



SUBMISSION TO THE REVIEW OF SECONDARY EDUCATION IN THE NORTHERN TERRITORY

July 2023

Recommendations

1. The Northern Territory Government should commit to an approach to secondary education that provides both culturally appropriate schooling and formal education that prepares young Aboriginal people to be successful in the wider Australian context.
2. The Northern Territory Government should commit to establishing and resourcing secondary schools in larger Aboriginal communities / regions; and to the creation of accommodation facilities in regional towns for secondary school students from remote areas.
3. The Northern Territory Department of Education should commit to evidence-based teaching for all secondary school students, including ensuring that students have individual learning plans through targeted teaching approaches.
4. The Department of Education should ensure that all secondary schools have the resources and capacity to assess and meet the needs of developmentally vulnerable children, including especially those with formal diagnoses. As well as school and classroom-based strategies, this may include partnerships with family support and therapeutic services provided by Aboriginal community controlled health services.
5. The Northern Territory Government explores the provision of mass-reach adult literacy campaign (such as the Literacy for Life campaign) to improve adult literacy, support literacy practices in families, and build a culture that supports learning amongst adults and children.
6. The NT Department of Education regularly and systematically gather and publicly release key data on secondary school workforce to include teacher/population ratios and teacher turnover, disaggregated to school and regional level. Retrospective data should be collated to allow for time series analysis.
7. The NT Department of Education develop a transparent funding model for all secondary schools based on eligible school population, modified according to remoteness and other factors to ensure that the allocation of funding and resources is adequate to address population needs.

About us

Congress is a large Aboriginal Community Controlled Health Service (ACCHS) based in Alice Springs. We are one of the most experienced organisations in the country in Aboriginal health¹, a national leader in primary health care, and a strong advocate for the health of our people. Since the 1970s, we have developed a comprehensive model of primary health care that includes multidisciplinary clinical care; health promotion and disease prevention programs; and action on the social, cultural, economic and political determinants of health and wellbeing.

Congress delivers services to more than 17,000 Aboriginal people living in Alice Springs and remote communities across Central Australia including Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg), Wallace Rockhole, Utju (Areyonga), Mutitjulu Amoonguna, Kaltukatjara (Docker River) and Imanpa.

The community-elected Congress Board of Directors has argued for many years for the need to address education as a key foundation for health across the life course.

The link between education and health

Education is a key pathway to achieve greater empowerment, improved self-esteem, and employment with a reasonable and reliable income. As a result, educational attainment is a critical determinant of life expectancy and the health of a population.

The importance of education in improving life expectancy was documented over three decades ago in health transitions work of the Caldwells who systematically studied more than 130 countries over many years². Since that time, the report of the World Health Organisation Commission on the Social Determinants of Health highlighted the strength of the relationship between education and health with data from many different countries, with results replicated in numerous settings around the world³ (see *Figure 1*, which shows for example that men whose highest educational attainment is elementary (primary) school have mortality rates five times higher than those with university degrees⁴)

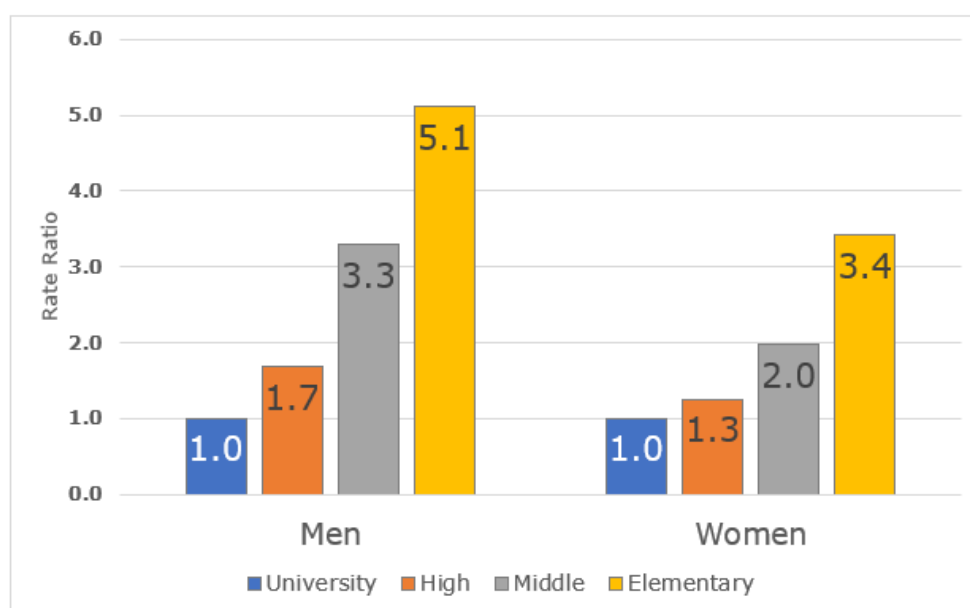


Figure 1: Age-adjusted mortality amongst men and women of the Republic of Korea by educational attainment

A particularly strong relationship has been demonstrated internationally between maternal education and child health⁵.

For these reasons, we see improving the educational outcomes of the Aboriginal communities we serve as a key strategy in closing the gap in health status between Aboriginal and non-Indigenous Territorians.

The Central Australian context

The lessons from the well-established international literature are clear: despite some improvements driven by the health system, without an education system that delivers results for its Aboriginal citizens, the Northern Territory will struggle to ‘close the gap’ in health, as committed to by the Northern Territory Government through the *National Agreement on Closing the Gap*.

While there has been some improvement in secondary school attainment for Aboriginal people in Central Australia, the numbers are small and the gap to non-Indigenous attainment remains wide. For example, while the proportion of Aboriginal people with at least a Year 11 or 12 education improved between 2001 and 2021, the education system is still failing to deliver for Aboriginal people compared to non-Indigenous citizens: in 2021 in Alice Springs, rates of completion of high school for Aboriginal people were around half of those for Northern Territory non-Indigenous people, and in remote communities it was around a quarter (see *Figure 2*).

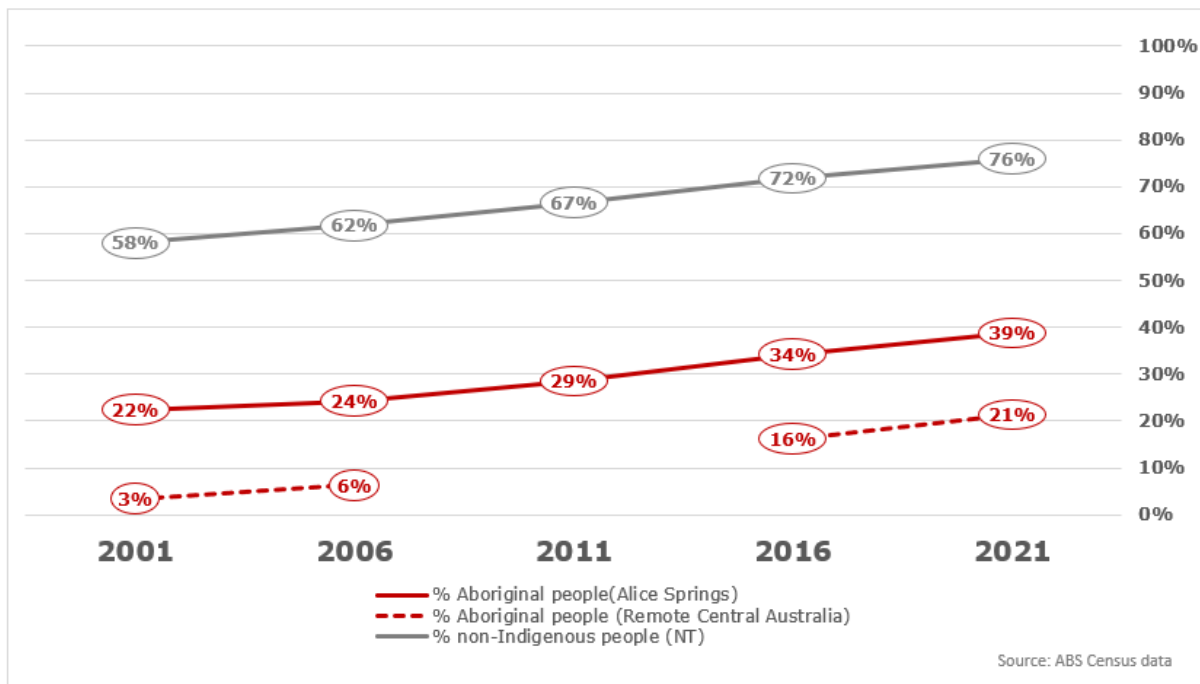


Figure 2: Proportion of population aged 15 years and over who have completed Year 11 or 12, by Indigenous status and region, 2001 - 2021

The numbers of those completing a Bachelor or higher degree are very small. In Alice Springs in 2021, there were only 171 Aboriginal people who had completed these tertiary qualifications (an increase of less than 100 in twenty years). In remote areas of Central Australia, there were only 58 Aboriginal people who had completed these tertiary qualifications, an increase of 30 in two decades (see *Figure 3*). These small numbers fall short of the levels that can be expected to drive significant population health and social

benefits, and suggest that even where the education system is facilitating the completion of Year 12, it is not preparing Aboriginal students – especially young men – for higher learning⁶.

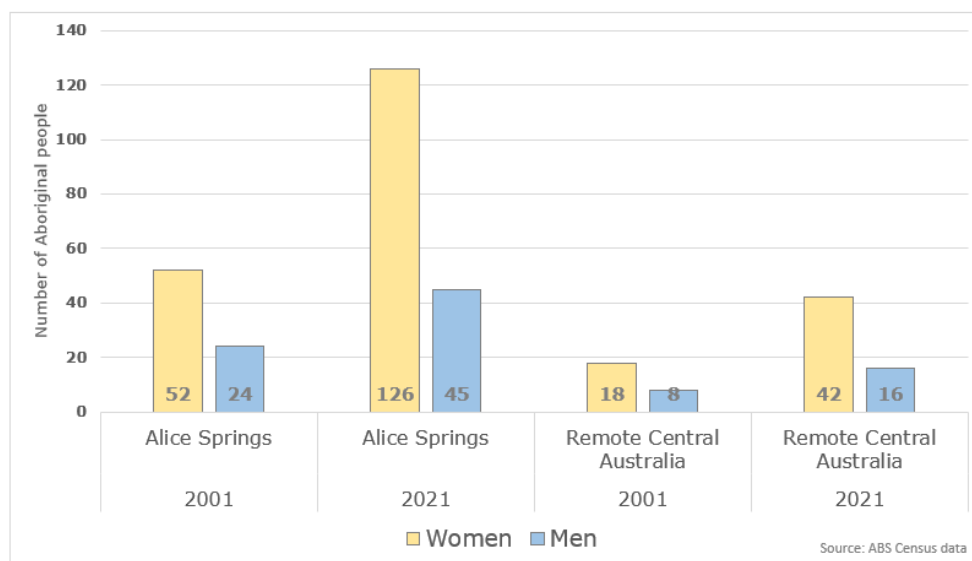


Figure 3: Number of Aboriginal people with Bachelor or higher degrees, by gender and region, 2001 to 2021

Addressing this situation will need sound strategy, robust and sustained systems for monitoring and accountability, and significantly increased resources. Congress is not expert in education, but through the experience of our community elected Aboriginal Boards, and our expertise in community development, we make the following suggestions for further investigation, under the headings provided in the Department's *Discussion Paper*.

Domain 1: Recognition of learning

We note the Discussion Paper's initial conclusions that "*Greater recognition of Aboriginal cultural knowledge and languages has been particularly emphasised, with current pilots (for example, at Shepherdson College) viewed as a positive development.*"

Congress strongly supports any approach that recognises and builds upon the cultural foundations of our young people's lives. However, this should not be at the expense of providing high quality formal education that prepares young Aboriginal people to be successful. In our experience – especially through our Remote Health Boards – Aboriginal families want their children to be well-educated, and want that education to prepare them to be successful in the wider Australian context, as well as to have the skills to contribute to their own communities or beyond.

The provision of primary health care by Congress and other ACCHSs provides a useful analogy: we provide high quality evidence-informed care which is also culturally responsive. We have a 'both/and' not an 'either/or' approach, and reject the idea that quality care and health outcomes can be traded off against cultural appropriateness.

We advocate the same philosophy to the Department of Education in relation to schooling, noting that it will require (a) genuine Aboriginal leadership and (2) sustained investment.

The Northern Territory Government should commit to an approach to secondary education that provides both culturally appropriate schooling and formal education that prepares young Aboriginal people to be successful in the wider Australian context.

Domain 3: Learning access and design

Regional delivery and accommodation support

Lack of access to schools is a major barrier for the educational attainment of Aboriginal young people. We suggest a two-part process to address this:

- establishment of secondary schools in larger Aboriginal communities, or in an Aboriginal community that can service a wider region with appropriate accommodation and transport infrastructure. Such schools must be well-resourced, and staffed by experienced teachers who are provided with significant incentives to stay for at least three years in order to build relationship with students and families;
- creation of accommodation facilities in regional towns (e.g. Alice Springs) where young people coming to town for secondary school can live, while attending the school of their families' choice.

The Northern Territory Government should commit to establishing and resourcing secondary schools in larger Aboriginal communities / regions; and to the creation of accommodation facilities in regional towns for secondary school students from remote areas.

Evidence-based teaching

The health sector rigorously uses research evidence and data to inform practice and to continuously improve performance. For example, ACCHSs such as Congress use a Continuous Quality Improvement (CQI) approach, supported in dedicated staff in the larger organisations, which uses clinical data to monitor outcomes and continuously improve services.

Similarly, teaching strategies with the greatest impact are those that use evidence to inform and improve teaching. Targeted teaching using data and individual student learning plans has been shown to be one of the most powerful teaching strategies to improve student progress. It requires teachers to identify learning needs of individual students and adapt their teaching, track individual student's progress and provide feedback or more support. Targeted teaching also requires teachers to review and analyse student progress data and understand how their teaching impacts on student learning in order to continuously improve it. These strategies can increase the amount of learning by an extra five to 11 months of progress⁷.

Properly resourced and adapted for the Aboriginal context, schools that have children on individual learning plans with appropriate support services are able to make a significant difference to learning outcomes even when children begin school developmentally vulnerable on a number of domains in the AEDC scores⁸.

The Northern Territory Department of Education should commit to evidence-based teaching for all secondary school students, including ensuring that students have individual learning plans through targeted teaching approaches.

Supporting developmentally vulnerable children

A key part of evidence-based teaching is to respond to the needs of children who are developmentally vulnerable and implement strategies to address these vulnerabilities.

Congress' Child and Youth Assessment and Therapy Service (CYATS) is a multidisciplinary team including an Aboriginal Family Support Worker; a Speech Pathologist; an Occupational Therapist; and a Neuropsychologist. The team provides a best-practice service for the early detection of neurodevelopmental conditions such as FASD, ADHD and Autism Spectrum Disorder (ASD), and in providing a multidisciplinary approach to diagnostic assessment, early intervention, and support. Since its establishment in 2018, CYATS has formally diagnosed hundreds of Aboriginal children in Central Australia with a range of developmental conditions including Attention Deficit Disorder, foetal alcohol spectrum disorders and other learning disorders.

The Department of Education must ensure that its schools have the capacity to sensitively and supportively meet the needs of these children, noting that the existence of a formal diagnosis places a duty of care on schools to have the resources and capabilities in place to do so. While many of these strategies will be school or classroom based, others may require the development of partnerships with health services and other providers of intensive family support to assist children and parents in the home environment.

The Department of Education should ensure that all secondary schools have the resources and capacity to assess and meet the needs of developmentally vulnerable children, including especially those with formal diagnoses. As well as school and classroom-based strategies, this may include partnerships with family support and therapeutic services provided by Aboriginal community controlled health services.

Domain 4: Partnerships and engagement

Adult literacy

Aboriginal and Torres Strait Islander people have, in general, much lower English literacy than those in the non-Aboriginal population: in the Northern Territory it is estimated that 80% to 90% of Aboriginal people do not have a level of English literacy sufficient to operate independently on literacy and numeracy tasks in education and the workforce⁹.

Improving adult literacy is fundamental to developing intergenerational 'literacy practices' within families, which then support children to engage and perform well at school. Adult literacy courses delivered through formal education providers are unable to reach a large enough number of people to have a population level effect on literacy. An alternative approach being implemented in Aboriginal communities of Western NSW by the Literacy for Life Foundation is the mass campaign model, which uses local leaders and literacy facilitators to help adults in the community to achieve a basic level of English language literacy proficiency and build a culture of community literacy to support everyone, adults and children, to value learning¹⁰.

The Northern Territory Government explores the provision of mass-reach adult literacy campaign (such as the Literacy for Life campaign) to improve adult literacy, support literacy practices in families, and build a culture that supports learning amongst adults and children.

Domain 5: System of supports

Monitoring staffing levels and turnover at all schools serving Aboriginal communities

It is clear that – in common with many areas of the health system – the recruitment and retention of teaching staff, especially in remote areas, is a significant challenge to the effectiveness of school and engagement with the community. High staff turnover means investing considerable time and effort into orienting new staff; the risk that a constant churn of newly arriving staff poses to cultural safety; and limited or halted opportunities for community members to build trusting relationships with teaching staff.

The lesson from the primary health care sector is that efforts to address workforce issues must be informed by data. For example, the latest Australian health workforce data gives a time series of the number of health staff vacancies for Aboriginal primary health care organisations, the proportion of staff FTE to client population by health professional category¹¹. Detailed, regular and publicly available data such as this supports a strategic approach to identifying gaps, to monitor the effects of policies, programs and funding over time, and to keep Aboriginal communities and their representative agencies informed and engaged.

Accordingly, the NT Department of Education should regularly and systematically gather and publicly release key data including:

- teacher / population ratios, i.e. proportion of FTE to student population, disaggregated to school level and by region;
- attendance data disaggregated to school level and by region; and
- teacher turnover data disaggregated to school level and by region, that includes average and median length of stay, and annual turnover of teachers.

The NT Department of Education regularly and systematically gather and publicly release key data on secondary school workforce to include teacher/population ratios and teacher turnover, disaggregated to school and regional level. Retrospective data should be collated to allow for time series analysis.

Funding model

The ability to deliver improved engagement and thus educational outcomes is dependent on appropriate resourcing and funding mechanisms. In this case, based on our experience in the Aboriginal health sector, we recommend a funding model that is based on per capita distribution of expenditure and resources, appropriately adjusted for remoteness and other key factors.

To ensure that schools are appropriately and equitably funded, school funding should be allocated on the basis of the eligible population, rather than on student enrolments or attendance. This means that schools are funded to the capacity needed to meet the needs of their community.

The NT Department of Education develop a transparent funding model for secondary schools based on eligible school population, modified according to remoteness and other factors to ensure that the allocation of funding and resources is adequate to address population needs.

NOTES

¹ Congress uses the term 'Aboriginal' as the most appropriate term in the Central Australian context to refer to Australia's First Peoples.

² Caldwell J C, *Routes to low mortality in poor countries*, in *Selected readings in the cultural, social and behavioural determinants of health*, Caldwell J C and Santow G, Editors. 1986, Australian National University: Canberra

³ Commission on Social Determinants of Health, *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health* 2008, World Health Organization: Geneva.

⁴ Son M, Armstrong B, Choi J, et al Relation of occupational class and education with mortality in Korea, *Journal of Epidemiology & Community Health* 2002;56:798-799

⁵ Ewald D and Boughton B, *Maternal Education and child health: An exploratory investigation into a Central Australian Aboriginal Community* 2002, Cooperative Research Centre for Aboriginal and Tropical Health: Darwin

⁶ Note that these figures include Aboriginal and Torres Strait Islander people resident in the identified regions at the time of the Census. Thus it would include Aboriginal and Torres Strait Islander people who were educated outside the regions but are now living within them (e.g. for employment). Similarly, it would not include those people from the regions, who have achieved a higher degree but were living elsewhere at the time of the census. A similar caveat applies to Year 11 and 12 attainment.

⁷ Goss P and Hunter J, *Targeted teaching : how better use of data can improve student learning*. 2015, Grattan Institute: Carlton

⁸ Milligan L (2015). Melbourne school uses neuroscience to boost grades and improve wellbeing of students. ABC News Online 1 September 2015, ABC

⁹ Shalley F and Stewart A, *Aboriginal adult English language literacy and numeracy in the Northern Territory: a statistical overview*. 2017, Office of the Pro Vice Chancellor Indigenous Leadership Charles Darwin University: Darwin

¹⁰ Boughton B, et al., *An Aboriginal Adult Literacy Campaign in Australia using Yes I Can*. Literacy and Numeracy Studies, 2011. **21**(1): p. 5-32

¹¹ Australian Institute of Health and Welfare (AIHW). *Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections*. 2021 IHW 227]; Available from: <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-primary-health-care-results-osr-nkpi/data>