community Services</td>
<td>Works in partnership with citizens marginalised by mainstream society to enable them to overcome their disadvantage, improve the quality of their lives, and increase their participation in the community.</td>
<td>Phone: (08) 9443 9986 <a href="http://www.ruah.com.au">http://www.ruah.com.au</a></td>
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**Appendix 1**

**Factors that impact on the school performance of Aboriginal children**

| 1. Factors that impact on Aboriginal students having poor school attendance and low academic performance | 1. Trouble saying certain sounds  
2. Severe difficulties in sitting and standing still  
3. High risk of clinically significant emotional or behavioural difficulties  
4. Aboriginal English as the main language spoken in the classroom  
5. Doing homework in study or homework classes on a regular basis  
6. Primary carer having seen the class teacher or principal in the last six months about a school problem  
7. No or limited use of day care services  
8. Has trouble getting enough sleep  
9. Low education status of the primary carer  
10. Unemployed or limited working status of the primary carer  
11. No home ownership for parents/carers  
12. Lack of reading to the child at home  
13. High number of life stress events  
14. Very low proportion of students in the school who are Aboriginal  
15. No or minimal presence of an AIEO in the school  
16. Low socioeconomic status of the school community |
|---|---|
| 2. School level predictors of low academic performance | 1. Lower student to teacher ratio  
2. Poor attendance  
3. Unexplained absences  
4. School suspensions  
5. Repeating year levels |

Adapted from WA Aboriginal Child Health Survey
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